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An Education in Relationship:
Developing a Professional Use of Self in Social Work Education and
Implications for Psychocultural Theory

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Anthropology

by

Heather Mary Willihnganz Huffman

2014

ABSTRACT OF THE DISSERTATION

An Education in Relationship:

Developing a Professional Use of Self in Social Work Education and

Implications for Psychocultural Theory

by

Heather Mary Willihnganz Huffman

Doctor of Philosophy in Anthropology

University of California, Los Angeles, 2014

Professor Linda C. Garro, Chair

An enduring puzzle for anthropology is specifying the interaction between persons and culture. Through a person-centered, process-oriented, and historically situated ethnography of the education of students in a two-year Master's program of social work in Los Angeles, this dissertation argues persons are the primary sculptors of culture, creating and using resources to fulfill human motivations and mediate relationships through cultural developmental processes. This dissertation contributes to literature in psychological and medical anthropology through examining the education of social workers. While social workers provide the majority of mental health care in the United States, little research describes their professionalization.

This study investigated how students formed relationships with clients, how their personal selves were involved, and how they interacted with pedagogical and cultural models. Methods included participant-observation in a cohort of 88 students; longitudinal person-

centered interviews with 19 students, and a final cohort-wide questionnaire. The ethnography describes the curriculum as it unfolded, and reveals the unique yet patterned experiences of three diverse students. The observed process was remarkably similar to the pedagogy developed by the functional school of social work, an approach grounded in the theories of G. H. Mead and Otto Rank that controversially differed from Freudian psychoanalysis; however, this history was never mentioned.

Students arrived with an impulse to help others, and with increasing self-awareness developed a "professional use of self" as the foundation of the social work relationship. This constitutes what I call a "relational shift", an unanticipated change in subjectivity, which differs from the adoption of any particular interpretive theory. The unpredictable use of pedagogical instruction challenges theories of the internalization of culture that cannot account for human creativity and lack a convincing theory of human motivation.

Students' development, in productive alignment with program intentions, reanimates Sapir's and Hallowell's interest in culture and human development and the necessity to understand the evolved human psyche in order to understand human culture. A model of person-culture interaction is proposed, consistent with study data and synthesizing ideas of Sapir, Hallowell, Rank, and recent theories in psychocultural anthropology, including phenomenological anthropology and cognitive anthropology.

The dissertation of Heather Mary Willihnganz Huffman is approved.

Douglas W. Hollan

Stuart A. Kirk

Linda C. Garro, Committee Chair

University of California, Los Angeles

2014

To the social work students

and

to Jesse Taft, Virginia Robinson, Otto Rank, and others of the functional school of social work

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My deep appreciation also goes to the members of UCLA's Mind, Medicine, and Culture (MMAC) special interest group. Through weekly meetings, this group educated and inspired my thinking in psychocultural studies and medical anthropology. Particular thanks go the insightful contributions of MMAC members Linda Garro, Douglas Hollan, Allen Johnson, Robert Edgerton, Tom Weisner, Elinor Ochs, Carole Browner, C. Jason Throop, Kevin Groark, Edward

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Finally, I thank the program in social work that so generously allowed me to study its mission, educational process, and results. My deepest appreciation goes to the students who participated in this project: the entire cohort of eighty-eight students who allowed me to observe them over two years in often intensely emotional classes and field circumstances, and especially the nineteen students who additionally participated in often intensely personal interviews with regular and remarkable dedication over the course of two years in order to help me understand how students develop into social workers and form helping relationships with clients. I thank "Anna" who appears in these pages for her permission to include her final process recording, and I thank Charlie Padow for his permission to use his final class project in a clinical course, a cartoon that renders his creative perspective on social work education in just four panels.

Areas of Interest: Human development in culture, cultural relationships (including psychotherapeutic relationships), motivation, creativity, psychological and medical anthropology, anthropology and education, educational theory, ethnographic research methods using a mixed methods approach (including person-centered interviewing).

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2004   Willihnganz, H. & Wingard L. "Exploring Emotion Work in Homework Interactions." 103rd Annual Meeting of the American Anthropological Association. Atlanta, GA, December.

2004   Willihnganz, H. & Wingard L. "Exploring the Concept of 'Emotion Work' in Interaction." Presented at the Sloan Work-Family Centers Annual Conference, hosted by the MIT Workplace Center: A Sloan Foundation Center, at the Massachusetts Institute of Technology, Cambridge, MA, May.

2004   Willihnganz, H. & Wingard L. "When Homework Gets Emotional." Presented at the UCLA/Sloan Center on Everyday Lives of Families Winter 2004 Data Workshop: Emotional Meaning in Social Interaction, UCLA, Los Angeles, CA, January.

I. Introduction

Disciplining the Impulse to Help and the Creative Participation in Culture

In the Department of Anthropology at UCLA, the first day of graduate classes contains a particular ritual. Once students are seated comfortably around a large seminar table, notebooks and pens at the ready, the professor asks them introduce to themselves. One after another the students state their name, their year in the program, and their concentration in anthropology: sociocultural, psychocultural and medical, linguistic, biological, or archeology. Most revealingly, however, they state their research interests. It can be anxiety-provoking to sum up one's intellectual and theoretical pursuits in just a few sentences in front of one's peers and professors. Still, this common ritual helps program participants become acquainted with one another and learn what their peers are up to before turning to the course material at hand.

When I began participant-observation in a Master's Program in Social Work, I again found myself seated around a large seminar table on the first day of class. Again, a professor asked the students to introduce themselves (by program design they were all first-year students). A similar ritual began. But as the social work students began to share their information with one another, leaning earnestly across the table, I realized something different was happening. After stating their name and where they were from, each student spoke in turn about their population of interest. With just a hint of urgency, each identified the group they wanted to help: foster youth, the elderly, persons with mental illness, victims of domestic violence, teenagers in gangs, veterans, victims of torture seeking US asylum, the hospitalized, the physically challenged, and children growing up in poverty.

In making their introductions, the social work students were not concerned about whether or not their interests had intellectual merit; they were not worried about getting published someday. Whatever their motivations to help (a topic pursued in this ethnography), the students appeared pragmatically concerned that certain populations had real and present challenges. They wanted to do something about these problems, and they wanted the program to teach them how to do it. I found myself surprised and moved by the commitments expressed in the room, and as I looked around, it seemed others were surprised and moved as well. Some students even chuckled at the irony inherent in their mutual reactions to one another: "I could never work with that population - too intense, too heart-breaking. You must be a little nuts." Only the professor reacted as if all this were routine, and welcomed the students to an exciting and demanding field.

Crucially, not only for the students themselves but for an ethnographic understanding of the students' participation in this setting, the students' desire to help others and the reward they experienced in doing so not only led them to participate in the social work program but inspired them to continue their participation in this often difficult and emotional educational experience. (More than once students grumbled, "I should have been an accountant.") Dr. Jessie Taft, a pioneer of social work education, identified social work students' "impulse to help, which has ultimately to be disciplined into skillful practice" as the "natural" and vital element they bring into their education "in all of its naiveté" before they "move on to a deeper level of awareness" (Taft 1942: 70).

<center>***</center>

Before turning to a more detailed description of the intention of this study and its methods, I will relate two descriptions of social work education from social work educators in

order to orient the reader to the ethnography that follows. The ethnography constitutes the main body of the dissertation, and is a description of the two-year Master's Program Social Work as it unfolded, including a description of academic classes, field classes, other program events. The ethnography also follows three students (out of nineteen that I interviewed) as they participate in the program through a description of our longitudinal person-centered interviews about their experiences becoming a social worker. The data reveals the students' motivated and creative use of program models and tracks their subsequent shifts in subjectivity through their development of a particular "professional use of self" in the social work relationship.

The first description of social work education is from an interview I had with a member of the field education faculty in the current program who taught courses in direct practice with clients. Although I knew this professor and I had observed two of her courses during my research, her comments were made after the students graduated during the only formal interview I conducted with her. In other words, what she says below did not influence my observation of the social work program. I will preface the professor's remarks with some background information about the popular phrase in the program, "Trust the Process." The second description draws upon the writings of Jessie Taft and Virginia Robinson in 1942. Taft and Robinson were founders of the functional school of social work at the Pennsylvania School of Social Work (associated with the University of Pennsylvania). Taft's description will be contextualized historically. I became aware of Taft's writings and intellectual scholarship only after I completed my lengthy data analysis. Both descriptions of the students' educational process were consistent with each other and with my ethnographic data.

The phrase "Trust the Process" was mentioned early and often in the current program of social work. Students had varied understandings of the phrase and varied reactions to it over time. It appeared to have three primary referents that by the end of the program seemed to converge. The first was the practical process of the program: the sequential unfolding of the curriculum, the intended pedagogical experience or "possible event" (Sapir 2002: 120). When in doubt about the effectiveness or applicability of their education, students were urged by the faculty to "Trust the Process." The second was the process of therapy or social work practice itself, the therapeutic process that occurs in the relationship, the process of helping a client. When in doubt about their skills, students were reminded the helping process, once set in motion through the establishment of a genuine connection with a client, had its own momentum and depended not simply on their behavior, but in the client's desire for growth and change that naturally inhered in the client and could emerge in the relationship.

The third reference was the most oblique. Sometimes referred to as the students' "parallel process," this process was similar to the therapeutic process, but not exactly the same. It referred to the process that students themselves experienced individually as they participated in and made use of the program, including the use they made of their professors and particularly their field supervisors, and the use they made of the program's models as they became social workers. This meaning of the phrase "Trust the Process" referred primarily to the students' own process of developing an individual professional use of self over the course of the program (see Appendix A for the program's "Professional Use of Self" evaluation form). There were three major elements of students' development of a professional use of self in this setting which may appear deceptively simple at the outset: self-awareness, which included an awareness of others;

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genuineness; and the negotiation of personal and professional boundaries within a client

relationship. In this regard, students were told to "Trust the Process" because it was not obvious

when or how or students' own phenomenological understanding of their use of themselves as

professionally would occur. In my research, most students understood this use of self by the end

of the program, yet none could have predicted how this process eventually emerged for them nor

their particular individual results. In this respect, the students' process resembled that of

psychotherapy: they did not know what they did not know as they desired change (to be a more

effective social worker) and sought help in a professionally bounded relationship (the

educational program).

The phrase "Trust the Process" was repeated so often in the social work program as a

kind of mantra, program directive, heuristic rule of thumb, or practice principle that it seems

accurate to say the "process" referred to was a culturally salient presence even if not fully

understood and flexibly interpreted over time. The students in the cohort that I observed

collectively voted in their second year to print this phrase on the back of their class t-shirt. When

the t-shirt was unveiled at a department-wide meeting, most of the students (but not all) laughed

and clapped. This concrete appearance of the phrase gave me an opportunity to ask students not

only what they thought the phrase meant in this setting, but what it meant to them individually

over time. People had no trouble reflecting on these questions, but the exact referents of the term

"process" always remained somewhat enigmatic and flexible.

Months after graduation in my interview with the field faculty member in the current

program, I mention that the cohort put "Trust the Process" on their class t-shirt. She smiles and

nods. I ask if she sees a process among the students as they go through the program. This is her

response:

> Yes. Absolutely. The pattern that I've noticed with students is that the majority
> of them come in with a real desire to help...they have a sense that to have some
> real sense of purpose in life, you have to help others. That it's important to help
> others [in order] to live a life that isn't simply self-centered or narcissistic. But a
> large number of them don't exactly know what that *means* as far as what that will
> look like, and also what it will require of them personally.
>
> They have this sense: "I need skills. I need tools. That's what this program is
> going to help me learn, the skills and the tools to help people." But mostly [there
> is] a vagueness about what that really means. And keep in mind we have a full-
> time program so the students tend to be young.
>
> In the first year there is a real struggle. In the first part of the first year I sense a
> lot of frustration: "What am I really doing? Am I really learning to help people?"
> Everything feels intangible to them. The faculty says, "Sit with the client." We
> say, "Trust the process." That's something we say a lot. [They wonder:] "What
> does that really mean?" There is a lot of frustration among the students because
> they are not sure they are getting what they thought they were going to get.

The professor points out the students are also exhausted and overwhelmed by the intense

schedule and workload of the first year. There is a tremendous amount of required reading, and

their papers challenge them both academically and personally. The students are also responsible

for helping clients in their field placements, which causes anxiety. However, the professor

continues:

> In the second part of the first year you sense...[that the students feel:] "OK, maybe
> I should trust the process. Maybe I am learning something. I'll just settle down
> and see what this is going to bring."
>
> The second year is where I see the big shift. I hear students saying, "I really feel I
> learned so much last year. I'm ready to really to use myself." That to me is the
> biggest change. When students say they are ready to use themselves, or use
> words to that effect, I think, "Okay, now they get it....The shift has happened."

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That's what I see. The biggest growth with students happens when they realize they are their own best tool, and that they need to understand themselves first before they can help or understand their clients.

I tell her that I did see this process among the students over the previous two years. I also mention that many students spoke about learning to be genuine with their clients, and not only did this seem effective, it felt like a relief. The faculty member nods and says being genuine and being present are two of the most important tools students learn. Learning to be truly present, she says, allows students to fully listen to another person.

Understanding one's self and using one's self in the social work relationship turned out to be a monumental task for many students. This process was often confusing, anxiety-provoking, and even painful. It took a lot of work. It made students recognize their vulnerability. It made them change themselves in order to be more effective with clients, changes many explicitly described over the course of the program (from recognizing their personal and social biases, ideals of perfectionism, or subtly controlling behavior to changing their distancing manner of speaking or timid behavior). Change often involved fear and a sense of loss. But by the end of the program, most said they grew, developed and changed for the better. They were more effective with clients, and they had a stronger sense of themselves and who they were in relationships - not only with their clients, but with their spouses, colleagues, friends, families and even with themselves. Most (but not all) were committed to their careers in social work by graduation, and felt a gratifying sense of purpose and confidence in their growing ability to work effectively with clients. In other words, the program worked to help most students achieve their initial goal of helping others.

After pouring through my data, coding field notes, longitudinal person-centered interviews, and class notes, I was certain rendering an ethnographic description of the students' process of developing a professional use of themselves over the course of the program would shed the most light on the questions I initially pursued at the start of my research: How do social work students form relationships with clients? How might their personal selves and personal histories be involved? What pedagogical or cultural models will they be exposed to and how will they interact with them? The students' development of a professional use of self was not only richly implicated in all these questions, but was one of the most salient patterns and pivotal person-culture interactions in this setting, and thus a fine point of ethnographic investigation.

Ultimately, the examination of students' motivated development of a professional use of self and their subsequent change in subjectivity (particularly in terms of relationship) in this setting contributes to theorizing the complex interaction between persons and what we now warily call "culture." This was the larger theoretical question that prompted this work; and it was the question that has inspired anthropologists since the work of Franz Boas and members of the culture and personality school, including Edward Sapir and Irving Hallowell, whose scholarship is integral to the design and conclusions of the present study.

It was at this point in my project that I spoke to my dissertation committee chair and explained the nature of the process that I saw among the students. She remarked thoughtfully that it was always helpful to know the history of any particular cultural setting. Thus began another phase of my research that probably went beyond what she intended, but what I learned contributed enormously to the theoretical arguments of this dissertation and to an understanding of the place of social work in the twentieth century history of sociology, psychology, psychiatry,

and psychoanalysis. This brings me to the second description of social work education by the pioneering social work educator mentioned previously, Dr. Jessie Taft.

Taft received her Ph. D. in sociology under the supervision of G. H. Mead at the University of Chicago in 1913. She was deeply influenced by Mead's theory of the "social self" (Mead 1910; 1912; 1913; 1934) and the functional psychology and pragmatism of William James, John Dewey, and James Hayden Tufts and others of the Chicago symbolic-interactionist school. She and her partner Virginia Robinson, who received her Ph. D. in sociology from the University of Pennsylvania in 1930, founded and developed the functional school of social work at the Pennsylvania School of Social Work associated with the University of Pennsylvania from the 1920's through the 1950's.[1]

The functional school was also called the "Rankian school" after Dr. Otto Rank, a close friend and intellectual colleague of Taft who eventually became a faculty member at the Pennsylvania School of Social Work. Rank's theory of human personality and his approach to psychotherapy greatly influenced the functional school. Rank was a prominent member of Freud's inner circle in Vienna for twenty years; in his forward to a recent collection of Rank's American lectures, Rollo May writes he had "long considered Otto Rank to be *the* great unacknowledged genius in Freud's circle" (Rank 1996: *xi*). Rank joined the Vienna Psychoanalytical Society in 1905 when he was just twenty-one years old at the invitation of Freud, who was impressed with the brilliance he demonstrated in an early manuscript entitled *Art*

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[1] Like other social work educators, Taft and Robinson were inspired by Abraham Flexner's address to social workers at the 42nd annual meeting of the National Conference of Charities and Corrections in Baltimore in 1915. Flexner was an education reformer already famous for criticizing and revolutionizing medical school education, in particular causing the closure of medical schools unaffiliated with universities. Flexner ventured to say that social work was not a proper profession in part because it lacked a "compact, purposefully organized educational discipline" (Flexner 1915/2001; quoted in Kirk & Reid 2002). For a fuller discussion of Flexner's admitted limited knowledge of social work when he gave this speech, see Kirk & Reid 2002, pp. 1-11.

and Artist (1932) and in his analysis Freud's own works at the time (*Interpretation of Dreams* [1900] and *Studies in Hysteria* [1885]). According to psychiatrist E. James Lieberman, noted biographer and scholar of Rank, Rank became a "foster son" to Freud (see his "Translator's Introduction" in Rank 1930/1998: *xii*). Rank remained an influential member of Freud's inner circle until 1925, first acting as secretary in the Vienna Psychoanalytical Society before Freud arranged for him to obtain a doctoral degree in psychology from the University of Vienna in 1912, after which he became a psychoanalyst, a member of Freud's "Committee," and an editor of the group's journals. Ranks' productivity was second only to Freud's among psychoanalysts in the Society. Lieberman notes that in a letter to Rank in 1924, Freud said he "was determined to transfer the Presidency of the Vienna Psychoanalytic Society from himself to Rank" but "Rank was cool to the idea," given some of Freud's criticisms of his most recent work. (For biographies of Rank, see Lieberman 1985; Menaker 1982; and Taft 1958.)

Although the two men were close, Rank eventually broke with Freud over significant issues of theory and therapy in psychoanalysis. His major differences with Freud included a belief in the centrality of the will, creativity, and the growth process inherent in human psychology (he saw "neurosis as a failure of creativity" [Rank 1935]); the significance of the child's attachment to the mother preceding the timing of the Oedipal complex (Rank 1926)[2]; the use of the analyst's real relationship with the patient (he felt it folly to research or intend to prove one's own psychoanalytic theory while supposedly conducting therapy; he instead favored the more direct approach of helping to solve the client's problems as presented [Ferenczi & Rank

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[2] Rank's theory was first described in *The Trauma of Birth* (1926), and identified anxiety in humans as stemming from simultaneous desires for closeness and separation (or individuation) as seen in the child's developing relation with the mother, a prototype for other relationships; however, this anxiety, "if accepted, could be lived with" (Menaker 1989: 14) in a "voluntary affirmation of the obligatory" (Rank 1932: 64). Ernest Jones, another member of Freud's inner circle, said in his initial praise of the book: "I agree with [anthropologist Geza] Roheim that there is a vast support for Rank's theory to be obtained from anthropological data" (Lieberman 1985: 211).

1925/2006; Rank 1996:261]); the vital and healthy expression of emotion (versus emotion

indicating unresolved pathology, including the emotion Freud sometimes interpreted as

"resistance" [Taft 1936b]); and the use of time-limits in therapy. (For further discussions of all

of the preceding, Karpf 1953; Lieberman 1985; Menaker 1982; Rank 1930/1998; Rank 1941;

Taft 1936a/1978, 1936b/1978; 1958).

      After a painful separation from Freud in 1926, Rank moved from Vienna to Paris; he also

traveled to New York frequently. Despite a thriving practice in both locations as well as

lecturing widely, Rank was struck from the American Psychoanalytic Association as an honorary

member (the only other honorary members were Freud and Ferenczi) after publicly differing

from Freud in 1930 at a meeting of the International Mental Hygiene Association in Washington,

D.C.[3] The fact that Rank was not a medical doctor made his ousting from the psychoanalytic

community all the more expedient, and it was decreed that any psychoanalyst who had been

analyzed by Rank must undergo a re-analysis (Lieberman 1985). Henceforth, psychoanalysts

were hesitant to acknowledge Rank's work or influence. Taft says of Rank's theoretical

differences with Freud and her close association with Rank at this time: "I had no medical ties

and no stake in Freudian psychology. I had been brought up on pragmatism and the thinking of

George Herbert Mead and John Dewey. For me there was nothing to lose" (Taft 1958: *xiv*).[4]

      Taft and Rank had met in 1924 at a meeting of the American Psychoanalytic Association

in Atlantic City. After Taft engaged in a brief analysis with Rank, they became professional

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[3] Referencing his work, *Psychology and the Soul* (1930a), Rank characterized the "battle" between he and Freud as "not between different schools of psychoanalysis but between two worldviews, which have been in conflict with one another since the dawn of science with the early Greeks and long before" (Rank 1930b). Jessie Taft, by then a close friend and colleague of Rank, sat on this panel and defended Rank's paper (Taft 1930).

[4] However, in a personal communication to me, Robert Kramer, a scholar on Rank, noted Taft's stance was not without controversy in the field of social work: "Taft had to take on the entire Freudian establishment, which was very powerful and vindictive then." (Email communication 12/3/13.)

colleagues and close friends. Taft translated two of his major works from German to English for an American audience, *Will Therapy* and *Truth and Reality* (Taft 1936a, 1936b). While traveling between Paris and New York, Rank lectured at the functional school in Pennsylvania and other schools of social work in New York, and in 1935 became a faculty member in the functional school at Taft's invitation when he settled in New York permanently.[5] Upon his untimely death in 1939 at the age of fifty-six, Rank's family gave all of his papers to Taft. She published a biography of Rank in 1958.

More about Rank's lasting theoretical and practical influence in social work education will be discussed below. However, it is perhaps important for the reader to know at this time that many of Rank's ideas relating to the therapeutic process, revolutionary and even radical at the time, are now mainstream in contemporary psychotherapy and psychoanalysis. Carl Rogers credits Rank's influence [Rogers 1959: 37, 137-138) and Rank and Taft's influence (Rogers 1946/2013: 40, 46-47) in the development of his client-centered therapy.[6] After being impressed with a student of Rank's from the Pennsylvania School of Social Work, Rogers invited Rank to the University of Rochester for a two-day seminar in 1936, after which he stated he "became infected with Rankian ideas" (Kirschenbaum 2007: 90). Rank also likely influenced the object-relations theory of Melanie Klein and D. W. Winnicott, and Rank's ideas at least foreshadowed

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[5] Rank taught the following courses in the advanced curriculum: The Nature of the Self; Growth, Learning, and Change; and Symbols of Government (Taft 1942a: 62)

[6] In tracing the evolution of his approach, Rogers credits Freud for his stress upon "catharsis and insight," but says a "deeper indebtedness" goes to Rank and Taft for the "concept of the individual's ability to organize his own experience...[and to] "the discovery...that "in most if not all individuals there exist growth forces" or "constructive forces whose strength and uniformity have been either entirely unrecognized or grossly underestimated....It is the clearcut and disciplined reliance by the therapist upon those forces within the client, which seems to account for the orderliness of the therapeutic process and it consistency from one client to the next" (Rogers 2013: 46-47). Kramer (1995) also reviews Rank's influence on Rogers, as does Rychlak (1981), who further points out that Rogers, at first an anomaly in his field, "turned to the professional organizations of the social workers and held both state and national offices in this wing of the helping professions" (Rychlak 1981: 578-579) before his ascent in the field of psychology.

the ideas of Heinz Kohut, Erik Erikson, and John Bowlby (Menaker 1982: 120-136) and Harry

Stack Sullivan (Lieberman 1998: *xvi*; 1985: 237). Ernest Becker (1973: *xix-xxi*), Irving Yalom

(1980: 293-301)[7] also count Rank among their greatest influences. Writers as diverse as

psychiatrist and Holocaust scholar Robert Jay Lifton and family therapist Carl Whitaker also

credit Rank with influencing their work (Lieberman 1985).

Historically, Rank's battle with Freud was mirrored in the development of social work

education. There were intense disputes between the functional or Rankian school of social work

and the "diagnostic" or Freudian school of social work (primarily situated in the New York

School of Social Work, now the Columbia University School of Social Work, and Smith

College). In response to Abraham Flexner's 1915 challenge to establish a scientific basis for the

profession (Kirk & Reid 2002), the diagnostic school (so named because they diagnosed a

client's "underlying" pathology using Freud's models) aligned itself with the medical profession

and thus with Freud (Dore 1990; Cnaan, Dichter, & Draine 2008). Given the intensity of these

debates during the 1940's, a committee was appointed in 1947 by the Family Service Association

of America, a prominent social work organization, to "find common ground" between the

schools. However, no common ground was found in the final report entitled "A Comparison of

Diagnostic and Functional Casework Concepts" issued in 1950, and the approaches were

considered irreconcilable. Helen Harris Perlman (1957) finally made a kind of peace between

these approaches through likening Rank's concept of will with new developments in ego

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[7] Yalom (1980) writes that "Otto Rank...introduced the concept of the will into modern psychotherapy....Although he has been an influential intellectual force at the Pennsylvania School for Social Work, he has had - until the recent voice of Ernest Becker - no one else to speak for him. Becker considers Rank the brooding genius waiting in the wings; and indeed, I gasped at his prescience, when reading his works, especially his books, *Will Therapy* and *Truth and Reality*" (Yalom 1980: 293). Both of these works were translated by Jessie Taft.

psychology (Dore 1990: 367). Too, as the heyday of orthodox Freudian psychoanalysis faded, the conflict between the two schools also waned.

Taft, Robinson, and other members of the functional school published a number of articles explicitly detailing the curriculum and theory of their educational model. They also describe the process they observed among their students during the course of the program. This was uncannily similar to what I observed during my research; their words appeared fresh despite the yellowed pages of the cloth-bound volumes I obtained from used bookstores. Much of the functional school literature focused on describing what they called the "student movement" from the beginning to the end of the program. As it turns out, the "student movement" refers to the process of the students' development of a professional use of self (Robinson 1942a, 1942b, 1950, 1978a, 1978b; Taft 1937, 1942).

Both Taft (1942a) and Robinson (1942; 1949/1978) are more explicit than the current program in describing this process. In fact, Robinson comments in the introduction to a volume of her collected writings from 1930-1968: "Looking back over these decades, I see that a single focus has dominated my writing, namely my interest in the development of the professional self" (Robinson 1978b: x). Again, I present some of this material in order to orient the reader to the ethnographic material that follows.

Taft explains that the functional school had its disagreements with the diagnostic school long before Taft met Rank in 1924. Taft, Robinson, and other at the Pennsylvania School of Social Work were dissatisfied with the nature of the therapeutic relationship as suggested by Freudian theory: "If - as the Freudian psychology implied - the cure is making conscious of the

unconscious drives that are creating problems for the client, what has the particular worker to do with it, beyond putting in his intellectual contribution..?" Taft observes:

> Case workers knew from experience that their relation to the client - an intangible something - was of great importance. They felt instinctively that without it nothing would happen, but it was not easy to connect that living process with the intellectual effort of the analytic exploration and interpretation of material which too often felt like an imposition of the worker's will, like pressure or attack (Taft 1942a).

As Rank lectured at the functional school, as his influence began to pervade the curriculum, and as more social workers (also called case workers) experienced his type of analysis for themselves, Taft notes:

> The case worker with the Rankian experience...was not equipped with any conviction as to his right to explore and interpret apart from the reality problem presented in the client's request [for help]. He had some awareness that the moving force should somehow proceed from the client's need and effort...he also realized that much depended on the relationship...[the client] would use his relation to the worker for moving ahead, and somehow, in a way at first not clearly comprehended, the worker had to carry active responsibility for this movement and his part in it (Taft 1942a).

Taft and Robinson describe Rank's influence as informing the understanding of the nature of the social-worker client relationship within the professional boundaries or the "function" of the relationship, that is, the specific service or help the social worker's agency offered the client (Robinson 1978: 258; Taft 1942a: 65). Robinson notes that Rank's influence did not result in applying any particular model of the psyche to the client; rather: "It is interesting and characteristic of Rank's own understanding of differentiation in growth processes that...[among] the faculty and supervisors at the Pennsylvania School of Social Work...there began to appear a sharper sense of focus and responsibility developing around specific services or functions of

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agencies and deeper sensitivity to the feelings and movement of the clients in using those

services" (Robinson 1978: 258).

 While the diagnostic school required its students to undergo psychoanalysis in order to

practice, Taft writes: "We have learned that neither psychoanalysis nor any other form of therapy,

but the basic experience of taking help within a professionally controlled and limited

relationship, is essential to the adequate training of students for practice in a social

agency" (1942a: 65). That is, "taking help" to become a social worker within the boundaries or

context of the program (including their relationship with their field supervisor and other

instructors) equips the student with a personal understanding of a growth and change process,

resistances and surprises and all, so they may better appreciate the task and experiences of their

clients. This experience of "taking help" is the essence of casework or social work practice, Taft

observes, and this is the elusive parallel process that social work students experience and put to

use in their work with clients. Taft writes: "This learning-growth process is essential to the

development of a disciplined professional worker (1942a: 67)." She says of the student:

> He learns gradually, and often painfully, in his two years of effort to reach the
> initial organization of a disciplined professional self and a beginning professional
> skill, what it means to take help, psychologically and realistically, for one's own
> growth toward a chosen goal. (Taft 1942a: 66)

 Taft is careful to distinguish this process from psychotherapy, however. Becoming a

social worker is the students' stated goal, and the faculty "holds up to the student the professional

ideal, the goal he has set for himself in the decision to take training" (Taft 1942a: 68). She

continues:

> His personal problems come in for consideration and analysis only in relation to
> their interference with his progress as a student....the School does [not] undertake

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to give to students personal help unrelated to the professional goal. A student is never "treated" either by casework or any form of psychotherapy. Whatever growth or change or progress he experiences is the direst result of the training process itself, in which the development that comes with fundamental learning is not only to be expected, but *required*. (Taft 1942a: 68, italics in original)

Taft describes the functional school's Personality Class, which extends over three academic semesters with a related fourth semester course, which has its equivalents in the current social work program (e.g., the year-long student "Lab" course for first-year students [see Appendix C, certain lecture classes, and the advanced practice classes in the second year):

> The Personality Class is geared to the need of the student himself, his right to explore the very experience he is undergoing, and his necessity to orient himself theoretically, both in relation to his impacts with clients and in supervision. He needs to understand himself, not completely, but as he is in this meaningful learning experience....[In the first semester] its purpose is to help the student become aware of and to weather his own reactions to these new situations...what it means to accustom one's self to the reality one finds...and to field work that exposes all of one's ignorance, fear, and helplessness. (Taft 1942a: 69)

Taft also notes that students become aware of their own biases toward clients as they work in the field: "He is full of shock, surprise, disillusion with himself and the client." Clients often have "attitudes he does not understand or will not tolerate; behavior he condemns or wishes to avoid" (Taft 1942a: 69). However, Taft notes that an important part of the curriculum is to teach students to recognize, express, and accept their feelings:

> He has to grow into acceptance of his own emotions as vital expressions of living, in order to allow the client to feel, as he feels. Here, together with others who are going through like experiences...he finds that it is safe to put out in class the way he *feels* as well as what he *thinks* about what he is doing in agency and in school.
>
> There is no norm for the feelings he should have, no one has to agree with anyone else in ideas or emotions, but the student who wants to go with training soon realizes that he has to "keep moving" and risk himself ever more deeply. (Taft 1942a: 69)

In the second semester, Taft says students are "hopefully past the upset and confusion" of entering their new situation "Now [the student] wants to understand how his clients came to be as they are," she writes. This exploration leads the student to examine their own development, and they begin to wonder if they can experience the change in themselves necessary "to master this thing" of social work. By the end of the year:

> The student who is learning has acquired some belief [that] internal change for himself and his clients as not only possible but necessary for living...and a new appreciation of the capacity to enter into relationship with another as fundamental to casework and to life itself. (Taft 1942a: 71)

Robinson notes that for the students ending their first year in the program with a commitment to return the following year: "The experience of change and growth for professional use [in the relationship] is the fundamental reliable experience" (Robinson 1950/1978: 390). She explains that in experiencing the process of "taking help" in their first year, students begin to recognize this process has an order that can inform how they "give help" in their professional work (ibid: 392).

Students enter their second year with pride in their learning achievements. They take another "plunge into uncertainty" understanding this year an even "deeper growth" in themselves will be necessary. Still, many resist this new phase of the program's cyclical process, this second trial, another anxiety-provoking "admission of unknown areas to be conquered" in the development of one's helping skills. Taft writes, "Often a student breaks through into taking help from his supervisor only after a long struggle to do everything himself." What the second-year student crucially learns is that "the growth is a process not completed once and for all" (Taft 1942a: 71-72).

By their last semester in the program, through their coursework, field experience, and the reading of biographies in a final course called "Patterns of Growth," students have come to understand that persons facing change and growth crises may "use them for the freeing and reorganization" of the self "on a new level of self-realization and creativity:"

> Through both thoughtful and impulsive reactions, through identification, rejection, [and] uncertain tolerance, to final serious effort to understand and bear the way in which individuals strive for their own development, the students begin to comprehend the meaning of psychological growth as an irreversible organic process in time, and to affirm the newly-won sense of a disciplined professional self that can be demonstrated in practice. (Taft 1942a: 73)

Making observations much like the current field faculty member above regarding the student using themselves as a tool in their relationships with clients, Robinson also notes that in the student movement, eventually "the conviction is established that the self is the tool with which he works in this process of helping another person." She also adds, "That tool must be formed anew in harmony with its chosen task," that is, being an effective social worker. (Robinson 1942b: 19). Raising the notion of "trust the process," Robinson also states:

> Only the concept of psychological growth can afford an adequate explanation of what is happening in this experience for the student....[and] only a profound trust in this growth process enables the supervisor to stand aside at times and wait until a deeper development comes to pass rather than to exert her own pressure to force a result quickly. (Robinson 1942b: 25).

Despite the similarity between the educational process Taft and Robinson describe and what I observed in my research, the history and educational model of the functional school - its practical design and its underlying theory - was never mentioned in the current program, nor was

Otto Rank.[8] In a recent edited volume of scholarship from the University of Pennsylvania

School of Social Work (now the School of Social Policy and Practice), the editors observe that

"many years after the initial struggle between the diagnostic and functional schools, it is clear

that modern day social work is heavily functional, although not labeled as such" (Cnaan, Dichter

& Draine 2008: 3). Dunlap observes that explicitly "no graduate schools of social work in the

United States promulgate functional methods as a unitary approach, and few explore the

historical roots of this tradition" (1996: 336). When I discussed the creation of this educational

model with a senior professor in the current program of social work, he observed that in general,

it was "a forgotten history." [9]

Field education is considered social work's "signature pedagogy" by the Council on

Social Work Education (CSWE 2008/2010, with reference to Shulman 2005). Based on what I

observed in the current program, Rankian theory, assimilated and modified by the functional

school, permeated the social work students' field education, particularly the education and

training of students in direct practice with clients.[10] Manifestations of the functional school

approach appeared not only in the program's ethos, curriculum, and in the dynamics of field

supervision; but they also seemed embedded in the National Association of Social Workers'

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[8] However, the views of several figures influenced by Rank were discussed, such as Earnest Becker (1973), and works by psychiatrists Carl Whitaker (Napier & Whitaker 1978) and Irvin Yalom [2005], also influenced by Rank, were used as primary textbooks.

[9] But more recently, the functional school and Rank in particular have received attention in the social work literature for their significant influence in social work education (see Cnaan, Dichter & Draine 2008; Dore 1990; Stein 2010; Timms 1997). Also, there has been a renaissance of scholarship on Rank as detailed by Lieberman (1985: *xv-xvi*). Newly translated work (Rank 1930/1998), previously unpublished American lectures (Kramer 1996), and letters between Freud and Rank (Lieberman & Kramer 2012) have recently become available, and the American Journal of Psychoanalysis published a special issue recognizing Rank in December of 2012.

[10] The intellectual influence of Taft's dissertation chair G.H. Mead (also a close friend of Jane Addams and treasurer of The Hull House, a well-known settlement house in Chicago founded by Addams) and other sociologists of the Chicago School seemed present as well; this will become evident in the ethnographic material.

Code of Ethics (for example, in respecting the client's "right to self-determination" (Dore 1990; Stein 2010), in the oft-repeated field-wide practice principle "Start Where the Client is At" (Dore 1990; Stein 2010) or the current social work program mantras that deepened in meaning for the students over time such as "Trust the Process," "No Judgements," and "It's All About the Relationship."

Most significant, perhaps, is the apparent influence of the functional school in the students' active development of their professional use of self and their resultant shift in subjectivity and way of being in relationship. This is what the ethnographic material that follows intends to capture. This ethnography shows what is happening on the ground in social work education, particularly field education, from the perspective of the students themselves. This signature pedagogy, far from being some kind of vague training process based on "traditional social work values" as is so often maintained, was instead forged in fire and is still steeped in theory.

<p align="center">***</p>

Toward the very end of the program, two of my interview participants waved me over as we zipped up our backpacks after class. They told me they had been talking and wanted share something about helping others upon which they agreed. "We're not Mother Theresa," the first student said. "Actually, we get high off this shit," noted the second, and we all laughed. "I'll include that," I said.

So while it may seem obvious, it is important to keep in mind that students' desire to help others and their experience of reward in doing so drives their creative participation in this program. It drives their effort and eventual commitment (if they choose to go there) to the

process of taking help from their supervisors and professors in order to grow and change and develop their professional use of self for social work practice.

During the course of this education, the students are asked, "Why are you really here?" In taking this question seriously, students find their motivation for participating in the program exists on many levels and is indeed "over-determined," as Hollan might point out (2000; 2012). But they also find that examining their motivations is useful, if not essential, to their work with clients.

Ultimately, and with the creativity and variability among cultural participants that Edward Sapir held was the essence of human behavior (2002; 1932), most students that I observed in this program developed a particular and individual professional use of themselves as social workers in their relationships with clients. This process of developing a professional use of self is the cultural "hitching post" (Sapir 2002: 54) of this ethnography: this process may be viewed as "culture" according to Sapir because it describes, in abstract form, "the core of a behavior pattern when all the individual factors and differences have been taken away" (ibid.).

In my final interviews with students, and indeed even in class discussions and more informal gatherings of students toward the end of the program, most (but not all) said they experienced a profound process of personal and professional development that changed them in significant ways. Because this sentiment is commonly shared and students' descriptions of their experience use similar terms and bear similar features, some readers may suspect that students' experience of this pedagogically, theoretically and ethnographically abstracted process may exert some kind of impersonal or "superorganic" (Kroeber 1917) force that renders the students as metaphorical sheep socialized by something larger than themselves, homogenized and

constrained by social inputs, unconscious of their manipulation and perhaps most disturbingly -

estranged from their spirit (a rather common twentieth century nightmare reflected in the Marxist

theory of "false consciousness" or Bourdieu's "obscuring veils of *doxa*" as Throop & Murphy

note [2002: 190]).

For those readers, I offer a point emphasized by Sapir: "Because the culturalist abstracts

his materials, he loses touch with the reality of basic psychological functioning" and may turn

this professional abstraction into "a bogus problem" of "group mind" (Sapir 2002: 72). Sapir

suggests it would be a mistake to "treat abstract patterns as if they functioned as such" for the

individual. In other words, in this setting of social work education and in this ethnography, while

the cultural pattern of the development of a professional use of self has been abstracted, for the

student who creatively participates in the program, full of effort and desire, this experience is far

from abstract.

In an essay entitled "Sociopsychological Aspects of Acculturation" (1955) Hallowell

writes:

> The basic function of the socialization process...is to prepare individuals for
> participation in a specific behavioral world.
>
> Such a process is...one of the fundamental stabilizing agencies in all human
> societies since it tends to produce the regularities in patterns of behavior that lend
> themselves to abstract summarization as culture. But socialization does not
> produce robots. The persistence of cultural forms is only a function of the
> expected or predictable behavior of individuals in social interaction. Idiosyncratic
> or deviant behavior occurs in all societies. (Hallowell 1955: 314)

Hallowell goes on to discuss the problem of a scientific understanding of the process of

what anthropologists once called "acculturation" or the "borrowing" of cultural models or

cultural "diffusion" (1955: 316). (This process is conceptually related to what anthropologists

now refer to as "internalization" [D'Andrade 1995; Spiro 1987a, 1997; Strauss & Quinn 1997]).

This process is at work in the students' encounter with the social work program; although as

Hallowell would recognize, a significant feature of the students' participation in this encounter is

that it is personally motivated and freely chosen. Hallowell observes:

> ...the problem of central scientific importance here is not the *fact* of cultural
> borrowing or the reality of the process of cultural diffusion - there are hundreds of
> thousands of historical facts that could be marshaled - the problem is to
> understand the conditions and processes involved in borrowing and the effects
> upon the mode of life of the people concerned. (Hallowell 1955: 316)

The ethnography that follows details the apparent "borrowing" of cultural models through

an ethnographic examination of three students' processes of becoming a social worker from their

own subjective perspectives (in the context of our longitudinal person-centered interviews) and

its "effects upon" their "mode of life." Two significant observations from this research and their

implications for several interrelated dimensions of psychocultural theory in anthropology will be

discussed in the conclusion and previewed below.

Research Questions, Project Design, and Methodological Background

<u>Research Questions</u>

As stated above, I began this project with the following three questions: How do social

work students form relationships with clients? How might their personal selves and personal

histories be involved? What pedagogical or cultural models will they be exposed to and how do

they interact with them? In pursuing these questions, I hoped to gather information that would

contribute to psychocultural theory in anthropology regarding a central preoccupation of the

discipline going back to the work of Franz Boas and the culture and personality school: the

relationship between individual persons and cultural patterns.

In particular, I wondered how we might see the "locus of culture...in the interactions of

specific individuals" (Sapir 1932/1949: 515) through a person-centered analysis of how

individual students in relationship with cultural forms as created and transmitted by other

cultural participants during the course of their education learned to conduct the historically

situated and socially instituted professional clinical social work relationship.[11] [12] More broadly, I

conducted this research with an eye toward how a "generic" or evolved human personality

structure (Hallowell 1950) might appear in these interpersonal relations and inspire human

behavior and cultural forms and patterns.

Before turning to the theoretical background that informed the project's methodology, I

will describe the project design itself, how I entered the field, and how the project design was

implemented.

Project Design

This project was an ethnographic study of social work students' views, experiences and

processes of becoming a social worker over the course of a two-year master's program. The

study included longitudinal participant-observation in the program, longitudinal person-centered

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[11] This study does not focus on the actual relationships between social workers or social work students and their clients _per se_; this is not the data I set out to gather. Rather, it focuses on the interactions between social work students, their educators, and their education.

[12] Licensed clinical social workers now number 200,000 (American Board of Examiners in Clinical Social Work, abecse.org) and provide more mental health care in the United States than psychiatrists and clinical psychologists combined. In 2010, the US Department of Labor Bureau of Labor Statistics reported the total number of employed degreed social workers (at the baccalaureate, master's, or doctoral level) was 650,000; the total number of psychiatrists was 21,790; and the total number of clinical, counseling, and school psychologists was 103, 590 (www.bls.gov).

interviews with nineteen students over the course of the program, and a questionnaire

administered to the entire cohort at the end of the program. I particularly focused on the

experiences of students who were interested in becoming clinical social workers. Following the

terms specific to this program, these were students who elected a concentration in "Micro"

practice (direct practice with individuals, families, and groups) with an additional specialization

in mental health services during their second year.

I initially proposed this study to a senior faculty member in the social work program who

thoughtfully considered the project and remarked that to date, an ethnography of social work

education had not been done. He was familiar with anthropologist Tanya Luhrmann's (2000)

ethnography of the training of psychiatric residents, and her observation that psychiatrists

developed relationships with patients with two models of the etiology of mental illness in mind:

a psychodynamic model that followed the tradition of Freudian psychoanalytic theory, and the

biomedical or disease model of mental illness. I pointed out that both of these models located a

pathology of mental suffering in the individual psyche or body, and I wondered how social

work's more social, or well-known "Person-In-Environment" perspective on human suffering

might inform social work students' development of relations with clients. He suggested I

propose the project at the next faculty meeting, which I did. After a lively discussion, the

faculty gave their consent to allow me to approach them individually for permission to observe

their classes over the following two years. (All but one gave their individual consent.)

Thus I began participant-observation in the social work program the following fall.

During the first week of class, I explained my project and its purpose to understand students'

perspectives on becoming a social worker to the entire cohort of first-year students (there were

ninety students at the time; two dropped out later). I asked for their permission to observe them as a group over the next two years, explaining I would be sitting with them in classes and attending all program events. I also asked for volunteers concentrating in Micro practice with an intent to specialize in mental health services to participate in longitudinal interviews about their experiences. Thankfully, I received no objections to my request to observe the group, and nineteen students volunteered to become interview participants. All nineteen were enrolled in the study.

The interviews I conducted with students were longitudinal "person-centered" interviews (Hollan 2001; Hollan 2005; Hollan & Levy 1998; Hollan & Wellencamp 1994). These interviews, in ethnographic context, were the primary focus of my research. I consider fourteen of the nineteen participants my "core" interview participants, as these students began interviews with me within weeks of the start of the program (this allowed for a kind of "baseline" interview about their motivations for entering the program). The master's program in social work was divided into six academic quarters, and all fourteen core participants met with me at least once per quarter. Of the fourteen core interview participants, twelve elected the Micro concentration with an intention to specialize in mental health services. Two elected the alternative "Macro" or indirect practice (i.e., administrative and/or policy level) concentration, with an intention to specialize in mental health services.[13] The remaining five interview participants began interviews during the second quarter of the program and met with me most quarters after that. All participants completed a final interview.

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[13] Of the five additional participants who joined the interviewing process later, two were Micro with an intention to specialize in mental health services, two were Macro with an intention to work on a policy level in mental health services, and one was a doctoral student going through the first-year master's curriculum as a requirement of the Ph. D. program in social work. This doctoral student asked to join the project because she was struck by how different the pedagogy was from her previous master's education in business.

In order to gain a better sense of the students' work environments, I spent a day visiting most core interview participants in their field internships. I visited twelve field placements in all, including community centers and clinics, a hospital, a school, and a residential facility at the Veteran's Administration. These field placement visits included sitting in on a weekly meeting between students and their field supervisors in which they discussed the student's progress with their clients and their development as a social worker. Having been through it themselves, field supervisors quite often gave me their own perspectives on social work education and more generally on the field of social work.

I administered a questionnaire to the entire student cohort at the end of the program in order to asses the representativeness of my interview sample in relation to the larger cohort on a number of variables and patterns that emerged during the course of my research. (For further details see Appendix G and the below section entitled "The Students.")

During the program I also spoke informally with many faculty members about the students' educational process, and conducted more formal (i.e., tape-recorded and/or consented) interviews with three faculty members after the students' graduation.

Finally, at their generous invitation, over the course of the program I joined students in many social gatherings including barbecues, casual dinners, regular after-class happy hours at a campus pub, birthday and holiday parties, baby showers, and end-of-first-year and graduation parties. In this way, I got to know many social work students well, even those who did not participate in the interviewing process. In general, I felt comfortable with the group, enjoyed their company, and deeply appreciated their efforts to include me in their experiences.

In his 1932 article "Cultural Anthropology and Psychiatry," Edward Sapir (1932/1949)

presses a point he made previously (Sapir 1917) in a debate between himself and fellow

anthropologist Alfred Kroeber (1917). Sapir argues that culture or "society" is not a

"superorganic" entity separate from persons as Kroeber claimed, but "is itself a cultural construct

which is employed by individuals who stand in significant relations to each other in order to help

them in their interpretation of certain aspects of their behavior" (Sapir 1949/1932: 515). In an

intriguing assertion, Sapir states:

> The true locus of culture is in the interactions of specific individuals, and, on the
> subjective side, in the world of meanings which each one of these individuals may
> unconsciously abstract for himself from his participation in these interactions.
> [Sapir 1932/1949: 515]

Saying he is "particularly fond" of a phrase he borrows from psychiatrist, colleague and

close friend Harry Stack Sullivan, Sapir advocates studying "interpersonal relations" as a way to

bridge "the gap between the sociological approach and the psychological approach" (Sapir 1937,

quoted in Sapir 2002: 204). Sapir notes:

> Too great agility has been gained over the years in jumping from the individual to
> the collectivity and from the collectivity via romantic anthropological paths back
> again to the culture-saturated individual. Reflection suggests that the lone
> individual was never alone, that he never marched in line with a collectivity,
> except on literal state occasions, and that he never signed up for a culture.[Sapir
> 1937, quoted in Sapir 2002: 204]

Linda Garro, in her article "Narrating Troubling Experiences," builds on Sapir's

assertions, and observes that "social interactions and the cultural meanings that are abstracted

from these interactions...are integral" to the process-oriented perspective she advances to better

understand "how self-related experience comes to be endowed with meaning" over time (Garro 2003: 6). Based on an analysis of how persons come to frame troubling experiences using culturally shared explanations explicitly in the context of their social interaction with others, Garro points out that "jointly social, cultural, and cognitive processes offer potentialities for orienting the experiential self without determining self-related experiences" (ibid.), thus opening the door for an exploration of "variability within a cultural setting." Further, as Garro notes, a process-oriented perspective that allows us to see the behavioral environment (Hallowell 1955) as a dynamic field of interrelations among individuals sharing information illuminates "cultural processes," or the "socially grounded ways of learning which contribute to the way an individual thinks, feels, and acts" over time (ibid.: 17).

These observations are highly relevant to the methodology of the current project. I took Garro's process-oriented approach in observing how social work students' interactions with pedagogical models as communicated by other individuals - their professors, field supervisors, fellow students and even authors of educational materials - impacted their experiences and contributed to how they "endowed their experiences with meaning" over the course of two years as they participated in an educational process in which they were "inundated with models" in Garro's words (personal communication). I also accepted Sapir's premise that culture may be revealed in the "subjective...world of meanings" that individuals abstract from their participation in social interrelations. Thus, out of a cohort of eighty-eight social work students, I sought to understand nineteen students' subjective worlds of meanings - each person being a kind of "sub-culture" in the given cultural setting [Sapir 1924/1949] - through the technique of person-centered interviewing (Hollan 2001; Levy & Hollan 1998; see also Hollan 2000, 2012).

Conducting person-centered interviews with nineteen students over the course of their two-year educational process was crucial to obtaining the kind of data which allowed me to make the observations and arguments that appear in this dissertation. So too was my intensive participant-observation which served as the foundation for these interviews. Crucially, my presence in the program allowed students to know that I too witnessed what they referred to in our conversations, and I understood what was being asked of them as they became social workers. It also engendered a kind of camaraderie around the emotional nature of the work. Generally speaking, I saw what they saw (even though our reactions necessarily differed), whether it was the program's Orientation Day, a class lecture, an emotional exchange between students in the first-year student "Lab" group (see Appendix C), or the tours of homeless shelters on Skid Row and the Los Angeles county jail (disturbingly the largest mental health facility in the country). Visiting interview participants in their field placements also gave me a deeper understanding of the settings in which the students worked with clients and allowed for more detailed conversations with students in subsequent interviews. Too, as Hollan (2005) writes, I learned in using the person-centered interviewing technique that "what people are willing and able to tell us about themselves changes as our relationships with them deepen and evolve over time" (Hollan 2005: 465).

The technique of person-centered interviewing in the context of participant-observation produces a person-centered ethnography such as the one that follows. Douglas Hollan, an expert on person-centered interviewing and person-centered ethnography, defines this kind of ethnography:

> Person-centered ethnography is a term used by Robert Levine (1982) to refer to anthropological attempts to develop experience-near ways of describing and

analyzing human behavior, subjective experience, and psychological processes.
A primary focus of person-centered ethnographies is on the individual and on how
the individual's psychology and subjective experience both shapes, and is shaped
by, sociocultural processes....

In contrast to the standard ethnography which, according to Levine, "produces a
cultural description analogous to a map or ariel photograph of a community,"
person-centered ethnography "tells us what it is like to live there - what features
are salient to its inhabitants" [Levine 1982: 293, quoted in Hollan 2001: 48]

Levine also states that person-centered ethnography offers a glimpse into the

"interactional world" of cultural participants, and situates them "in the flow of communicative

exchanges that constitute the observable social situations of [the participant's]

environment" (Levine 1982: 303). An ethnography of this sort thus affords the data that Garro

argues is necessary to further psychocultural theory (Garro 2003, 2005/2007, 2011).

Hollan identifies both Edward Sapir (1938) and Irving Hallowell (1955) as insisting upon

ethnographic research that focuses on cultural participants' subjective perspectives rather than

relying on the anthropologist's perspective to specify and interpret patterns in a particular setting.

Hollan references Hallowell's opinion on the subject in Hallowell's influential essay, "The Self

and Its Behavioral Environment" (1955):

The traditional approach of cultural anthropology...has not been directly
concerned with the behavior of individuals. It has been culture-centered, rather
than behavior-centered....No matter how reliable such data are, or whatever their
value for comparative and analytic studies of *culture,* of necessity the material is
presented from the standpoint of the outside observer. Presented to us in this
form, these cultural data do not permit us to easily apprehend, in an integral
fashion, the most significant and meaningful aspects of the world of the individual
as experienced by him and in terms of which he thinks, is motivated to act, and
satisfy his needs. [Hallowell 1955: 88, quoted in Hollan 2001: 51]

Hallowell suggests that anthropologists "organize our data in a manner that permits us, as far as possible, to assume the outlook of the self in its behavioral environment" (1955: 89).

Of course it is impossible to capture another's subjectivity entirely (or indeed our own). Still, in an effort to understand another's point of view, the method of person-centered interviewing tries, as far as possible, to allow interview participants to comfortably explain and thoughtfully reflect on their experiences, thoughts, and motivations. As Hallowell points out in the article mentioned above, human beings have a unique ability to engage in "reflective thought" and "reflexive processes" (1955: 82) as their self-awareness is oriented by, and yet continually emerges in, their "culturally constituted behavioral environment" (1955: 87).

Within the objectives of the anthropologist's research project, the method of person-centered interviewing engages interview participants as both "informants" on the cultural situation and "respondents" in terms in terms of their own individual or subjective experience of that situation (Levy & Hollan 1998). As Robert Levy and Hollan explain: "It is this balanced combination of informant and respondent modes of interviewing that is characteristic of person-centered interviews and that distinguishes them from most other types of interviews" (1998: 336). In addition, the anthropologist conducting person-centered interviews asks relatively open-ended questions, and follows the interview participant where they want to go. For example, in my interviews I started with, "How is it going?" I also asked the general questions, "How are classes this quarter?" and "How is your field placement this quarter?" With the students, I frequently described our interviews as "snapshots" of their experience at the time of the interview.

One other aspect of conducting person-centered interviews in this setting deserves mention. I took classes with students who were learning how to conduct therapy, which included sitting across from another person and trying to understand their world from their perspective. Of course this was my objective in person-centering interviewing, and it was how I explained my project to the students. At the beginning of the interview process, I sometimes found it useful to name the elephant in the room: despite this commonality, person-centered interviewing differed from psychotherapy in that the anthropologist does not intend to "help" the interview participant, nor are they interested in "*changing* their subjectivity" (Hollan 2001: 54, italics in original) as therapists may be. Even while some interview participants commented on what they saw as the benefits of having the time and space to reflect on their experience, that was an artifact of the person-centered interviewing process (and a common one at that [Douglas Hollan, personal communication]), not the intent. Ultimately, the students' participation in the interviews was helpful to me and to the goals of the research project. After graduation, a student interview participant remarked about the process: "It was a time to reflect. It was a bit like therapy but not really. I never felt like the other shoe was going to drop. I never felt like you were going to confront me."

Data Analysis and Data Presentation

Data Analysis

Given the volume of data that I collected, data analysis was a lengthy phase. First, I typed up the field notes I took over two years (these were not class notes) and sorted them by theoretical and practical themes. After the transcripts of the fourteen core participants were

professionally transcribed, I listened to the tape-recorded interviews while reading the transcripts

and making notes. In all, I reviewed ninety-five core participant interviews, ranging from one

hour and twenty minutes to three hours. I also reviewed two tape-recorded faculty interviews,

and the field notes I took either during or after twelve non-recorded faculty interviews.

I observed a similar pattern of development in becoming a social worker among the

fourteen core interview participants despite a great deal of variation in the particulars.[14] [15] Each

student's story was captivating in its own way, and each grappled with their own "individual

pinch of destiny" (William James 1982: 499-500, quoted in Hollan 2012: 47). Indeed, taking the

process-oriented approach advocated by Garro (2003; 2005/2007; 2011) and the method of

person-centered interviewing according to Levy and Hollan (Levy & Hollan 1998; Hollan 2001)

virtually guarantees a diversity in one's data as each study participant's subjective worlds are

filled out over time. However, as Garro (2000; 2003; 2005/2007; 2011) and Hollan (2000; 2012)

in the tradition of Sapir (1938) observe, variation in human behavior is typical, and Garro states:

"Variation is not a problem for culture theory, it is at its heart" (Garro 2005/2007: 69).

In this setting, the variation in the students' backgrounds and experiences in fact highlight

essential similarities: their motivation for being in the program, that is, their impulse to help

others, and their process in the program, that is, their development a professional use of self in

relationship with clients through their own particular use of the program's pedagogy.

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[14] Two of the five additional interview participants did not experience this process. Both said that whatever the process referred to in the program's phrase "Trust the Process," it did not happen for them. Both were Macro students. Neither planned on a career in social work, despite obtaining the MSW degree. One said the profession of social work was "not radical enough" to make the changes in society she saw as necessary. The other, after two years marked by conflict with professors and her field supervisors, said the social stigma of being a social worker was ultimately a career liability, and she would rather not associate herself with the profession. She also felt the phrase "Trust the Process" was a sham; in reality it served to hide the deficiencies of the program and encourage passivity.

[15] A faculty member in the program observed that most of the students "got it" by the end of the program, although she also mentioned there were always a few that unfortunately "did not get what they came here for."

In order to illuminate the above, I chose to focus on a small number of students in this dissertation. The task was then to choose those students. Because the focus of the dissertation is clinical social work, I set aside the two Macro students. Then I set aside three Micro students: one who decided to specialize in gerontology and medical social work, one who decided to specialize in vocational counseling, and one who enrolled in a joint program with Public Health in her second year. This left nine students. After going through a detailed analysis of six students, which included coding and summarizing each interview, then writing notes on each interview and for each student's process through the program as a whole, I realized that I was "saturated" with enough data to present my findings. I also realized that even six students was too many to present in the dissertation, given my aim to illuminate the students' developmental process in an in-depth manner. At this point I set aside a male participant, given that men comprised only 14% of the cohort. I could have chosen any of the five remaining women. I settled on the three students that appear in the following pages because they represent both the commonality and the range of diversity within the larger group without significant overlap. However, all of the fourteen core interview participants and their words appear somewhere in this ethnography, and all of their experiences informed my conclusions.

In reviewing the student interviews, I created fifty codes within eight larger groupings. (For further details see Appendix B). I then coded my field notes and class notes with the same codes in order to better discern connections between the program's pedagogy and the students' use of this pedagogy.

The following ethnographic material chronicles three students' educational process as it unfolds and emerges over two academic years, across six academic quarters, with a particular focus on the students' experience as they described it to me during our interviews. Thus, each quarter section contains a description of that quarter's classes, and a description of that quarter's interviews with the three students. As I explained it to the students, I saw each quarter interview as a "snapshot" of their experience at that point in the program.

The choice to present the interview data in this manner - rather directly - is deliberate for two reasons. First, I wish to open a window onto the students' experience through sharing their thoughts, emotions, reflections and stories in their own words. In relating our conversations over the course of the program and through an extensive "use of quotations taken directly from interviews" I hope to give the ethnography a sense of "immediacy and authenticity" (Hollan 2005: 464).

Second, as Hollan notes, "the relationship between verbal utterance and subjective experience is an extremely complicated one, affected by conventions of who is telling what to whom and under what circumstances" (2005: 465). In keeping with the theoretical investigation of "interpersonal relations" in this study, I believe being transparent and reflexive about the conditions under which the data was obtained benefits the reader's analysis and understanding of the material presented here. Although I try to remain, as much as possible, out of the way of the students' reflections, the reader will no doubt get a sense of the relationship between the anthropologist and the student under the conditions of person-centered interviewing for the purposes of this project. In presenting the students' experience in this manner, the reader will be

less subject to taking the anthropologist's "word for it" when it comes to the analysis of ethnographic material; the reader may appreciate and evaluate the interview participants' words for themselves in the context they were spoken. In my conversations with students and in the reader's apprehension of these conversations, if Sapir is correct, culture may emerge.

The Setting and the Students

The Setting

The Master's Program in Social Work program was located in the city of Los Angeles, and was one of several schools of social work in the area. The students' education was intimately tied to practice in this diverse urban setting, and students were expected to learn about the city, its particular communities, and its public systems of welfare, healthcare, education, and government. During their first week of class, students began their first-year field placements in service agencies, community centers, and other organizations located in Los Angeles and the surrounding areas (e.g., Santa Monica and Long Beach). Faculty did research and consultation regarding vulnerable populations and the evaluation of public programs and services in the city, and students often collaborated in this work.

The program was divided into two years, and students were informally called "first-years" and "second-years." First-years were understood to be overwhelmed and full of complaints, while second-years possessed a more comfortable and focused confidence. Each year was divided into three academic quarters: fall, winter, and spring. (The summer recess constituted the fourth quarter of the university's academic year.)

Students had a choice of two concentrations in the program: Social Work with

Individuals, Families, and Groups (Micro), or Social Work with Organizations, Communities,

and Policy Settings (Macro). In this program, there were typically slightly more Micro students.

In their first year, students took the same classes regardless of their concentration, so all students

were exposed to both Micro and Macro Practice courses. In their second year, students took

classes according to their concentration and further specializations (mental health services,

public child welfare, gerontology, medical social work, or non-profit services).

During the first year students spend two full days working in their assigned field

placement (Monday and Wednesday) and two full days in classes (Tuesdays and Thursday).

First-year students also participate in a bi-weekly seminar called "Lab" in which they discussed

their academic and field experiences. (For a description of the Lab group, which vividly details

the students' emotional struggles during their first year, see Appendix C.) In the second year,

students spend three full days in their new chosen field placement (Monday, Wednesday, and

Friday), two full days in class (Tuesdays and Thursdays) and there was no formal Lab

requirement, although students continued to share their field experiences with one another in

other classes and in informal groups.

The research was conducted from September 2005 - June 2007, during the final two years

of the George W. Bush administration.

The Students

There were eighty-eight students in this cohort, including seventy-six women and twelve

men (this gender representation was typical in this program and in social work more generally).

Most were in their mid-twenties, with an age range between twenty-one and sixty-five years.

I attended a student recruitment meeting the year before the research began. The professor leading the meeting was recovering from the flu yet marched on, blowing her nose occasionally. She told a story about the woman who asked if she could change her field placement because it was in a dangerous area. "The answer was no," the professor said, "That's not social work." (Similarly, an applicant describes being told to "take off your little white gloves" during the functional school era [Smullens 2008: 185].) The professor told students to read the National Association of Social Workers' *Code of Ethics* (1996) and *The Call to Social Work* (LeCroy 2002). "If you don't feel a resonance with those values," she said, "then perhaps social work is not right for you. Know what field you are getting into."

Indeed the young students dealt heavy stuff. Friends of mine who met the social work students socially felt the need to clarify: The one who cried at the end of the teen-hit movie *Reality Bites* works with international victims of torture? That young former teacher just spoke at the funeral of a favorite student murdered in a gang conflict? The twenty-three-year-old painter works with veterans of the Iraq war with PTSD?

As noted above, I administered an anonymous questionnaire at the end of the program in order to asses the representativeness of my student interview sample in relation to the larger student cohort on several variables and patterns that emerged during my research. Based the results of the questionnaire, my interview sample was indeed representative of the larger student cohort on most variables. (For further details, see Appendix G.) The questionnaire asked demographic questions regarding age, gender, marital status, parent/guardian status, ethnic/racial origin, and immigration history. It asked about their undergraduate major (over 50% majored in

psychology or sociology; cultural studies and literature were also popular) and if they previously worked in social services (96% had).

Fifty percent of students identified their backgrounds as Caucasian or white; 25% as Asian; 23% as Latino/a or Hispanic; and 2% as African-American and white. Interestingly, 43.5% reported that either themselves and/or at least one parent emigrated to the United States. This may have contributed in part to the students' general appreciation of persons having a "cultural lens" as the program termed it, and to the United States itself as a particular cultural and historically-situated social organization. Twenty-nine percent also reported they experienced severe financial hardship while growing up.

As noted above, one of my initial research questions was how students' personal histories might be involved in becoming a social worker. Thus, the questionnaire also asked students about hardship in their personal backgrounds and if they had been a client in psychotherapy before the program, during the program, or both. With respect to these variables, my interview sample was very similar to other Micro students with a specialization in mental health services.

These research questions were inspired by psychiatrist and educator Laurence Kirmayer's 2003 article "Asklepian Dreams: The Ethos of the Wounded-Healer in the Clinical Encounter." Kirmayer writes that he observed a background of "affliction" among the psychiatric residents he trained, inspiring his characterization of them as "wounded healers." He further argues that "clinicians' relationships to their own illness or affliction are central to their own authority and effectiveness as healers (Kirmayer 2003: 251)," and their professional training "must foster the development of the healer's relationship to his own wounds (Kirmayer 2003: 268)."

In order to assess if social work students had background of "affliction" or "suffering" or "illness" as Kirmayer described it (with no further elaboration), I asked students to report whether or not they experienced certain potentially emotionally challenging life events or circumstances while growing up. Many of the items listed in the questionnaire were commonly identified as "risk factors" for future trouble in current psychological research, and included the death of a parent or sibling, mental illness or substance abuse in a parent, witnessing domestic violence, child abuse, and severe financial hardship. The list also included experiencing a severe and chronic physical illness in one's self or close family member, and a space for students to write in any experience they found particularly challenging while growing up.

Of all respondents, 79% reported they had experienced one or more (and most often more) personal or family hardships. That number was 92% among Micro students specializing in mental health services. In my own interview sample, 12 of 14 participants reported a background with significant hardship, and discussed these issues over the course of our interviews as they impacted the development of their professional use of self with clients.

These results are consistent with the clinician-as-wounded-healer model described by Kirmayer. However, these results must be interpreted with caution, as there is no reliable comparative data with the general population. More research is needed to determine if the social work students' backgrounds (or the psychiatrists' as Kirmayer discusses) differ significantly from the general population in this respect. However, it may be worth noting that the students concentrating in Micro practice with a specialization in mental health services reported more hardship or risk factors than other students in the program (although research with a greater number of students is needed to determine the statistical significance of this result). Too, perhaps

the point is not so much that mental health clinicians have a background of adversity, as many persons do, but how they relate to or use this experience in their professional work. Among the social work students, a background of adversity and overcoming challenges often explicitly led them to pursue this career, as they stated in their program applications and in their initial interviews with me.

In this way, the social work students' relation to past adversity appears to differ from what Kirmayer observed among the psychiatric residents. Kirmayer describes an initial "denial of wounds" among the residents, whereas previous hardships among social work students were quite conscious at the beginning of their education and gave them a kind of "street credibility" as a social worker. Personal experiences of adversity often inspired the students to help others, and were discussed openly and critically for educational purposes in classes and among students. (One professor observed that students often came in with "emic" experiences of hardship and gained an "etic" perspective on those experiences by the end of the program.) This ethos is in contrast to Kirmayer's admission that across two decades of raising the issue of past wounds or personal vulnerabilities with psychiatric trainees: "Always, I face the apprehension that such personal exposure risks a loss of authority or credibility with colleagues and supervisors (Kirmayer 2003: 286)."

In this setting, 48% of students reported being in psychotherapy previous to the program, and that number was almost 93% among Micro students specializing in mental health services. In fact, students' participation in psychotherapy before and during the program (as was the case with 13 of my 14 interview participants) emerged as a salient pattern related to the development of their professional use of self as a social worker.

I discussed the notion of the wounded healer with my interview participants toward the end of the program. They understood the archetype and had interesting things to say about it. However, many felt term itself was awkward; while they experienced adversity, calling themselves "wounded" sounded too final, victimized and missed their resiliency, and "healer" seemed a bit grand. That said, Kirmayer's essential point that both clinicians and clients alike have their vulnerabilities and capacities for healing or resilience, and that this recognition can support the therapeutic process was not missed in this program's pedagogy nor in the students' relational experiences with their clients.

Arguments of the Dissertation

The arguments of the dissertation are presented here in order to apprise the reader of the theoretical issues that underlie the present study as well as give direction to the reader's evaluation of the ethnographic material, particularly the experiences of three students as they become social workers. These arguments will be revisited in the conclusion, "The Creation of Culture in the Context of Relationships," which has six interrelated sections. To begin, the first section reminds the reader of the social and historical genesis of social work education, which, at its foundation, is an education in having genuine and growth-promoting relationships with their clients within the limits of professional boundaries.

The second and third sections consider two significant observations of the present study: first, that students undergo a relational change in subjectivity through the conscious and creative development of their individual professional use of self in the social work relationship; and second, that students' use of the program's models was not due to any "motivational force" in the

models themselves as recent schema theory in cognitive anthropology would argue, but the result of the students' own willful impulse to help others and the active discovery of the pragmatic usefulness of many of the program's models in practice. This latter observation also challenges the concept of the "internalization" of cultural models based on determinative past experiences to account for social behavior, particularly those arguments that draw on psychoanalytic, behaviorist, and connectionist theories (D'Andrade & Strauss 1992; Spiro 1987a, 1997; Strauss & Quinn 1997; Westen 2001; see also D'Andrade 1995) .

In the fourth and fifth sections I push the implications of these observations further to reanimate the questions that preoccupied anthropologists of the culture and personality school after Boas, particularly Edward Sapir and Irving Hallowell. I consider their interest in the functional aspects of culture for human development, and their concern to better understand the nature of the human psyche as the underlying cause of the on-going creation and use of culture and cultural forms. The final section of the conclusion, "An Open Model," proposes a simplified schematic model, a synthesis of the foregoing points that is in accord with the ethnographic material.

What follows is a more detailed description of the arguments of the conclusion. In the first section, "The Social History of a Cultural Model," an examination of the situated creation of social work education highlights the fact that what we call culture is not a "superorganic" entity nor an always-already existing "habitus," but rather a social world replete with cultural forms created by motivated individuals for particular purposes in historical contexts. In other words, culture does not just drop out of the sky. The creation of novel cultural models poses a challenge for anthropological theory which only attempts to explain the individual use of existing cultural

models as determined by that individual's past experience (D'Andrade & Strauss 1992; Strauss & Quinn 1997; Spiro 1997; Westen 2001; see also D'Andrade 1995).

In the second section, "Changes in Subjectivity and the Professional Use of Self: Relational Shift Versus Interpretive Drift," I point out that students' change in subjectivity over the course of the program is more a relational shift than an "interpretive drift" or "slow shift towards belief" (Luhrmann 1989: 312). In her ethnography of modern-day witches in England, Luhrmann (1989) wanted to know how seemingly rational persons came to adopt an apparently irrational belief in witchcraft and began to see themselves as magicians. Interpretive drift described what she observed: the "often unacknowledged shift in someone's manner of interpreting events" as they "become involved with a particular activity" (ibid.: 312). In Luhrmann's subsequent ethnographies of how US medical residents become psychiatrists (2000) and how residents of Chicago become evangelicals (2012a), processes of interpretive drift were also at work. Over time, psychiatrists learned to interpret their patients through either a biomedical or a psychodynamic model of mental illness, and evangelicals learned interpret God's communications with them through a new "theory of mind" that asserted God may speak directly to them in their minds. Rebecca Lester, a student of Luhrmann, also writes that the religious formation of postulants in a Mexican convent was "in line" with Luhrmann's model (Lester 2005: 4). According to Lester, through classes and the "performance of bodily practices" the beginning nuns experienced a "transformation in subjectivity that the sisters understood as the progressively acute discernment of their true vocation according to God's plan" (ibid.). Lester emphasizes the postulant's increasing ability over time to "read her body" and its "inclinations" within the tenets of a specific religious belief was a "mechanism for this transformation" in

subjectivity (ibid.: 5-6). Interpretive drift describes a process by which a cultural form, that is, a culturally available system of belief or systematic point of view, becomes adopted by social actors as a new way of seeing, a new lens through which to interpret worldly and bodily phenomena.

In the above ethnographies, the interpretive drift towards a particular belief is a useful way of understanding the cultural participants' eventual change in subjectivity. However, this sort of interpretive drift is not what I saw among the social work students. Rather, the students experienced a shift in their actual relationships with others through their individual development of a professional use of self.[16] Social work students did not emerge from this program with a new belief or systematic interpretation of the world, themselves, or other persons as much as they developed a new way of actually being with and relating to other persons, particularly their clients. (Luhrmann's evangelicals and Lester's nuns experienced a relational shift with God, but those relationships remain spiritual, not real-world interactions between individual persons.) This observation of relational shift among the students as guided by a cultural process which successfully produces a professional cultural relationship implies that a "true locus of culture" may indeed be identified in particular "interactions of specific individuals" as Sapir claimed (1932/1949: 515). In other words, culture is not only in beliefs or believing; culture is in relationships.

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[16] Students' development of their professional use of self included reflecting on their past experiences and examining the potential influences and uses of these experiences as a social worker in the context of a therapeutic relationship. Interestingly, while the three students presented here have quite different past experiences, their processes of reflection in this setting readily demonstrate Garro's point that "[r]emembering the personal past is jointly a cognitive, social, and cultural process" (Garro 2001: 132). As the students work to become effective with clients, their "remembering is oriented to the present and future as much as to the past" (Garro 2001: 133, see also Garro 2000a).

The third section, "The Creation and Use of Cultural Models: Challenges for Schema Theory," addresses the observation that students in this setting were motivated by the raw impulse to help others more than they were motivated by the model of becoming a social worker (or any other program model) in itself. In fact, one of the students presented here was initially highly dubious about becoming social worker (particularly versus becoming a psychologist or psychiatrist), and another saw it as merely a means to an end. Too, the students' incoming desire to help others motivated them to make conscious and active use of program models that were initially opaque to them. These facts argue against locating "motivational force" (D'Andrade 1995; D'Andrade & Strauss 1992; Strauss & Quinn 1997) in cultural models or schemas themselves, and highlight the fact that students actively use the program models as tools for their own purposes.

Examining motivation in this setting suggests framing the interaction between person and culture as the individual "internalization" of cultural models is woefully under-theorized. As long as we see culture (and motivation) as something "out there" that somehow gets "in" the person, particularly without reference to a convincing theory of human motivation (pointing to a person's past as the causal explanation of the enactment of models is circular reasoning) or a serious consideration of human creativity, we are susceptible to misunderstanding persons as mere receptacles of that which we in fact create, at least at the species level. As Sapir suspected, "the dichotomy between culture as an impersonal concern and individual behavior is a myth...it leads to fatal misunderstandings about both personality and culture" (Darnell 1990: 148).

In fact, trouble of this sort emerges in recent work involving connectionist theory (not incidentally inspired by the effort to develop artificial intelligence in computers), behaviorist

theory, and psychoanalytic theory. This work claims persons internalize - that is, believe to be "true and right" as defined by Spiro (1997: 8) cultural schemas or models based on past (and especially repeated) experience and associative conditioning (Strauss & Quinn 1997; Weston 2001). While this may not be wrong in a strict sense, it is certainly an incomplete picture of human behavior and the historical and ever-novel individual human creation of cultural artifacts, forms, and patterns. Despite repeated assertions of human creativity, the "cognitive theory of cultural meaning" and individual behavior proposed by Strauss & Quinn (1997), can only account for cultural variability through persons' varied levels of enactment of existing cultural schemas (drawing on Spiro 1987a; 1997), which they argue hold more or less "motivational force" (or connectionist "weights") for individuals based on determinative variations in their past experience.

Like the psychoanalytic, behaviorist, and connectionist models it draws upon, Strauss & Quinn's theory, while taking a major step forward in viewing cultural schemas as networks of linked associations (ibid.: 54), is still deterministic. It cannot account for human creativity and cultural change. Work by Garro (2005/2007; 2011) also challenges the above formulation of internalization by pointing out that empirically, cultural participants in her research thoughtfully juggle cultural models to meet their needs at a particular moment, making conscious and creative use of multiple models whose very ontological premises conflict, leading one to wonder what the term "internalization" could actually mean. Sapir himself never used the word "internalization" despite recent characterizations of his work as involving this concept (see Levine 2010: 11-12); rather he described persons in a continual process of "adjustment."

A consideration of students' developmental process (what they describe as "change" and "growth") in this setting leads to the fourth section of the conclusion, "The Cultural Dynamics of Development: Revisiting Sapir and Hallowell." This section reviews the interest that Sapir (1924/1949) and Hallowell (1955) had in the relation between culture and human development. Both held that ideally, cultural patterns and orientations facilitated the individual development of cultural participants and the satisfaction of the "needs, motivations, and goals of the self" (Hallowell 1955: 87). Sapir asserted that the ideal form of what he calls a "genuine culture" is "inherently harmonious, balanced, self-satisfactory...a culture in which nothing is spiritually meaningless" (Sapir 1924/1949: 314-315). Recently, Levy (2005) pointed out that Erik Erikson's notion of a fulfilling individual identity "is the person-centered equivalent to Sapir's genuine culture" (Levy 2005: 450). Based on program observations and the person-centered data gathered here, in many ways, this Master's program in social work appears to aspire to the ideal form of a genuine culture. The education in social work seeks to align students' innermost strivings with their professional activities and identity and sense of meaningful contribution to the world. Students creatively participate in the program and make use of its pedagogy to satisfy their impulse to help. As Sapir notes, the "genuine culture is internal, it works from the individual to ends" (Sapir 1924/1949: 316).

Along these same lines, the field of social work itself may be viewed as what Ernest Becker calls a "cultural hero system," a notion he proposed in *The Denial of Death* (1973) building on Otto Rank's historical analysis of the human desire for immortality seen in the (generally-speaking) species-wide belief in the human soul and the search for a meaning that transcends the stark reality of death (Rank 1930/1998; see also Progoff 1956 for an excellent

review of Rank's thesis). A cultural hero system, like Sapir's genuine culture, "is a living myth of the significance of human life, a defiant creation of meaning" (Becker 1973; 7). Cultural hero systems are "collective pathways" to immortality (Rank 1930/1998: 26) that facilitate persons' identification with a religion, ideology, or other "higher purpose." Cultural hero systems are ubiquitous in societies, and could include being a soldier, scientist, artist, teacher, physician, or family breadwinner and the social institutions that help people achieve these ends. The idea of a cultural hero system may be contrasted with Melford Spiro's notion of a "culturally constituted defense mechanism" (1987a, 1987b, 1997), which represents a quite different perspective on the function of cultural institutions in relation to the human psyche. In developing his notion, Spiro drew on Hallowell's theoretical interest in "cultural psychodynamics" (Levine 2007: 50; see also Spiro 1987b: 146), and employed traditional Freudian psychoanalytic theory to explain the function of the Burmese monastery as a (somewhat mysteriously) "culturally-constituted" resolution of the "pathogenic conflicts" of the monks. Spiro later argues that culturally-constituted defense mechanisms serve to socially regulate cultural participants' unconscious and "morally conflictual" wishes (1997: 181-183).

The fifth section of the conclusion, "The Question of Personality: Why Cultural Anthropology Needed Otto Rank," argues that the basic premises of Otto Rank's theory of human personality may have provided cultural anthropologists of that time, particularly Sapir and Hallowell, given their quest for a better understanding of the human psyche, with intriguing ideas that had the potential to usefully relate and even unify notions of culture and personality. Both of these men knew culture did not determine the human personality, and both suspected it may be the other way around. Rather than ask, where does the individual variation in persons

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living in a cultural setting come from, they wanted to know, where does culture come from? Rank thought deeply about this question. In his view, cultural patterns and processes are ultimately the result of willful (if anxious) human creativity in the context of relationships and the awareness of death (Rank 1930a/1998, 1941/1958). Rank's view thus collapses the dichotomy between (the evolved biological) person and culture.

In the sixth and final section, I propose a simplified schematic that represents both the ethnographic observations of the present study and a synthesis of several approaches in psychocultural theory in order to better understand the relationship between persons and what we characterize as culture. This model is consistent with the writings of Sapir, Hallowell, and Rank, and reflects selected insights of schema (or cultural models) theory in cognitive anthropology and the privileging of embodied experience in phenomenological anthropology. This model also points out that while cultural meanings may be shared, we live in a world where meaning itself is indeterminate and springs from individuals or groups of individuals, placing the study of the motivated and creative processes of humans in relationship to one another at the center of our efforts to understand human nature in all of its diversity and common themes. I arrive at this rather lofty place not because I intended to go there, but via the analysis of person-centered data (Sapir 1932/1968; 2002, Hallowell 1954/1955, Levine 1987; Hollan 2001; Levy & Hollan 1998; see also Hollan 2000, 2012) and a process-oriented approach to studying human behavior (Hallowell 1955; Garro 2003, 2005/2007, 2011). In "proceed[ing] in the opposite direction" from "a supposed objectivity of culture to the problem of individual variation" (Sapir 1938/1949: 574), that is, in focusing on subjective individual experience over time in an effort to understand cultural patterns, the model of the interaction between persons and culture that emerges does not

"flirt" with the notion of human volition or agency, as Murphy & Throop characterize much of

contemporary anthropology in *Toward an Anthropology of the Will* (Murphy & Throop, eds.,

2010: 12), but is fully committed.

II. The Social Work Program and Developing a Professional Use of Self

Orientation: "You Will Change"

Orientation Day

It was a bright and cool Los Angeles morning, but that was nothing new. Finding a parking space on the university campus took the patience of a saint and the eyes of a hawk, but that was nothing new either. What made today different was that I headed not for the Anthropology Department where I had been a doctoral student for the past five years, but for the School of Public Service where I was beginning participant-observation in a Master's program of social work for the next two years. This was my dissertation research: an ethnographic study of how students became social workers. Today was orientation day for the Department of Social Work's class of 2007.

As I walked the pathways that crossed the dewy lawns of campus, I could see the stone courtyard of the University's northern campus filling with students moving among tables of folders and coffee. As I got closer, I was struck by the youth and attractiveness of the crowd. I saw mostly young women from a diversity of backgrounds. Most everyone wore jeans and sneakers, including me.

I entered the courtyard, noting the students were quite talkative and laughter was frequent. They seemed earnest, intelligent, and distinctly casual. Introductions were made, and the morning traffic and parking difficulties were relived in humorous detail. The students bore pre-printed name tags that stated "The Department of Social Welfare," their name, and "Class of 2007." I suddenly felt the outsider status of being an anthropologist. I walked over to a table

piled high with orientation materials and stared at it, thinking it might be useful data, not

knowing what else to do.

"What's your last name?" the woman behind the table asked, her fingers poised to deliver

me a packet. I shook my head, trying to explain that I was a participant-observer in the social

work program, an anthropology student, but not a social work student. As I spoke, she nodded,

looking through the folders. She handed me one with my name on it and pre-printed name tag.

"Right, we know who you are," she grinned, "Welcome. Your project sounds great. There is a

student mailbox for you with the rest of the students, and you'll get all the department emails

they do. If you need anything, you can ask me, Erica, or the department secretary, Julie. She

will help you reserve the small conference room for your interviews. Good luck!" Surprised, I

thanked her.

I walked away wondering who made that happen. As mentioned previously, a faculty

member of the Department of Social Work was on my doctoral committee, and I had met with

the faculty to explain the purpose of my project and ask their permission to observe their classes.

Still, I did not expect all that. That was helpful. I smiled to myself: this was perhaps my own

orientation to the field. My name tag looked like any other student's name tag. I was not quite

sure if I should wear it. Should I write "researcher" on the tag so as not to mislead? Thinking

about it, I meandered around clusters of students holding paper coffee cups and occasionally

checking their watches.

I heard one group of students joking about how absurdly nerve-wracking it was to meet

new people. Another group listened raptly as a student described how Caesar Milan, also known

as "The Dog Whisperer," trained her impossible dog. Another group discussed how to get used

textbooks online. Observing their attentive yet casual interactions, I wondered if the students intended to put one another at ease. The feel of the courtyard held more gravitas than a first day of summer camp, but I was reminded of a lakeside morning long ago when a camp counselor instructed a row of fresh faces, myself included, to jump off the dock.

As nine o'clock approached, the students filed from the stone courtyard into the stunning lecture hall of the University's Law School for the Orientation Day welcome. Inside, the ceilings soared and plush theatre seating in robin's egg blue sloped to a magnificent stage detailed in russet mahogany. The social work students never met there again. Classes were held in the School of Public Service building next door, which looked more like a filing cabinet.

I joined the crowd and sat in the back of the auditorium, off to the side. I pulled out my notebook, ready to take notes like everyone else, glad this bread-and-butter activity of the anthropologist would not make me conspicuous. On stage, six people occupied a table with a podium on either side. They spoke animatedly, hands gesturing, bodies turned toward one another like good friends. I did a rough head count: one hundred and thirty students in the audience. Together they comprised the new class of the School of Public Service, which included the Departments of Social Work, Urban Planning, and Public Policy.

A professor strode to the podium, rubbing his hands together and smiling. The room quieted. "Good morning," he boomed into the microphone, "this is exciting." He congratulated the incoming students, noting the group was comprised not only of Californians, but a good number of students from around the country, and several students from around the world. He introduced the Dean of the School of Public Service, calling her "the captain of our ship."

The Dean took the podium and greeted the students warmly. She noted the morning's

newspaper headlines. The United States was engaged in two wars: Iraq and Afghanistan.

Hurricanes Katrina and Rita had devastated homes and livelihoods in the southern United States,

including New Orleans. A girl in Los Angeles died from AIDS-related pneumonia because her

parent did not believe the AIDS virus caused AIDS. "You and your education are part of the

solution" to these social challenges, she told them. "It is a great adventure."

The Chair of the Social Work Department then welcomed the students "as individuals and

future colleagues." He pointed out that Hurricane Katrina was a natural disaster that revealed a

social disaster of racial and class inequalities in the areas affected by the storm. He continued:

> Students enter the profession of social work to help alleviate many forms of
> suffering and to provide resources for those who need help. Your presence here
> suggests you are all concerned and optimistic that the lives of many could be
> better. I know I speak on behalf of the faculty when I say: "We are so glad you
> are here."

The Chair also advised the students to "treasure your classmates – they are a resource for

a more promising tomorrow." The Chairs of the Departments of Urban Planning and Public

Policy spoke next, welcoming their incoming classes and each noting their incoming students'

commitment to work for people and their communities.

The keynote speaker was the Los Angeles City Controller. After getting a Master's

degree in Social Work, she became involved in a systematic evaluation of LA's city programs.

She entered public life "not because I wanted to be something, but because I wanted to do

something" about the inequities she witnessed. Her office worked to improve public housing

and develop communities in Los Angeles. Most recently, she said, her office adjusted the

allocation of citywide park funding. The city's poorest neighborhoods had received the least

funding for community parks, while the city's wealthier communities had received the most. The funding was now on par. She stated her email address, telling the students she looked forward to interviewing them for a job someday. "We need thinkers, planners, people with vision, people like you."

It was time for a break. There was a sense of pride and possibility in students' eyes as they streamed back into the open courtyard. The presenters seemed energized and pleased. It seemed the morning orientation was a success.

The orientation for the Department of Social Work was held fifteen minutes later in the same lecture hall. There were about ninety students, most were women (twelve were men), and a little less than half appeared to be Caucasian. The Chair of the Department told the group that social work students accounted for half of the students in the School of Public Service, but nationally they were a comparatively small class of social work students. He said this year's class was "extraordinary" in terms of academic achievement and prior experience in public service. The class also contained a black belt in karate, a professional cartoonist, and a veteran Chief Petty Officer with twenty years of military service. "Look around," he said, "You are all part of a family that has met the rigors to be here. You are an elite group. These will be your best friends."

The Chair added that for the first time in the school's history, an anthropology student had proposed to participate in a cohort of social work students as they moved through the two-year Master's program to see what the education was like for them from their perspective. The Chair introduced me, and I waved, wanting to disappear under my seat. Some students waved back, most looked friendly. The Chair expressed his enthusiasm for the study, and told the class

I would be addressing them next week to explain my project and ask their consent to be observed as a cohort and to invite volunteers to participate in confidential longitudinal interviews about their experience of becoming a social worker.

The Dean of the School of Public Service spoke again, saying her Ph.D. was in political science but her true calling was social work. Her career included the mediation of conflict between historically opposed groups, fighting for children's rights, and efforts to decrease infant mortality. The rest of the social work faculty introduced themselves, identifying their individual areas of specialization: gerontology, public child welfare, the field of violence and bereavement, juvenile justice, international social work, family therapy, child abuse prevention, helping single mothers go from welfare to work, trauma, addiction, child poverty in the US, domestic violence, adolescents, gangs, school social work, medical social work, the homeless, mental illness, mental health policy, program implementation and program evaluation. The last person who spoke said she graduated from the program "a mere seven years ago," and she was "thrilled, honored to be among you all." The faculty appeared quite diverse in terms of gender, ethnic background, age, and personal style. I did note, however, that many had received their MSW from the current program, particularly the field education faculty, as opposed to the academic faculty.[17]

Next, the Director of Field Education addressed the students. "Social work will change you," he said. "You will change. I say this every year, and students remember it." I wrote this down, appreciating this statement as a hypothesis. Would the students think they changed? He

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[17] The field education faculty were required to hold at least a Master's degree in Social Work (as well as extensive field experience). The Director of the Field Education Program held a Ph. D. The academic faculty held doctoral degrees in social work or a related field. For ease of reference and as a measure to protect faculty confidentiality, I refer to all teachers in the program as both professors and teachers; however, in this program as throughout academia, there are many ranks of teaching positions that span from instructor to full professor.

added gravely, "Trust the process." I underlined that phrase twice in my notes to indicate his emphasis. What might this mean?

As it turned out, "trust the process" was a phrase the students would hear repeatedly throughout their education. This phrase was one of a larger group of repeated phrases or rules of thumb of the program that I came to term "the program mantras." It was the mantra the students voted to put on their class T-shirt in their second year. By then, "Trust the Process" was drenched in multiple meanings, and students could reflect on these meanings readily with a range of perspectives.

The Chair of the Department of Social Work concluded, "We are all here to help you. We will hold quarterly town hall meetings between the faculty and students. Give us feedback. We need to know how you are doing and how the program is working for you. If things aren't working, let us know. We want these two years to be positive for you, filled with growth and learning. Then we send you off to do good in the world. We desperately need that."

There was a rooftop reception at the end of the day for the entire School of Public Service. I noted the premium level of university food catering was deployed. A live jazz band played which included a Public Policy professor on drums. Officially outed, I put on my name tag and chatted with the students. The atmosphere was comfortable, collegial, and full of anticipation. Students shared a bit more about themselves and their specific social work interests, such as whether they planned to work on a Micro or Macro level, the populations that interested them, and their previous experience in the field.

Field Education Orientation

The Field Education orientation was held a few days later in a large classroom in the

School of Public Service. All members of the field faculty were present. This faculty taught the

field or practice courses in the program, the courses centered on developing skills and

perspectives in working with clients, versus the academic courses that were research-based or

discussed the history of social welfare or mental health policy in the United States. Field faculty

also acted as students' individual field liaisons, monitoring and assessing students' progress in

their field internships and conferring with the students' field supervisors about their development

of skill in assisting clients. Unlike programs in clinical psychology or psychiatry, social work

students typically hit the ground running in terms of seeing clients: most start interning at their

field placements during the first week of class.

The student cohort packed into a large lecture room filled with long tables that would

become like a second home to them during their first year. The Director of Field Education

welcomed the students again and began the day by saying:

> Field is the heart of social work education. This is where you put your classroom
> work into practice. Keep in mind you have two roles in this program - as a
> student and as a professional. You will find that self-awareness is key to your
> education and training. By the end of the program if not before, you will look at
> yourself and others in a different way.

The Director added, "You will also look at your family members in a different way - but

be careful with that, by the way." The students laughed.

Another professor recommended several resources available to the students. First, the

university's student psychological services facility. "This is related to the self-awareness piece

of your education," she said. "Things may come up for you, and this may be a resource to draw

upon. Particularly for those in the mental health track, you may find this resource interesting."

Students asked about the cost, and were told each session required a $10 co-payment. She also

described the National Association of Social Workers (NASW), the leading professional

organization in the field, and directed students to their website which posted field's *Code of*

Ethics. Finally, the current issue of *California Social Worker* had three stories of MSW

students' first-year internships, which may be helpful to students wondering what to expect.

Several copies were pinned to department's bulletin board, the professor said.

Another professor described the three persons who would be monitoring their progress.

First, their field supervisor, who worked at their agency. Students would meet with them at least

weekly to discuss their work with clients. Second, their field liaison, a member of the program's

field faculty familiar with the agency who worked with the student and the field supervisor to

ensure the best training possible for the student. Together, the field supervisor, the student, and

the field liaison would craft the students' field placement learning agreement. The field liaison

was responsible for passing or failing the student in field (failure in field meant repeating a year

or dismissal from the program). The third person on the student's team was an academic advisor

who would meet with them once per quarter to discuss their progress in academic classes.

Field education consisted of their field placements (also called field internships), field

education classes, six day-long modules and four half-day seminars. The modules were

previewed: 1) a tour of Skid Row in downtown Los Angeles, an area that contains multiple

services for the homeless, 2) visits to two mental health facilities, a Los Angeles county mental

health center and a well-established non-profit organization in Santa Monica, 3) a visit to the law

offices of Public Counsel, 4) a visit to the university hospital to discuss medical social work with

medical social workers, 5) a day of discussion of the Public Child Welfare System and School

Social Work, and 6) a day of discussion of Aging and Gerontology in Social Work. The field

seminars included Reporting Laws for Mandatory Reporters, Safety for Social Workers, Sexual

Harassment Issues, and Disability Issues.

After a break, another faculty member addressed the class about working in field

agencies:

> You cannot hide in your field placement. It is not about grades. You will be
> evaluated in terms of your ability to provide services to clients. All agencies have
> a life of their own. Many agencies have come to this program because of the
> quality of our students and our education and training. We review these agencies
> and their potential field supervisors: are they ready and willing to teach students?
> Field supervisors are required have at least three years of experience past their
> Master of Social Work degree, and one year in that agency. However, many
> supervisors have much more experience than that and have worked with us for
> years.

He then smiled, "Now, how do we choose your field placement assignments?" This

activated a lot of chatter in the cohort. Many students were apprehensive, and some were already

unhappy about their first-year placements. It was well-known that field placements could not be

changed except under extraordinary circumstances. He explained:

> We look at your background, and try to find something different from where you
> came from and where you intend to go. Some of you may surprise yourself and
> become committed to the population you serve this year, and to the particular
> service you provide. Some of you will suffer through. The last thing I wanted
> was a placement in a pediatric hospital, but that's where I spent my first year. I
> can tell you that no matter what, your first-year experience will challenge you and
> change you. Trust the process, and trust that we have your best interests in mind.

At the end of the group orientation, each field instructor gave the students a piece of

advice. One said, "Do well the things that are easily measured." Another said, "Sometimes you

have to change yourself in order to help others – be open to that." Students were told to get to

know everyone in their agency. Several professors said "Come talk to us and let us know how

things are going," and one added, "Let us know how we can lessen your anxiety in this process."

One said, "Be in this process *now*," and another remarked, "Take ownership of the process."

Lastly, echoing the Director, one professor said:

> You have no idea how much you are going to change in the next two years. Your relationship to yourself and your relationships with others will change. How you are going to use that is important. Take care of yourself. Carry power bars, watch your favorite TV shows. Really figure out how to take care of yourself in this exciting and transformative journey.

Classes began the following day. However, before turning to the descriptions of each

quarter and its classes I will briefly describe the first day-long field education seminar students

were required to attend, and two field modules that quickly followed: a tour of service agencies

for the homeless on Skid Row in downtown Los Angeles, and an introduction to medical social

work in the university hospital. I describe these events to deepen the reader's understanding of

the world the students entered immediately upon beginning the program. This is a partial yet

relevant immersion in the students' environment, important for understanding the students'

development of a professional self as a social worker.

This field education seminar covered what was required of them legally as mandatory

reporters of suspected or known suicidal or homicidal intent, violence, physical and emotional

abuse, neglect of children or the elderly, and other law-breaking activities students may suspect

in a client situation. It also covered how students should manage danger and risk to themselves

when working in the field, particularly when working outside an agency or office, which many

social workers do.

This seminar like other field seminars and modules (listed above) was experienced as distressing and made a lasting impression on many students. After an upbeat orientation, the realities of the world of social work suddenly appeared grim. In fact, one professor, in an unguarded moment with me, called these realities "gruesome." I began to understand why the Chair of the Department sincerely said to the incoming students: "We are so glad you are here."

Field Seminar: Reporting Laws for Mandatory Reporters; Social Worker Safety

The day began with an award-winning documentary film, *The Choice of a Lifetime: Returning from the Brink of Suicide* by Nila Bogue. (Bogue received her Master's in Anthropology and Cinema-Television from USC, and the film was produced by New Day Films.) In the film six people share their experience of stepping back from killing themselves. What led them to that place and helped pull them out varied, but personal as well as social contexts were integral to their experiences. Suicide cuts across race and class, but those most likely to kill themselves are white men over 65 years old and Native Americans, students were told. They were also told people diagnosed with Borderline Personality Disorder are reputed to threaten or attempt suicide for attention, but many will in fact complete a suicide after multiple gestures. Loneliness appears to increase risk of suicide, a professor noted. Legal procedures for reporting concerns about suicidal tendencies in clients were explained, including referral to hospitals.

Next the Los Angeles County Supervisor of the Department of Children and Family Services (DCSF) discussed reporting laws for child abuse, neglect, and exploitation. As mandatory reporters in their agencies, students had an obligation to report any known, witnessed,

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or suspected physical abuse, sexual abuse, physical neglect, and/or emotional maltreatment to a county welfare department or the law enforcement agency where the abuse occurred. Specifics of these forms of abuse as defined by the California Penal Code were discussed and included in materials given to students. Reports must be made immediately after receiving such information by telephone and within 36 hours in writing. Students also learned that homicides of children were not uncommon in Los Angeles County. Unfortunately, many of these children had already come to the attention of DCFS before they were killed.

The students watched a video called "Shadows to Light: Guide for Child Abuse Reporting." In the film, the narrator said, "We have a legal obligation and a moral obligation to act as children's guardians. What kind of future would we have if we did not?" Children are helpless to defend themselves, and mandatory reporters of abuse of children, including physicians, firemen, childcare providers, and social workers are "the eyes and ears of investigating agencies and organizations." These entities exist as a result of our society's "collective decision to take on this responsibility." When the film ended, students took a short break. I saw them looking at each other with wide eyes in the hallways, but they were mostly quiet.

The next speaker was a Supervisor from Los Angeles County Adult Protective Services. Adults protected under abuse laws were first passed in passed in 1984, and included elders over 65 and dependent adults from 18-64 with a physical or mental impairment. Four types of elder and dependent adult abuse were discussed: physical (including sexual), psychological (including behavior involving a surrogate, such as harming or threatening to harm a pet), financial, and

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neglect. After much discussion, the speaker said: "There's no greater thrill for our staff than to save a life."

After a sober lunch, the students returned to the seminar to hear about the infamous Tarasoff Case of 1976 in which a UC Berkeley student killed another student after telling his therapist at the university that he wanted to do bodily harm to her because she did not return his affections. The deceased young woman's family sued the university for not warning their daughter. The ruling in that case and several others since obligated counselors with a "duty to warn" potential victims (and even closely related bystanders, such as children) of a client's possible violent intentions. As a result of the Tarasoff case, counselors are also required to clients in their first meeting to tell clients they are legally mandated to report any suspicions of the client's intentions to harm another. While these obligations makes sense in many ways, they complicate "the idea that confidentiality is the cornerstone of therapy," said the speaker. This law also concerns some professionals because it comes close to suggesting violent behavior can be predicted when "research shows we are not that good at that." If violent intentions in a client are suspected, the required Tarasoff intervention also includes hospitalizing the client (hopefully voluntarily, the speaker says) and a psychiatric evaluation.

After another short break, a speaker from a battered women's shelter spoke to the students about domestic violence and related reporting laws. She first gave alarming statistics about the prevalence of domestic violence. She first discussed domestic violence as a social problem, then lectured about the psychology and typical courses of domestic violence. She also added that domestic violence occurred in gangs in Los Angeles, saying that violence (including the abuse of females) was a common part of gang initiation. She took questions from the

students, and this led to a discussion of children traumatized by violence (I wrote in my notes "pretty heavy stuff"). As emotions ran high, particularly anger at abusive parents, a professor stood and said gently: "Remember, these women are us, these men are us, and as a society and as social workers, the children are ours to take care of."

In describing this day, I am reminded of a student remarking wryly during one of our interviews: "It's funny. We are such bleeding hearts, we are so affected by the pain of others that perhaps we are not the best people to be doing this job." Another student said later in class that this day was "really hard stuff" and she was finding it "hard to be happy."

This day was not over, however. The issues of social worker safety and risk management in the field, like the issues of mandatory reporting, were ones that had to be addressed at the very start of the program. So again, students filed out for water, coffee, and fresh air, and returned for the last seminar session that pertained to their own safety in the field.

The teaching style changed as the Director of Field Education asked the students to break up into groups to discuss safety strategies when traveling into risky areas or situations. (He also suggested they observe their "group process" during this exercise, as that was part of being a social worker.) The groups then came back together for a class-wide discussion.

The cohort pooled together their strategies and listed them on the board at the front of the class. Safety measures advised when traveling in unfamiliar communities included telling your agency exactly where you are going and when you should return, putting the direct line to the local police precinct on speed-dial on your cell phone, and carrying a first aid kit. Students also advised dressing down and being aware of the colors they wear (some colors indicate particular gang affiliations). One group warned, don't wear scarves, skirts, or high heels. Another said

know where police stations and hospitals are, don't walk down alleys, jiggle your keys to see if there are dogs around, and leave if things look too sketchy. One student suggested, "Do a drive-by first," and another joked for comic relief: "but keep your gun low." Other pieces of advice included having a mental escape plan when inside a client's home, including sitting close to the front door and noting how the front door was locked. The Director of Field Education added that legally social workers can no longer accept food or drink or use the client's bathroom during a visit.

The Director of Field Education summed up the session and gave some advice:

> When going out in the field, the bottom line is respect. Be aware if you have cultural biases and deal with them, because persons can tell. Some sociologists would say the written record says more about the person who wrote it than the person it is supposedly about. You will take a cross-cultural awareness class next quarter. It is very important to become aware of your biases. We all have them. And remember, your clients are probably more afraid of you than you are of them.

"That's right," I heard a student whisper. The field faculty thanked the students for putting in a long day, and told them to go home and relax. Soon the students would spend the day touring services for the homeless on Skid Row and interacting with men, women, and children without homes. "Dress down, and park only where we recommended," they said.

"Time for happy hour?" a student joked. "Yeah right," said another. "I need to go home, watch some stupid television, and crawl under the covers."

Field Module: The Skid Row Tour of Services for the Homeless

Three days later the cohort met in downtown Los Angeles on Skid Row to tour the many resources that serve the homeless there, including emergency shelters, safe havens, transitional

housing, permanent supportive housing, and drop-in centers. The students gathered for a light breakfast in one of the shelters.

The Director of the shelter gave a general orientation to the homeless population in Los Angeles County, including statistics. I have updated these figures to reflect the most recent information available; they are drawn from the Los Angeles Homeless Services Authority 2011 count (funded by the City of LA and LA County). There about 51,000 homeless at any given time. 59% are male, 28% are female, and 14% are children. The average adult age is 40, but women tend to be younger. 18% are veterans. 10% are victims of domestic violence. 33% have a mental illness, 34% have substance abuse problems, and 22% are physically disabled. About 44% are African-American, 28% are Latino, 25% are white/Caucasian, 2% are Asian/Pacific Islander, and 1.4% are American Indian/Alaskan Native. (LAHSA 2011).

The first shelter, meant to be transitional housing, surprised many students. It was a relatively new building, a bit nicer than a student dormitory. A guide took us up to the sixth floor and showed us a vacant apartment. It had beautiful views of the city. Student murmured their positive impressions, and the guide noted it was possible to house low-income people in a dignified way. Most who lived in the building currently made around $7,000 per year. By federal law, if persons had been evicted in past 3 years they could not qualify for this subsidized housing. The guide said they like to see people get higher-paying employment and move on. "We try to help them do that through our vocational programs," she said.

The second shelter students visited was the Downtown Women's Center, serving women only. The building had a giant mural of an informal tea party painted on the side. Our guide told

the students the art was meant to convey the message: "Don't be alone outside, come inside and be with us."

The Center was started in 1978 after the deinstitutionalization of the mentally ill, but many mentally healthy but elderly homeless women were also served here. At first the Center was only a daytime drop-in. The Day Center provided day-beds for sleeping, meals, showers, computer access, mailing address, counseling. Here, women could get to know each other and form a community. They stayed together on the streets at night, and noticed if someone is missing. If women ate meals there during the day, they generally helped in the kitchen, too. "The kitchen is the heart of this home, this center of the Day Center," said the guide.

In 1986, the Center opened a residence facility with 71 affordable units (women could do housekeeping for reduced rent). The Center founder put a down-payment on the new building instead buying her own house, the guide said. Eventually the Center's board raised money and paid the founder back.

The third facility was called the Central City Community Outreach. It was a non-profit church that provided services and support groups for individuals and families, including twelve-step groups for persons struggling with addiction. They ran an after-school program that served fifty homeless children from kindergarten through twelfth grade. "The wait-list is huge," said the guide. Although there were 500 families living in welfare hotels in the area, there were few services on Skid Row for homeless children. The guide explained they go door to door to sign up families for the services they provide. "It's relational," she said. "We walk with them through a time of crisis." We try to keep up with providing the growing children with socks and shoes, she told the students. They employ volunteers and persons working through AmeriCorps.

The final facility toured by the students was a supportive services center that helped the homeless get jobs by providing vocational counseling, assistance writing work résumés and cover letters, and phones and office equipment. Here a formerly homeless man told his story. He became addicted to cocaine and lost his job as an industry executive. His marriage fell apart and eventually he became homeless. Finding God was crucial for him, he said: "Religion gave me a way to forgive myself, and faith that I could make my life better." Now he helps other homeless persons get back on their feet.

Students returned to the shelter where they initially met for a wrap-up of the day. One student asked a faculty member from the social work program who specialized in working with the homeless population if he had become desensitized. He pauses, saying finally: "I had to think. No, I haven't. It's awful. But I do appreciate having the opportunity to help."

This professor asked for the students' impressions, and they were discussed (or "processed," as people were now beginning to say) as a group. One student said he would have liked to talk to more homeless people. Another said, "I felt the opposite. I felt as a group we were intruding on their homes." Another student said, "It was heartbreaking," while another disagreed: "I felt hopeful for the first time." One student admitted she felt afraid. Many said they wished they could have toured more agencies. Lastly, several said they wanted to donate clothes, socks, and shoes. A student whose field placement was on Skid Row said she could facilitate that.

Field Module: Medical Social Work in a Hospital

Lastly, I will briefly describe the medical social work module. Students went in small groups to meet with medical social workers and tour the facilities of the enormous university hospital. Medical social work is an old part of the social work profession. There have medical social workers in hospitals since the industrial revolution. Medical social workers help clients (patients and their family members) with adjustment to illness, coping with illness, medical "translation," and planning for life after discharge from the hospital, including connecting persons to helpful resources and any further interventions. Medical social workers also follow up on suspicions or allegations of abuse (in this hospital, there was a team devoted to addressing issues of domestic violence and child abuse).

Students met with four medical social workers in a beautiful conference room in the hospital. Two were graduates from the students' program. They were welcomed warmly and assured that using the Person-In-Environment perspective was valuable in this setting. They looked at persons in the context of the healthcare system (including access to health insurance), the hospital system, and a person's family system. They helped patients understand their treatment choices and navigate the systems that affected them. They also did psychological evaluations when appropriate, and referred persons to psychiatrists if necessary. The more senior medical social workers also did medical education with the medical residents and other staff (this being a teaching hospital, there was high turnover). This education included patient communication and an explanation of how social workers comprised a part of the medical team.

A supervisor of thirty-eight medical social workers (fifteen pediatric and twenty-three adult) said the hospital was a "highly emotional setting because patients are often in crisis."

Much of what he did was prevent and watch for burnout. "But social workers are fearless," he said, "We jump in there and get things done."

Another medical social worker explained they are called in "whenever a non-medical problem could inhibit good medical outcome." This could be a developmental issue, as when teenagers stop taking their medication in an effort to individuate, or it could be an issue with a patient's immigration status. "It is fast-paced, and you cannot take it home," she said.

A pediatric medical social worker said:

> It is hard to see sick children, as you can imagine. It makes you think about who you are as a human being. It makes you think about spirituality. This work has contributed immeasurably to an exploration of these issues for me.

She pauses, and makes the students laugh when she adds:

> Most people come into social work because we have an over-active empathy gene. *(Laughter.)* This is a double-edged sword. We may be the most caring people on the planet, but you can drown in it. You have to work to maintain boundaries. Field supervision helps. Always have that effort to maintain boundaries and keep them. Go home at five o'clock. Don't do overtime, and don't feel guilty about it.

One student wanted to know if the social workers were treated as "the bottom of the rung" on the medical team by other hospital staff, as lesser than doctors and nurses. The medical social workers shook their heads. They acknowledged that stereotype may occur in other settings, but one says, "When a social worker is on a team, others begin to see social work issues as part of the patient's landscape. Once you demonstrate your usefulness, you get respect." The senior medical social worker said: "You prove you are useful. I have not had a conflict."

Another student asked them to give an example of their work this week. The senior worker and the pediatric worker look at each other. "Go for it," says the senior. The junior tells

the students about a child who was sitting on his mother's lap when they got into a car accident. The airbag deployed, causing the child's brain death. The child will die this week, she said. Of course the parents are devastated. Part of the wider picture is a charge of child abuse. Also, the father may be violent with the mother, so her safety is an issue. Further, the parents do not agree on organ donation. The organs in the child's body could save twelve lives. On staff, the nurse is having difficulty caring for the body, and she needs counseling.

After a silence, a student asks, "How do you cope?" The pediatric social worker says, "I remember my job is not to fix the medical problem. My job is to make what they are going through more comfortable - as best as I can." The senior medical social worker says, "It is hard, it makes my stomach hurt. It is how you think of yourself, how you think of your role. It is a privilege to help people in crisis."

First Quarter: Entering the Field

The first quarter was by far the most demanding of students in terms of their adjustment to the program. In addition to the field modules described in the previous section, students also attended modules introducing the public child welfare system, public counsel services for the poor, and the field of social work gerontology. The first-year students also joined second-year students in caucus groups for Latino students, Black students, social justice, international social work, student diversity in social work education, and in occupying roles in the student council.

The students hit the ground running in class and field. The university's quarter system ran only ten weeks per quarter, so there was no time to ease into course readings as many were accustomed to in a semester system. Mid-term exams and finals came up fast. Students also began seeing clients in their field placements during the first week of school. By program design, many were thrown into unfamiliar environments and expected to help populations with problems they had not previously contemplated. As discussed during the students' orientation, this program design was meant to challenge the students and inspire them to "stretch."

Students had a place to discuss all this: a course called Lab. This course was a long-standing tradition in the program. Lab began in the first quarter, but continued all year for first-year students (it was not offered in the second year). This course was not taken for credit nor graded, but it was mandatory. Every two weeks, the same group of about eighteen students met to discuss - or "process," as they said - their experiences of becoming a social worker (there were five different groups). Students met four times per quarter for two hours. Lab was a place to discuss field experiences and to learn from one another, and it was also a place where students

grappled with their role as a social worker and what it might entail in terms of developing their identities as social workers and managing their emotions professionally. I attended the same Lab group all year. Several of the interview participants were also in this group. Selected exchanges from the students' Lab course are included in Appendix C, organized chronologically by quarter. The reader interested in following the students' process in the first year beyond the three students followed in the main body of the ethnography are encouraged to consult this appendix.

In general, students felt alternately exhilarated and defeated this quarter. Many classes were loved, and many field experiences were painful. Mostly, students were just trying to get their bearings in this gritty and idealistic world. They were also trying to get to know one another as friends and colleagues. They had barbecues, holiday parties, and went to regular happy hours to decompress. Everyone was welcome in these social activities including me. At these events, I noticed that students readily turned to one another to discuss their experiences and their lives. In my field journal I recorded the obvious: the social work students were pretty social, and they seemed to like one another.

Below are descriptions of the first quarter classes: *Micro Practice A: Theory and Methods of Direct Social Work Practice with Individuals, Families, and Groups in Multicultural Communities; Human Behavior in the Social Environment; Foundations of Social Welfare Policy;* and *Macro Practice A: Theory of Social Work Practice in Organizations, Communities and Policy Settings.* Again, as stated previously, the class descriptions are meant to convey the students' common educational environment. How the students drew on the classes varies in the particulars by individual student, as the reader will see.

FIRST QUARTER CLASSES

Micro Practice A: Theory and Methods of Direct Social Work Practice with Individuals,
Families, and Groups in Multicultural Communities

This was the students' first Micro practice class. It was meant to introduce students to the

role of the social worker, the ethics and values of social work, client assessment and safe

practice, and the basics of a professional use of self with diverse populations. The course was

taught separately in four sections of about twenty-two students each.

The teacher of my section impressed students with her years of experience in the field.

She was gracious and dynamic, and frequently engaged the students in on-the-spot learning

exchanges. During the first class, she asked the students what they would say to a depressed

teenage mother in jail for shooting a gun in the air with friends. It took a second for me to

realize she was not asking for a theoretical analysis or a social critique. She wanted to know the

words students would speak upon beginning to work with this girl to improve her odds for a

successful life in her own terms. I jotted in my notebook that day: "This is where the rubber

meets the road."

Later in the class the professor asked students what they thought of her. "Give me your

honest impressions," the professor instructed, "Come on, let's hear it." One student offered,

"Professional, middle class, married." Another said, "You wear a suit, so you want to be taken

seriously." The professor nodded, "Keep going," she said, "don't worry about offending me."

Finally an African-American student said, "Well, you straighten your hair, so maybe you want to

look white. Wow, I feel self-conscious saying that!" The teacher smiled, "Ah-hah, that's exactly

right, I want you to say what comes up for you. The more you get your impressions out, the

better. Here's the point," she told the students: "the way you see your client and the way they see themselves will be different."

Encouraging students to throw out their (often stereotypical) impressions of persons and racial, ethnic, religious, or other kinds of groups (e.g., the elderly, gays and lesbians, rich white men, working moms) would become common over the next few months. Over time, students did this on their own as a matter of professional practice. They found it useful to explore their spontaneous judgements or assumptions of others - particularly clients - they may not have examined otherwise. This reflection on first impressions, consciously taking a step back to become more aware of one's cognitions, was similar to another practice students began this week in their field placements. This practice involved consciously taking a step back to become more aware of their emotions in relation to clients. After each client session, students filled out a form called a "process recording" that asked for their honest or "gut" feelings while sitting with their clients. Developing a heightened awareness of one's thoughts and emotions in relation to others - and the reflection that came with it - was a primary goal of the first-year curriculum.

The professor remarked that building a rapport with clients was the students' most immediate and important task. Students nodded nervously. The majority had begun seeing clients in their field placements that week, and many were at a loss at what to do. (One of my interview participants said the only advice her field supervisor gave her was: "Just go in there and talk and develop a relationship. You'll figure it out.") The professor wrote a list of elements for establishing rapport with clients on the board. The list included: "Start Where the Client Is At," respect the client's right to self-determination, view the client as the expert, establish mutual respect, no judgements, be genuine, be self-aware, and be a good listener. Many students

responded to these elements of relationship with bewildered frustration, particularly after class. They appeared rather obvious yet vague at the same time. Some wondered anxiously if the program really knew what it was doing.

As it turned out, putting these relational elements into practice with clients required more arduous personal work and produced more learning than the students anticipated. These elements also had more usefulness (or "cash value," as William James would say) than students expected, and eventually became rather weighty and tangible ways of being in relationship. How these practice elements became experienced phenomenologically by the students within their relationships with clients emerges as the ethnography unfolds. How these experiences stimulated the students' development of a professional use of themselves as a social worker and resulted in a kind of relational shift with clients will also become apparent. By the end of the program, students knew exactly what these things meant in practice, and it changed them and their relationships.

The goal of social work, the professor told the students, was to reduce or resolve immediate client problems. "You are a facilitator of change," she said, "but the client is in charge of the change. They are in the driver's seat of change."

This first Micro practice class also introduced social work ethics and values. Social workers must uphold the core values stated in the Preamble of the National Association of Social Workers' *Code of Ethics,* the professor said. She went over this in detail. The Preamble states:

> The mission of social work is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:
>
> • Service
> • Social Justice

- Dignity and Worth of the Person
- The Importance of Human Relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of human experience (quoted in Reamer 1999, pp. 203-204).

"You must incorporate social work's core values when you are working as a social worker," said the professor. They don't have to be your personal values. But they probably are," she acknowledged, "or they will become your values. If they become your values, your friends and family may notice. That's part of going to school for social work - growing, and maybe changing or adjusting your *self.*"

The professor went on to distinguish three sets of values: professional social work values, the student's personal values, and the client's values. "Sometimes these can be in alignment, and sometimes in conflict. When your personal values conflict with clients' values, it's an opportunity to learn about yourself. That's a great thing about social work."

To illustrate a conflict in personal values between a social worker and client, the teacher gives an example:

> You are working with a sixteen-year old who rarely makes it to school. She tells you education is not important. This is not your personal value. What do you do? You ask the client: Why isn't school important? What would you do instead? See if there may be an underlying social phobia, a pregnancy, a lack of clean clothes, a need to work, maybe her parents didn't go past the sixth grade and that affects her. Start from where the client is. Some kids may be working to earn money for their families - taking over parents' responsibilities.

"Self-awareness is very important," the teacher says. "Check your own values, and don't impose." She tells the students it is never too late to openly acknowledge the imposition of one's values when working with a client: "Self-awareness is a life-long learning process." A student said, "Good, because now when I make a mistake, I think the client should start over with someone new." Other students murmur agreement. The teacher assures them they can always recover. "If you genuinely want to help, that will come through. Clients need to see you are human."

Be genuine and authentic, the professor said. "You are modeling for that client all the time, and believe me, they are watching you." In terms of being authentic, a student says she is unsure whether or not to disclose information about herself, even when a client asks. The teacher tells her that is exactly where she should be at this beginning stage. Ask yourself if your self-disclosure will help this client at this time in their process, she says. She continues:

> Err on the side of not disclosing if you are not sure. This is not an exact science, because it is all about an individual client's needs, and their needs at a specific time, because they do change….The process of using yourself and being professional is life-long. Whatever your decision about self-disclosure, know that it will impact your relationship with a client.

By the end of the program, some students used self-disclosure more than others as a matter of personal style (in addition to what they hoped to be effective with particular clients at particular times). The use of self-disclosure in the client-worker relationship was just one element of a student's personal style, however. In this first practice class, when the professor told students to "Be aware of your personal style," she received mostly blank stares.

Several other topics that would recur through the program were introduced in this class, including client assessment, working with diversity, empathy and counter-transference.

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Initial client assessment begins with asking, what is going on with the client? What does the client think is going on? Why did they come to see you? Was it voluntary, or was it mandated by the court, recommended by the school, or at the behest of a family member? All of this matters in terms of the social worker's relationship with the client, students were told.

Consistent with social work's Person-In-Environment (PIE) perspective, a social worker's initial assessment of a client's situation utilized a "biopsychosocial" framework. Students were to assess biological factors first, as many apparently psychological problems could have a medical etiology. In general, students were told to find out the date of the client's last medical exam, refer them to a physician, and follow up with the client to ensure they have been seen. They were to note any medications, substance abuse, exercise and sleep habits, and other aspects of general health. During one class session, the entire cohort met for a lecture on psychopharmacology. It was a lively day. The lecture was given by a clinical social worker on the faculty in both of the Departments of Social Work and Psychiatry. "How many of you work in field placements where many of your clients are on psychotropic medications?" she asked. At least half the hands in the cohort went up.

After going over types of medications and how they effect the brain and central nervous system, the professor tells the students they may have to advocate for clients with their prescribing doctors if they are shy or have language barriers. They may also have to explain to clients and their family members a medication's potential for symptom reduction, side effects, the course of adjustment to medication, and titrating off medication. Many parents are hesitant to put their kids on medication for good reason, she said, so work with them closely to make sure they have all the information they need. Teenagers often feel stigmatized about taking

medication and stop taking it, so be aware of that, she said. The professor closed her lecture by

saying cynicism about pharmaceutical companies abounds, but they have produced medications

that "have really helped many people, including those with long-term needs and those coping

with shorter-term distress...medication is not all good nor all bad."

The initial psychological assessment consisted of gathering information, they were told,

not diagnosing any particular disorder as set forth in the Diagnostic and Statistical Manual of

Mental Disorders (or DSM). Again, students were encouraged to approach this assessment

through an exploration of what the client felt the problem was, what the client struggled with,

and what the client wanted in terms of change.

The social assessment included gaining a view of a person's interaction with their social

environment, utilizing social work's Person-In-Environment (PIE) perspective. Assessing and

improving a client's social adaptation to their environment has long been a primary goal of social

work practice, students were told, first detailed by Mary Richmond in her classic text *Social

Diagnosis* (1917). Students were told to explore clients' interactions with friends, family,

schools, workplaces, community groups, governmental systems and policies, the standard of

living in their community, their own financial and their living situations, the cultural aspects of

their lives, religious or spiritual involvements, participation in other forms of treatment including

alternative healing, and whether or not clients told others they were struggling and seeking help.

Later, when learning about ecological or systems theory, students began to use the term "systems

perspective" almost interchangeably with the Person-In-Environment perspective, much like

their professors and field supervisors.

The initial client assessment concluded with explicitly establishing a working goal between the social worker and client, however subject to change. Assessment is an on-going process, the professor reminded the students, and mutually agreed-upon goals were adjustable according to the client's progress, wants and needs.

A later class session on working with diverse populations opened with a student sheepishly admitting she could not understand her client's slang and his community's way of speaking. She wanted to know what to do, what to say. "Use humor," suggested the professor. "I'll say, I'm from San Diego, ya gotta help me out. Help me understand you." She tells a story from her days as a social work student:

> I thought I could fit in with a community in the Los Angeles projects because of the color of my skin, but they saw me coming from a mile away. I had assumptions I was not aware of until I explored them. I had to work to understand their dialect and their experiences of the project life.

She goes on:

> Cultural and ethnic differences between you and the client are always an elephant in the room. Be aware of what these differences bring up for you, but in your work with the client, focus on what may be an issue for *them* around your difference. Work on what may be an issue for you in your own time.

A student says, "As a white guy, I have an adolescent Latino client who had a bad relationship with a white step-father." The professor advises naming the elephant. "When you dance around these things, that's when strange issues arise," she says. "But you usually won't talk about racial or cultural differences in the first session." She pauses and adds, "Unless a kid brings it up," and the students laugh.

Another student wants to know how to learn more about a client's background and experiences. "You don't want to sound like an idiot, and you don't want to offend," another student remarks. "Sure, there's always a tension there," the professor acknowledges. "But you can always just ask. Just remember it is not the client's responsibility to teach you about their cultural background." She recommends they ask clients how they or their family understands a particular thing, rather how their supposed "culture" does, because there is plenty of diversity within groups. One student says, "Right. Just because I speak Spanish doesn't mean I understand the multitude of Latin cultures in Los Angeles."

As an exercise, the professor tells the students they are about to meet with a 73-year-old man who is depressed and recently lost his wife. He's either an affluent Caucasian businessman or a working-class Asian immigrant. Quick, she says, what are your images of each? Students throw out their initial thoughts and feelings. "Be aware of your gut reactions and deal with your assumptions," the professor repeats, "because clients will either hold you there or resist you if they pick up on your assumptions. And they often do."

Students broke up into small groups to tell each other face-to-face what their impressions and assumptions were about each other based on their physical appearance. I participated in this exercise too, as I participated in most class exercises. It was a nerve-wracking exercise, but I could see that students emerged feeling somewhat exhilarated, and clearly more bonded to one another after going out on a limb.

"It is also important to be aware of one's biases about what a family is supposed to be like or what family life is supposed to look like," the professor tells the students. This can trip you up, she says. Students look a little overwhelmed. The professor says:

You will not emerge from this program with no expectations of, or assumptions about, clients. But you want to be aware that you have them, and what they are, and how to manage them, so they don't impede the client-worker relationship.

The terms empathy and counter-transference were used in this class, but as it was throughout the program, these terms were not always used in the same way even by the same persons. In this class, the professor described empathy as "feeling what the client is feeling," but more often empathy referred to feelings of compassion for the client. In either case, students were warned, "You can take on a lot, and that can be detrimental to your well-being." This kind of statement refers to the burnout that can come with feeling pain when a client is in pain. Most students would not say they felt exactly what the client was feeling, but they did have to manage their "bleeding hearts" (for more on how students coped emotionally, see Appendix C). The professor also warned that "sympathy won't always help clients move through problems. It could be a place to get stuck."

This teacher explained counter-transference as referring to students' reactions to the client and what they feel towards the client, and continued:

> Counter-transference can be used in a positive way, if a client can explore what you are feeling. You can feel frustration and wonder, why doesn't my client stand up to her controlling husband? Then you can ask the client, Have you ever tried to handle things in a different way? What happened? What do you think might happen if you did something different? Your questions, informed by your reaction, can provide the client opportunity for deeper exploration.

> Counter-transference can also be used in a negative way, like when you project your own issues or impose your own interpretations, then try to have the client take responsibility for them. If a client reminds you of a family member you have issues with and you don't deal with that, you can become enmeshed and lose your objectivity, or you can become disengaged and miss important patterns, and you may not validate their experience when they need it.

A student sighed, "Self-disclosure, diversity, countertransference...I really don't know what I am doing, and I am afraid of damaging clients." Other students agreed. The professor offered advice from her own first field supervisor: "Sit with it. Sometimes 'I don't know' is where you need to be." I looked around, noting expressions of frustration and thoughtful reflection flash across the students' faces. The professor added, "Trust being uncomfortable. Look at yourselves learners. Don't be so hard on yourselves."

A student raised his hand and said, "My agency has a six-week limit for clients. That doesn't seem like enough time." The professor nodded, "Keep in mind their next possible step in terms of resources, and help them connect to those resources."

Human Behavior and the Social Environment

This was a very popular class taken by the entire cohort at once. This course focused on human development across the lifespan in the context of persons' social and cultural environments. (For practical purposes, the larger environment was generally considered to be the United States, although certain principles could be generalized to other settings). The course utilized the Person-In-Environment and biopsychosocial perspectives to understand human behavior, and also considered major theories of human psychological development. The syllabus stated that students will learn how biological, psychological, and social systems influence the development of each age group, and will come to understand "the interaction between the predispositions of the individual and the constraints and/or support of the social environment as an essential element in the human developmental process." The course also included a special focus on human diversity and populations at risk at each stage of human development. Finally,

the syllabus stated that "implications for social work practice and for relationship building" would be drawn from the course.

The professor was a charismatic and youthful woman in her fifties who wore a purple and white tie-dyed shirt, white Capri pants and flip-flops on the first day of class. She was a licensed clinical social worker and also held a Ph. D. in psychological anthropology. She recently worked with victims of trauma at Ground Zero in New York City, and in Afghanistan and Iraq. She currently worked with gang members to prevent gang violence in Los Angeles, which she remarked was much more difficult.

"This class will take you from the womb to the tomb in ten weeks," she said, "I will use humor. I will use the Socratic method. Don't worry about grades, do the reading, say what you think, don't lie." Despite the size of the class, the professor ran lectures like a seminar. She conducted lively and sometimes passionate discussions while walking around the large room and calling on students to react spontaneously. She often used personal examples from her own work, marriage, and experience of raising children to make an educational point. Students similarly raised issues from their own lives. The cohort bonded in this class.

On the first day, the professor explained that one way social workers use the Person-In-Environment perspective is to consider the Macro, Mezzo, and Micro forces that may impact a client's experience. An example of a Macro force is economic, the professor told the students. Research shows that women are more likely to leave a marriage if they can afford to live on their own after divorce. Religious, conservative, or liberal ideologies are another Macro force, she says, and played a video clip from the television program *20/20* on ABC. The television journalist interviewed a man described as an "expert" who wrote a book about "deprogramming"

men from being gay. Many students laughed. Other Macro forces that affected individual

psychology include government institutions like marriage, public education and social welfare

policy, she noted.

The professor did not favor making a sharp distinction between the Micro and Mezzo

levels as delineated this (textbook) schema, but said typically the Mezzo level included a

person's family and community, while the Micro level considered a person's individual

phenomenological or psychological experience and biology. But by way of illustration, she says,

if you have a teenage client who is gay, he or she is grappling with biological impulses on a

Micro level, the potential reactions of family members and the various groups they participate in

on a Mezzo level, and perhaps contemplating larger issues of gay marriage and parenting on a

Macro level (at that time the Bush administration was proposing amendment to the U.S.

Constitution to ban gay marriage).

In this course, students reviewed theories of human development advanced by Freud,

Adler, Piaget, Erikson, and Kohlberg. The professor said these theories could offer terrific

insight, and could be useful in practice, but warned about taking any theorists' proposed stages of

development too literally: "Stages can be a wonderful slave to a terrible master. They

operationalize deeper theory as if it is certainty. The deeper theory may become dogma, and this

may impede seeing things in their original complexity or in their changing nature." (In smaller

class discussion sections, some students complained that with the exception of Erik Erikson,

these theorists focused mostly on cultures described by the acronym WEIRD - white, educated,

industrial, rich, and democratic.)

One of the most important figures in the study of childhood is Robert Coles, the professor tells the students. His Pulitzer-Prize winning *Children of Crisis* (a five-volume series published between 1967-1977) looked at children of color and poor children; he did not get to "children of privilege" until the fifth volume in the series. Coles, who was trained by Erik Erikson and Anna Freud, concluded that children's experiences had a significant impact on their moral development. As social workers, the professor noted, you need to understand others' moral development may not be your like own. A student asked if that meant child abuse could be seen from a morally relative perspective. The professor was plain: "In the state of California we have laws to protect children. You have to be respectful of culture, but you have to follow state law regarding abuse, including the abuse of women and children."

In this first class, the professor also spoke at length about "something that is elemental across the life span and a matter of life and death: attachment." Many studies show that longevity correlates with the extensiveness of a person's social networks, she said. Attachment is extremely important, "but there are confusions about it:"

> The Western model of attachment is just that, Western. Also, the process of attachment is not about love. A baby will attach to anyone - it's about consistent, repetitive sensory perception. It's that simple and that mysterious.
>
> Attachments develop between animals, between ducklings and Conrad Lorenz, between pets and their owners. You can get attached to people you do not like. People can also become attached to universities, religions, long-term therapists, places like New Orleans, or for writer Isak Dineson, Kenya. Some of the most enduring attachments are not human. It does not matter what it is, as long you have one, or many, and as long as they are informative and instructive.
>
> Gangs are one of the oldest forms of attachment. Kids may find healthier attachments in a gang than in a foster home in Los Angeles. People also get attached to their professions, to what they do. To experience a "calling" is a profound attachment. But you could also be attached to your job at a drugstore.

In *Becoming Attached* by Robert Karen [1994], he points out that parents often relive their own parental relationships with their children. This is one of life's most natural processes. However, that doesn't mean a parent is destined to do this; in fact, many choose to do the opposite of what their parents did.

In another class session called "Ethnocentrism and Racism," the professor framed the discussion as preparation for the students to practice with clients. "There will never be a more sensitive issue than racism, ethnocentrism, and white privilege," she told them, "these are like dirty words no one wants to hear, and discussions of race make people uncomfortable and defensive." However, the professor said, social workers have to recognize that "race is a social concept and racism is a social problem - unlike OCD," she pointed out (referring to the psychiatric diagnosis of obsessive-compulsive disorder).

Among other readings, the cohort discussed Peggy McIntosh's classic "White Privilege: Unpacking the Invisible Knapsack" (McIntosh 1990). Many students had read this article in undergraduate courses, an arresting piece with the power of effecting an alternate recognition of a white person's experience in American culture as privileged in many respects, particularly when compared with the experience of Americans who are not seen as white.

Several comments made by non-white students will give a flavor for how the discussion proceeded to include their perspectives:

In the US, I'm Indian, but in India, I'm an American. If you have too much pigment in your skin, you are not American. And if you are not white, you suddenly represent your whole group. People say to me, "Ooh, I had curry once."

In the movie *Finding Nemo* they got the fish right, but in *Mulan* they mixed up Japanese and Chinese culture.

The textbook said a benefit of busing black students to white schools was that black students were more likely to have white friends. It didn't say that a benefit for white kids was having black friends.

Because I'm Asian, teachers assumed I had a special gift for math, and I didn't. Being labeled as part of a "model minority" also put me in an awkward position with other kids who were not.

Another student remarked that his lawyer friend believes he got into law school because he was Mexican, to which another responded that a friend told him he got into the social work program because he was Mexican. A student who attended Harvard said this kind of thinking can lead to real trouble, and pointed out Claude Steele's work on stereotype threat (Steele's work showed that minority students at Stanford performed less well on the SAT when prompted to state their race before they took the test; see Steele 1997 and Steele and Aronson 1995). The student said it took awhile before she and her friends of minority background could admit to themselves and one another they experienced a crisis of confidence in their intellectual abilities as minority students when they got to Harvard. Their first year held many anxious moments, as they wondered privately if indeed their minority status was the reason they were there, and thus they were not up to the task of a Harvard education. Only after proving their abilities did the students feel comfortable discussing their initial anxieties and self-doubts with their fellow students. For these students, their freshman year was in part a time of "internalizing racism" she said - or not.

The professor emphasized that while historically race has been seen as a biological reality that separated groups of people, this is now "a sketchy argument." Scientists cannot say where one race ends and another begins. On the US Census form, checking one's race is also becoming

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a problem. "How many people have been 'Other' on a form like this?" she asked. It seemed a third of the students raised their hands. One student said, "I always wanted to check the box 'Other' because if I was half-white I was half-better."

The professor explained there are "all kinds of cultures everywhere," from schools to religions to hip-hop to the LAPD (Los Angeles Police Department). There are generational cultures, and there is national ethnocentrism. Cultures tend to have traditions, internal culture, and they often have inside members and exclude outsiders. Cultures have to do with things that are shared: language, values, behaviors, rituals.

"You will be tempted to judge people and groups," the professor said, "but don't do it." She warns:

> Ethnocentricism leads to group narcissism leads to no empathy for others. This lack of empathy can be based in power and privilege. Privileged groups can convince themselves that other groups are a certain way, and then say: "That's because 'they' don't know any better, or because that's just the way 'they' are."[18]

A student brings up a question asked quite frequently in the program: Can a social worker provide better services if they are the same culture, ethnicity or so-called race of the client? The frequent answer after much discussion was always was "It depends." Sometimes class background is more important in connecting with a client, but sometimes a minority client may find the minority status of a social worker comforting. A student offers: "I have a thirteen-year-old client who is very into hip-hop. I can't suddenly adopt hip-hop culture myself. That's why I

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[18] In an opinion piece for the *New York Times*' series "The Great Divide," psychologist Daniel Goleman makes a similar observation: "Social distance makes it all the easier to focus on small differences between groups and to put a negative spin on the ways of others and a positive spin on our own." He notes Freud called this "the narcissism of minor differences," and reviews current research on this social behavior. Goleman's point is that "an empathy gap" in relation to the poor by those with more social power "has profound implications for societal behavior and government policy," particularly now, given that "income inequality is at its highest level in a century." (NYT October 5, 2013.)

think genuineness is important, because then you can build a real relationship." A white student who worked for years as a high school teacher in poor black communities said she came to the conclusion that "Race didn't matter. They just needed an adult with some perspective on pain."

The professor tells the students to recognize "human universals." You can't escape having biases and judgments, she tells them, but you can become more aware of them. "As social workers, she said, "we always remind ourselves: 'No judgements.'"

In a class session on adolescence, the professor pointed out that young teenagers develop their identity (per Erik Erikson) at the same time their cognitive ability to entertain abstract concepts increases (what Jean Piaget called the ability to perform cognitive "formal operations"). Continuing from this was a fascinating discussion of Charles H. Cooley's concept of the "looking glass self" (Cooley 1902). Cooley was a member of the Chicago school of sociology whose ideas were consistent with G. H. Mead's theory of that the self emerged in social interaction (Mead 1910; 1912; 1913; 1934). Sociologist Thomas Scheff describes the concept, citing Cooley's 1922 edition of *Human Nature and the Social Order* first published in 1902:

> Charles Cooley's (1922) idea of the looking glass self (LGS) is an accepted part of modern sociology. He noted the reflexive self-consciousness of our experience, how we continually monitor our self from the point of view of others. He went on to propose that self-monitoring is only the first step of a dynamic social and psychological process:

> "A self-idea of this sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his [sic] judgment of that appearance, and some sort of self-feeling, such as pride or mortification (p. l84)." [Scheff 2003: 1]

In effect, a society, or the other, represents a mirror which affords an individual an image of themselves. One student noted that this image, or looking glass self, can seem simply real to a

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child before the stage of formal operations. Another student described how her adopted brother began wearing long-sleeved shirts and pants when he was eight, even in the hottest weather. When she asked why, he said he didn't like the color of his skin, and did not want others to see it. Another student said imagining what others thought of her body in high school led to an eating disorder.

A kind of free-for-all ensued, with students pointing out how one's imagined social reflection in the eyes of society affects human experience, including how we think others perceive one's race, gender, age, religion, sexual orientation, regional background or physical disability. Other students asserted that diverse persons can meaningfully contribute to the larger group, and that being seen as different can be a positive experience. This notion of the looking glass self was one that students returned to repeatedly when working to understand clients' development and social "adjustment" (to borrow a term often used by Sapir) from the clients' perspective.

In another class session on development in adolescence, seven gay and lesbian students in the program (some in the cohort I was following and some second-year students) shared with the class what it was like for them to come out to their family, friends, and communities. ("And you don't just come out once," said one. "You are always coming out with new people.") One theme that emerged was that it was emotionally difficult for others to handle this information. The first student who spoke said her Korean Christian youth group rejected her after she came out in college. "Also, I had fallen in love with another girl in the group, but I never expressed that. It was pretty painful." Another said his family and friends seemed to know before he did, and they were "cool with it." One said his parents stopped speaking to his brother when said he was gay,

so he postponed telling them he was also gay for years. When he did, his father fell apart. They

don't speak much, but the student still hopes his father will come around. A lesbian student said,

"It's confusing to know if you're gay as a young person. There's no test for it." Her father

banned a gay male friend from their house when she was a kid, saying, "Not in my house, not

around you." With that in mind, she said, it took her years to tell her mother she was gay, and

she still hasn't spoken to her father about it. Her parents refer to her girlfriend of six years as her

"friend," and make excuses not to visit their home. Despite "an otherwise close relationship,"

her parents don't ask about her personal life. "If they want a nice Thanksgiving with their

grandchildren they better wise up," I heard a student murmur.

One older gay student, already a vocal and popular member of the group, said he was

going to skip telling his own coming out story and instead share something else. He was a

massage therapist who had provided care to men dying of AIDS throughout the decade of the

eighties. "It wasn't easy to see and feel their bodies wasting away," he said, "it's so much better

now." He went on:

> I saw first hand that the personal is political. After the AIDS epidemic, many gay
> men who watched their friends die felt the issue of coming out issue was trivial.
> We saw what was really important. We were done with hiding. We just did not
> want to take shit from anyone. That was a political shift.

One of the students asked the panel if they had experienced specific discrimination. One

of the panelists said he cannot work for many faith-based agencies. Another said that when she

was "outed" in high school, people stopped asking her to baby-sit. One laughed, "Someone once

yelled at me to 'Go back to Castro,' but hey, everybody gets yelled at for some reason by some

idiot once in a while." One student wanted to apply for the FBI, but realized there was no federal protection for gays or lesbians.

"It's the last frontier of civil rights," said a teaching assistant. "There is no law that says you cannot discriminate on the basis of sexual orientation." The Korean student wanted the students to know her story has a happy ending. Many good people in Christian groups have reached out to her since college, and she now has "an awesome Christian girlfriend."

The next two class sessions were spent discussing issues of adulthood and later adulthood. Erikson said middle age started at thirty-six, but now it's forty-five or fifty, the professor observed. Erikson called this stage "generativity versus stagnation," believing that what is at stake for persons in middle age is their continued growth, contribution and leaving a legacy after death. Alternatively, stagnation is when people "lose their flow," they stop growing and stop generating things of value for the next generation. "In stagnation, the water gets murky and only bacteria grows and dies," the teacher remarks. On the other hand:

> Leaving a legacy means leaving something that goes on after you are dead. That can be children, but it can be other things too. It is the imprint you leave on others. It can be through teaching, writing a book, creating art, discovery, a set of recipes, the creation of memories, practices, a dance move. It can be through helping to save an endangered species or an historic building.

The professor says the classic mid-life crisis can involve worry over a wasted life, but it is really beyond that: "It's about the fear of death." She gives an example of a former client. He was married man of fifty who had four daughters. He divorced and "finally" had a son with a new girlfriend, and he was thrilled when she named the baby after him. There were general tsk-

tsk's from the group, and the professor laughed and shook her head. "We're social workers, no judgments. We say, 'uh-huh,' nod, and keep listening."

Another topic addressed during the discussion of middle adulthood was domestic violence. This issue cuts across race, ethnicity, and class, the teacher observed, and there is much diversity in terms of the nature of violence. In general, the perpetrator usually controls the money and is bigger than the victim. Many will make threats against children to control their parent. Abuse of women begins most frequently with the first pregnancy and continues throughout her child-bearing years. Alcohol and cocaine exacerbate violence. Heroin and marijuana do not. Following any fundamentalist strain of religion that views women as subservient to their husbands also increases chances women will be abused.

The professor reminds the students that there is "no actual definition of mental health." Freud famously said love and work, which is nice because it's "culture-free," the teacher says. When she gets surprised looks, she smiles and says: "He was more psychosocial in *Civilization and Its Discontents.*"

She explained four ways to consider a definition of mental health. The first would be looking at "average" mental health, taking the middle of the bell curve, if you will. But what would the quantitative measures be? And would this be within a certain community, during a certain time period, or across whole of humanity through time? The second way of defining mental health may be "freedom from disease," but who defines disease? Sometimes it's healthy to be depressed. A third way is to posit an ideal of mental health, but whose ideal? Victorian England, Confucianism during the Han Dynasty, or among today's surfers on Venice beach?

The fourth way to think about the definition of mental health is process, the professor

says. In this view, she explains:

> Process is a person's ongoing negotiation between the environment and the self.
> Process is healthy functioning in a particular context. The process perspective is
> another definition that is not culturally biased.

A student notes, "Process seems like redefining success on an individual basis." The

professor responds:

> Yes. It is dynamic and unfolding. It is social work's best definition of health. In
> social work, we look at individual in context. We look at their adaptation, their
> negotiation. This is very social work-y.

The lecture on later adulthood was complemented by a presentation from a teaching

assistant, a doctoral student in gerontology. First she asks students throw out their stereotypes of

young people and old people, and she writes them on the board. Then she presented them with

facts from National Council on Aging regarding people over sixty-five. Only five percent live in

in nursing homes. Most are content. Many still have sex after seventy. Only half of persons

over sixty-five think of themselves as old, only fifteen percent of people over seventy-five feel

old. She went on:

> Ageism is like sexism and racism. It's a diversity issue. After the Industrial
> Revolution, elder wisdom was devalued. With the advent of new technology, they
> didn't "carry" and teach culture as much. Today's consumer culture idealizes
> youth and the importance of looking young. Like you said, older persons in
> commercials buy clappers, wheelchairs, and emergency devices to call for help
> when they fall down because no one else is around. Growing old inspires fear in
> us.

The teaching assistant shrugs, "But hopefully the media portrayal of older people will

change as the baby boomers age - they are a large consumer group, and people looking for their

business will likely court them." From the side of the room the professor shouted "Hah!" She was obviously pleased to be a member of this group. The students laughed.

The teaching assistant drew the "target" image of embedded circles on the board. This symbol of the "systems" or "Person-In-Environment" perspective was already familiar to the students and would be drawn repeatedly in classes throughout the program. (As mentioned previously, the symbol was first used by social worker Mary Richmond, and discussed in her *Social Diagnosis* published in 1917.) She drew a figure in the inner circle to represent the individual. In concentric circles emanating from this center, she layered the following systems in the environment as potentially impacting or informing the experience of an elderly client: family, friends and other social support, community groups such as churches or senior centers, hospitals and clinics, and government laws and policies regarding the elderly.

The teaching assistant also wanted to share with the students something she learned working "in the field" in nursing homes over the years. She saw a lot of racism in older people toward their care-givers, she said. The care-givers were often young Latina women. "It was sad," she said, "but many older people could not inhibit their racism." Social workers in these settings need to be aware of these potential dynamics, and support the care-givers in managing their emotions around this issue.

"Death and Dying" was the last course topic as the professor promised. Death and processing the death of a loved one does not necessarily follow any particular stages, says the professor, despite the popularity of Elizabeth Kubler-Ross's stage theory. "It happens in its own way," says the teacher.

She strongly recommends students read anthropologist Ernest Becker's Pulitzer-prize winning *The Denial of Death* [1973], a "very important work" on the subject of death as an existential fact of human consciousness. Students who had read the book immediately endorsed her recommendation to the cohort, some nodding with such a solemn profundity that it peaked others' curiosity. "Make no mistake," the professor said, "the denial of death functions in our everyday lives." (Becker's work, built on the writings of Otto Rank, will be discussed further in the conclusion.)

The eighth and final stage of human development holds the challenge of "ego integrity versus despair," according to Erik Erikson. The teaching assistant points out that the therapeutic techniques of "reminiscence" and "Life Review" were inspired by Erikson's work, and have been shown to lower depression among the elderly in both the United States and in Taiwan.

The professor explains that by the term integrity, Erikson meant that all the parts of a person's life fit together. "Not perfectly," she says, "but there is a consistency and a pattern of meaning. The same outlook will likely characterize your personal and professional life." The opposite is fragmentation, compartmentalization, even hypocrisy. "Things don't come together in a satisfying way," notes the professor. (The following year, in 2006, a scandal broke about evangelical pastor Ted Haggard, a man who for years presented conservative views to his congregation while simultaneously paying for sex with a man with whom he did crystal methamphetamines. Students recognized this as an example of a person's life not having ego integrity as Erikson conceived it. I remember one student sighed, shaking her head: "So many systems in play for that guy." She was a second-year student then, practiced at looked things from multiple angles.)

Crises of integrity versus despair don't necessarily apply to all older persons, the professor tells the students. Some never confront this crisis. It's also true that younger people can face this crisis. Being diagnosed with a serious disease, returning from war, or even going through a divorce can prompt a person to look at the whole of their life.

She shows the class a video clip of a physician who was given six months to live. He asked his wife how they were going to handle this. They would "hit it head-on like they always did," his wife said. The doctor went back to the hospital where he worked every day with his terminal patients. That was six and a half years ago, and he's still there.

A student said, "Wow, that's integrity. That's power of purpose." The professor agreed, and said, "He went to the hospital where he worked to help others." She concluded the class, telling the cohort: "We are lucky to be in social work. It makes us aware of life. It can give us meaning and purpose."

Foundations of Social Welfare Policy

Some of the program courses will be rendered in less detail than others, and this is one of those courses. Although the entire content of the program constitued the students' medium for growth and development as a social worker, I review only briefly those courses that did not explicitly inform students' development of their professional use of self with clients for the purposes of this dissertation.

That said, this course on American social welfare policy was fascinating. It was another cohort favorite. Many who assumed the historical content of the course would be dry were riveted by the material, and many described the course as an "eye-opening" experience

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that taught them a lot about about American culture. The course covered "the roots of

American social welfare policy and how they have given rise to today's social policy

structure." The course also discussed the field of social work and the social worker's role in

relation to social welfare policy. The below is intended merely to give a flavor of the course.

In the first class, the professor, a no-nonsense woman in her fifties who occasionally

charmed students with a deadpan joke, clarified her terms.

> What is social policy? Social means us. Policy means a principle of action
> formulated and mandated into law. These laws may come from the school
> board up to the state and federal government. In social work, social policy
> affects our clients.
>
> An example of social policy is the current healthcare debate. We are asking, is
> healthcare a right or a privilege? Right now it seems like a privilege. On the
> other hand, education is seen as a right.
>
> Public policy is made by legislatures, the judiciary, an executive order, or
> through initiatives such as state propositions. Initiatives arise in historical and
> political contexts. Always look at who is funding propositions if you want to
> understand them better. Follow the money. Look for their point of view.

Students received handouts describing how bills and propositions are introduced and

become law. "After implementation," the professor added, "we study public policy to see how

it is working."

The first class discussed the tremendous increase in poor children, orphans, and child

labor in the United States during the Era of Industrialization. In New York City alone, there

were an estimated thirty thousand "vagrant" children. They were called members of the

"dangerous classes." Charles Loring Brace, a minister who attended Yale seminary, founded

the Children's Aid Society in NY in 1853, on the basis that "helping the poor is doing God's

work." He argued that children were inherently good, and it was a poor environment that leads them to trouble. He is sometimes known as the father of the child welfare system.

In attempting to provide orphan children with homes, Brace started the "orphan trains" of 1854-1929. During this time, at the rate of about 2500 children per year, 250,000 orphans went west on trains. Each train carried 10-40 children at a time. Families in the west picked them out and interviewed them at train stops. Families had to sign contract saying they would treat them like their own children. The program was considered mostly beneficial, but unfortunately many children became indentured servants. Boys did farm labor, and girls did household labor. Children were also subject to abuse. Additionally, many children were not literally orphans, but sent west because their parents could not afford to care for them, and felt they were better off out of the slums. Many children ran away from their new homes and back to their families, and many caught and returned. Many also disappeared. Two became state governors.

Students also learned the origins of children's rights in America began with the 1874 New York Supreme Court case of Mary Ellen McCormack, a nine-year-old girl who was repeatedly beaten severely by her adoptive mother. Neighbors became concerned, and contacted the Department of Charities and Correction. An investigator named Etta Wheeler became involved, and she eventually argued in court that the girl deserved protection under the animal protection laws of the American Society for the Prevention of Cruelty to Animals (ASPCA). The students also learned that Mary Ellen was raised by rescuer's sister, married at twenty-four, had two children who became teachers, and died at ninety-two.

The course also looked at the history of child welfare among children of non-white backgrounds. "Black children were still in a terrible situation after emancipation," the professor said. There was an expansion of poverty among black children, and many lived in segregated orphanages. The theory of social Darwinism, that social groups competed for survival in society, was used by some to argue the proper course of action was to offer the children of freed slaves no help, because one "should not interfere with nature" in the "survival of the fittest."

Thus the coming-of-age experience of children of European immigrants and of freed slaves differed. Students were asked to reflect on these differences in their discussion sections. They pointed out that unlike the descendants of white immigrants, the descendants of freed slaves had no access to education, could not vote, could not borrow money, were subject to Jim Crow laws, and were disadvantaged by their physical appearance. They were not given one-hundred and sixty acres of land to settle the frontier like European immigrants. One student said, "Let's just call it racism." Another chimed in: "Right, racism that used a theory of social Darwinism as a rationale to psychologically cope with and justify those injustices."

The students watched a PBS "American Experience" documentary called "In the White Man's Image." It was about the involuntary removal of thousands of Native American children from their homes in order to "civilize" them. In 1879, Captain Richard Pratt founded a boarding school to "civilize" Native American children that became a model for other schools run by the Bureau of Indian Affairs in the ensuing decades. During a time when many held that Native Americans were "savages" incapable of participation in a civilized society, Pratt argued it was possible to "kill the Indian in him but save the man." The boarding schools were

military in style, the children's hair was cut and they wore uniforms. They were given new names. They were forbidden to speak their native languages and forced to speak English. Their education was not in mathematics or literature, but in low-level vocational skills for boys, and house-keeping skills for girls. Many were mistreated in these off-reservation schools, and many died from Western diseases.

This film upset the students. One said, "They even put Christian crosses on the kids' graves - they were still imposing on them when they were dead." Another lamented, "They lost their language, so even if they went back home, they would be isolated."

In a discussion section, a teaching assistant said, "For those of you who didn't get to the reading this week, I'll sum it up: Early social work didn't do squat for minorities." She tells the students to think about this in relation to systems theory: these groups were seen as outside mainstream systems, but were controlled by them. The teaching assistant, who was in an exasperated mood that day, added: "Also, many prominent leaders in social work were lesbians, and this is not mentioned in textbook, not once. Why?" She wanted the students to know social work was far from perfect.

In a later class, the professor said the Great Depression spurred major changes in social policy. This was a turning point in the history of social work and social welfare policy:

> In California, one in four people were unemployed. Perfectly respectable people were hungry. The populace suddenly understood that vast numbers of people were unemployed through no fault of their own, and there was no safety net. The ideas of social Darwinism and individual responsibility didn't work anymore. We needed social security, we needed a change in policy. In 1933, Franklin D. Roosevelt appointed Frances Perkins to be the U.S. Secretary of Labor.

This was the first time a woman was appointed to the U.S. Cabinet. Perkins had

received an M.A. in sociology from Columbia University in 1910 and later studied sociology

and economics at the University of Pennsylvania. She trained as a social worker and worked at

Hull House with social work pioneer Jane Addams, and was general secretary of a social

reform group in Philadelphia. Perkins was the U.S. Secretary of Labor from 1933 until 1945.

She drafted much of the New Deal, including the Social Security Act, signed into law by

Roosevelt in 1935.

In a discussion section on the Civil Rights movement toward the end of the quarter, a

student said, "I'm really getting the message that Micro and Macro are intertwined." Another

student added, "And you work at the level you are good at." The teaching assistant asks if

there is tension between the Micro and Macro students in the cohort. "Not so much," they say,

shaking their heads. "There was in mine," she sighed. A student said wryly: "They started

drilling it into our heads the first week: 'There's no difference between Micro and Macro.'"

The professor concluded the course by reminding the cohort that social policy and

social work are related to each other, but they are not the same thing. "Social workers are

client advocates," she said. "You may notice that leaks to the press about the terrible state of

child welfare systems often come from the inside."

***Macro Practice A: Theory of Social Work Practice in Organizations, Communities and Policy
Settings***

This class was the students' first Macro practice class. It introduced students to social

work interventions intended to effect change in organizations and communities, particularly

those in need. This was the fall of 2005, and Hurricane Katrina had recently devastated the

coasts of Louisiana, Mississippi, and Alabama. In lieu of the regular course material, the

students would be given a project: develop the Department of Social Work's response to this

crisis, particularly to the families among the thousands of displaced who were relocating to Los

Angeles. What were the needs of this community? How might the department help to meet this

need, at least in part? The students were charged with developing "an interdisciplinary service

program to provide intensive, on-going services for up to fifty families evacuated or displaced as

the result of Hurricane Katrina. They were expected to involve at least fifty "host

organizations," or charitable groups that would help support families for up to one year in

conjunction with agencies that would provide direct services in terms of finding housing,

employment, healthcare providers and the like.

The students were somewhat taken aback. There was chaos, confusion, and resentment.

"We don't know how to do this," they complained, "This is a ridiculous assignment. The

teachers don't even know what is going on." If they complained enough, some seemed to think,

the teachers would realize they were asking too much of the students in their first quarter of the

program and change their assignment.

Instead, the teachers of each of the four course sections got the entire cohort together

during one class session to discuss the students' frustration. "What are we supposed to be

doing?" was the angry question from the students. "We are here to clarify things for you and

answer questions," the teachers said, and attempted to do that. But frankly, it seemed what the

students had to do was figure it out for themselves. There was no road map for them to follow.

They just had a goal, and they had to figure out how to achieve it.

After this discussion, some students took out their cell phones and began making calls to the American Red Cross Chapter in Los Angeles and the Los Angeles Dream Center. One student without a cell phone used a pay phone in the hallway. Other students gathered around individuals' laptop computers to work on a list of charitable organizations and service agencies to contact, phone scripts for the students recruiting their help, and family intake forms. One student nervously called the University's legal department to ask for help in composing letters of agreement between the host organizations and service agencies. Watching the students kick into gear that day was like watching a movie montage.

At the end of the quarter, the first-year student cohort presented a comprehensive program of services for fifty displaced families to the entire Department of Social Work (the second-year students would take charge of implementing the program). The mood in the room was high, and everyone felt proud. The professors congratulated the students on their accomplishment. One enthused, "You exceeded our expectations." Another said, "I know it was a bumpy start, I know you felt helpless and demoralized at first, but you took ownership of the project. Remember the importance of that in the future." One professor teared up saying, "You are really helping these families." She wiped her eyes and told the students "Good luck not crying" in the field of social work.

Throughout this first Macro practice class, professors asked the students to continually reflect on the process and functioning of the cohort as well as their own behavior as a member of the cohort. One smaller group interaction I witnessed in class characterized this educational setting the students were just beginning to understand. A young woman described her own manner of interacting with others: "I sometimes pretend to know more than I do, and it turns

people off." The teacher looked to the other students sitting around her and asked easily, "Who

sees this behavior in her?" There was silence. "Ahh," the teacher said:

> Are you afraid to tell each other things? These are your colleagues, hopefully
> your friends. You should give each other feedback. Because when you go out
> into the real world to work with communities and groups, these are things you
> will want to know: How do you come off to other people? Is how you think
> people see you really the way they see you? It's a risk, but if you can't talk about
> these things here, where can you talk about them? Use each other to become
> better at what you do.

Students looked at one another with a new appreciation. Moments like this marked conscious

shifts in their relations to one another.

FIRST QUARTER INTERVIEWS: *Anna, Tess, and Lily*

First Quarter Interview: Anna

Anna sits down with the smile of a Cheshire cat, knowing and pleased. When she contacted me about participating in the study, she told me her first year concentration was Macro, but she suspects she will switch to Micro. Anna was one of the first students who contacted me. When we spoke, it was only two weeks into the quarter.

Anna is twenty-six, married, of Mexican-American heritage. She is pretty with large brown eyes, long curly brown hair, and pale skin. Her mother's side of the family has lived in California for multiple generations. Her father was born in Mexico, but was adopted by his extended family in California when he was a child. Anna majored in psychology at the University of Santa Cruz, and worked in mental health services during college and after graduation. She has been in quite a bit of therapy in her life, and she immediately struck me as reflective and self-aware. When I asked her why she decided to get a master's degree in social work, her answer revealed a great deal of thought.

She grew up in gorgeous part of Santa Barbara, she says, in a lush canyon minutes from the California coast. She remembers exploring the hilly terrain, playing in creeks and hot springs, and bringing wild animals home to mend. She wanted to be a veterinarian. However, when she was in high school things took a terrible turn. Her father lost his job as a groundskeeper at a private spiritual retreat, and went into a spiral of depression. Anna continues:

> At that point, things really changed with him. He basically thought that people were out to get him, and that's why he lost his job. He thought people were talking about him and he thought our house was bugged.

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So finally we had to move from there and he continued to get worse and worse. He started seeing some doctors, and they put him on a bunch of medication. Eventually he became suicidal. He tried to overdose a couple of times, and then the last day of my junior year in high school, he shot himself. My mother actually found him. The psychiatrist that he was seeing called my mother to let her know that he felt that my dad was going to do something to kill himself and that she better get home from work. And so she went, and he was at the front door. He had shot himself and he was there. He was in an ICU [intensive care unit in a hospital] for a couple months, and then he was in and out of halfway houses and psychiatric wards.

Anna takes a deep breath. Her father was diagnosed with depression and paranoid schizophrenia. During one of her father's hospitalizations, Anna asked her mother if she could see a therapist. "Things were just too crazy," Anna says. She also had a high school teacher in whom she confided. Anna says this teacher was instrumental in helping her to cope with her father's illness. When her father finally came home from the hospital, she says:

He was really sedated. It drove me nuts because our relationship had shifted so much. I was angry. It was kind of disgusting to see him that way, to see him so sick and just zonked, like a zombie.

So the teacher finally said to me one day, "What if he's like this forever? What are you going to do?" And it was heartbreaking. I never thought that this could be forever, you know? At that point, everything shifted for me. I saw everything differently because I realized that I had to accept him the way he was. My whole hang-up was that I may not be able to have that father-daughter relationship again. That's what I was so upset about.

But when she said that to me everything shifted, because I thought, "Oh, my God. If that's the way he's going to be forever, then what am I going to do to have that relationship? I'm going have to deal with him the way that he is." That was a really momentous piece in my life.

This experience made Anna want to be a teacher "because this one person had impacted me so much." But over time, Anna had second thoughts: "It didn't seem to fit." While she was

close to her teacher, Anna recognized that teachers were not always able to form close relationships with students. However, Anna says she still wanted to "give back."

When Anna went to college, she had to get a full-time job in order to pay her college tuition. Anna balanced a full course load with a position caring for mentally ill women in a group home. She quickly knew this was the work she wanted to do. She found the work rewarding and personally meaningful. She found she was able to care for these women in a compassionate way:

> I really realized why I'm connected to this [kind of work]. For me, it is because of the compassion that I have for my father. That is what I am able to bring to other people. Because now, my father and I have this amazing relationship, my family has an amazing relationship, and we really pride ourselves on that. My father isn't what he used to be. By no means. But he is my father, and it's just that I can interpret that a different way. That's how it works and that's how the relationship works.

"So that's really where it comes from," Anna says, referring to her interest in social work and wanting to help the chronically and severely mentally ill. She continues:

> The other thing is that [my father] is not a strong advocate for himself, so we as his family are his advocates. That's another driving force. It really upsets me to see a person get taken advantage of because for me - I know that I'm a fighter. I know I'm strong enough to get through certain situations. So when I can clearly see that other people don't have that ability, I want to be able to help them so they don't get taken advantage of, so they can get the resources they want.

> So…that's how I came to social work - really just my life. What's gone on in my life has led me to this path.

I try to imagine Anna as a freshman in college dealing with classes, her father's serious illness, her family's unhappy move to urban Los Angeles, and working full-time to care for mentally ill women in a group home. I ask her what the job was like. She says there were five

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women, four with dual diagnoses. The women fought with each other and were tough to keep

calm. At first, Anna says it was "really heavy because I was not in a place to take on something

like that." The women "got to [her]" because she was "off-kilter, not grounded, not secure."

Anna recalls when one woman, after repeating Anna's name quietly for hours, and suddenly ran

to attack her. Anna got away safely, but she was shaken. In retrospect, Anna says the woman

was probably to weak to hurt her, and later Anna handled that kind of behavior from clients with

ease. But at the time, Anna tells me:

> I was overwhelmed with emotion. I felt so insecure to be that weak in my
> position. I [thought], "Oh my God, I'm so off-balance right now, that is why this
> is affecting me. I'm not grounded." I just remember just thinking about my life
> and thinking, I need to be more grounded than this.

Anna sought out a new therapist after that incident, and that relationship lasted for six

years. At first, Anna met with the therapist once a week, then every other week, and eventually

once a month. Anna laughs and says "Thank God" she went to therapy, both in high school and

college, because "things would have turned out very differently" for her if she had not. Along

with needing support to cope with her father's illness and her parents' impending divorce, Anna

tells me she was heading down a dysfunctional path as a co-dependent with an alcoholic

boyfriend. That period of her life was "loony tunes" Anna says, "but it was an intense learning

experience. Anything that comes up now is less than what it has been in the past."

Anna's experience in therapy made her consider becoming a therapist. She was

impressed with how much her second therapist was able to help her. "It was so effective," she

says: "I had a great relationship with her." However, Anna was concerned that as a therapist she

might not reach the underprivileged population she was interested in helping the most – persons

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with low incomes and severe and chronic mental illness. Anna points out she was able to see her therapist because she had good health insurance.

I ask Anna about majoring in psychology in college. She found it interesting and informative but sometimes cold. What struck her about research in psychology was that "you can make numbers any way you want them to be." Anna did not see how pursuing a research degree in psychology would help her serve clients either directly or at the level of mental health policy. She adds she learned a lot from classes in Chicano studies.

After college, Anna got another job working for a supported living organization in Los Angeles. The large agency helped people with severe and chronic mental illness meet their basic needs through a range of services from 24-hour care to driving them to doctors' appointments. She fell in love with a co-worker in the field and they married. After a year, the company asked them to open another office. Anna spent half of her time in direct contact with clients, and the other half overseeing others do client intake, assessment and implementation of services. Soon she felt an advanced degree would help her move up in the field of mental health services.

I ask Anna what drew her to Macro Practice in social work given her background working directly with clients. Anna says that social workers always have to work inside a system, and often that system has flaws that impact the social worker's ability to help people. Often their caseload is too big, their organization is under-funded, or they lack the support from management they need to help people. Social workers may not get enough structure or training in their organization. Anna witnesses all of these problems when her father encounters social workers: "They can have the best of intentions, but there's only so much they can do." That's where Anna sees things "breaking down." Anna wants to help social workers to be more

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effective through working at an administrative or policy level. Sometimes she imagines working for an organization that helps people like her father assimilate back into the community after being released from a hospital, particularly through work.

The conversation turns to Anna's experience of the social work program so far. Anna is cautiously optimistic, but is taking a wait-and-see-approach. She likes the course on the history of social work and social welfare policy. The class puts what she has been seeing on the ground in mental health services into a larger social and political context, she says, noting it was informative to see how systems bigger than the social worker influence what they can achieve. Again, that is what drew her to the Macro concentration when she applied to the program, Anna says.

She pauses. "I've had conflicting feelings since," she tells me. "Maybe it's not my time yet to do Macro." She explains:

> I feel that I'm effective on the Micro level, that I have something that I can give to people, and that while I'm young, I can take the challenge of it. Maybe I should continue to do that while I have that kind of energy to give, and later do Macro.

Anna was impacted by the field module on medical social work. As discussed previously, the medical social workers work with patients and their families in a health crisis. Anna recalled the fear and confusion her family felt when her father was in the emergency room after shooting himself. Even when she visited her father over the next several weeks in the intensive care unit, she "didn't know what the heck was going on." Being able to "be there" for a family in that kind of situation appealed to Anna.

> Because in crisis like that, you are so disillusioned, disoriented, and scared. To be able to help and bring some sort of cohesiveness to a family that is in that

situation is really important. Again, that was my personal experience, but I know how it feels to be in that situation.

Anna says the paramedics who came to get her father after her shot himself further upset her mother. They were very cold, she explained. They said: "Look lady, you have to just wait." Anna expresses frustration with this kind of behavior:

> Especially when someone is helpless. That's what gets to me. Sometimes it is very obvious to see when people are helpless, and when people take advantage of that, that's what really gets to me. I can't stand to see that. That's a big thing for me.

Anna looks determined. She tells me that once, when she was studying for finals, she received a phone call from her father's disability insurance company. They were going to stop his payments. The representative said she spoke to Anna's father and he sounded fine. He said he could lift things. "I don't see why he can't work," the woman said. Anna told her she was talking to the wrong person; she should be speaking to Anna, not her father. If her father got on a bus to go to work, he would start to think people were chasing him, she told her. He also had congenital heart failure, so he should not do manual labor that required lifting anything. The woman finally agreed to continue her father's disability payments. "That was empowering," Anna said, "it made me realize that through advocacy you can make the system work for people who need it."

I ask Anna to tell me more about her family. She has two older siblings, a sister who is thirty-four and a brother who is thirty-three. They were already living on their own when Anna's father became ill. They have a different biological father, Anna says, "but they don't think of it that way" because their father raised them from a young age. Her brother came to the family

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home frequently when her father was sick, and eventually took him into his own home after her father got lost in the desert after running from the city during a paranoid episode. Sometimes her brother would drop her father off at Anna's apartment in college, and Anna would take care of her father for a few days. Anna's mother went back to school after her father's illness, and eventually got her degree in social work. Her mother is now a psychiatric social worker, and excited that Anna is pursuing social work as well. "She still has textbooks I can use," Anna smiles.

Anna says that currently, her entire family supports her dad financially. She says again her family is very close:

> When we come together, there is an instant level of comfort. We are so connected in some way. It's relaxing….no one knows [me like my family] except for my husband. My family is such a comfort to me. We just all know that we are there for each other no matter what. It's just easy to be open with each other. We are boisterous together and we have a good time.

Despite the fact that her mother remarried, her father still spends holidays with the family and attends other family functions. Her father met her mother's new husband at Anna's wedding, she tells me. I ask Anna if she was concerned about that meeting. She says no, because she had so many other things on her mind, and she knew everyone could deal with it. Plus, she laughs, the doctor said it was okay if her father needed an extra Ativan (an anti-anxiety medication) that day, so she wasn't too worried.

Our interview draws to a close, and I thank Anna for being so candid about her background and reasons for pursuing a degree in social work. As we walk to class together, I think about one of my original research questions – are social workers "wounded healers" like other helping professionals, so the story goes? Anna seemed to fit the bill. But what did

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wounded mean, exactly? Anna seemed about as resilient as they come. In her opinion (at least

in this interview) her past experience of difficulty propelled her to reach out to others. Her

motivation to help those who struggle with mental illness seemed not only heartfelt, but a source

of inspired creative action. So was she wounded or healed or something in between? More

importantly, how might the notion of a wounded healer - a potentially deterministic or "just-so"

characterization of a helping professional - obscure the complexity of the obvious: that not

everyone with a parent with schizophrenia reacts in the same way Anna did?

First Quarter Interview: Tess

Tess and I chat informally as I get the microphones working. She tells me about a

research study she conducted herself using tape recording equipment. "It can be tricky," she

nods. She appears quite young, even younger than her twenty-two years, and fiercely intelligent.

She has straight brown hair pulled back in a pony tail, pale skin and freckles, and exacting blue

eyes. She is engaged to be married, and identifies herself as Jewish. Her maternal great-

grandparents were from Poland, and her paternal grandparents emigrated from Russia to escape

poverty only to battle similar hardship in the U.S. Tess grew up in Los Angeles and graduated

from Princeton University in two-and a half years with a major in psychology.[19]

When I ask Tess how she came to be interested in social work, she says, "Okay," and

draws her brows in. She finally looks up. "I feel like I'm writing my admissions essay again,"

she says. We both laugh. "Of course, I understand," I say. Tess takes a deep breath. "As far as

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[19] Tess in fact attended a different Ivy League University; therefore characterizations of Princeton's department are
not to be taken literally.

being led to a helping profession, it's hard for me to know where to begin," she says, "because for me, it was a very natural thing that happened a very long time ago."

When Tess was thirteen, she read an issue of *US News and World Report* on the best college programs in America. She decided she would attend Princeton and major in psychology. Tess says she is not at all sure why she chose that, but she was committed. Throughout high school she worked at a telephone hotline for teens in crisis at local hospital. The program was run by teenagers for teenagers, but hospital supervisors taught Tess and the other teen volunteers the basic skills of listening and reflecting feelings, and connecting the callers to further resources.

When Tess arrived at Princeton as planned, she immediately got involved in the school's peer-counseling organization. Each college peer counselor was required to take a course in counseling, which also emphasized listening and reflecting feelings and directing students to other campus resources. The counseling course leaned heavily on the theories of psychologist Carl Rogers, Tess recalls. Again, the nature of the work at the Center was "mostly crisis intervention."

Tess says the peer-counseling community occupied most of her attention during her college years. She both worked and lived at the Peer Counseling Center. The center was an old converted mansion, continuously open for students to either call or drop in. Four student head counselors lived in the mansion at a time, and during her last year and a half, Tess lived there as a head counselor and an administrative coordinator. She also became the teaching assistant for the peer counseling class. Tess tells me:

> I loved it, both the work - actually talking to clients and teaching new [student peer counselors] the skills - and also being in a community of people that were

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generally interested in sort of that approach to being with other people. So being open and honest and self-disclosing and supporting. Those turned out to be a lot of my closest friends in school.

At the same time, Tess majored in psychology as planned. However, the major was not what she expected. She assumed psychology meant "helping people, therapy, things like that." Instead, she found out that the department of psychology was primarily concerned with research. Tess says they asked questions about how people thought and behaved, and about how emotion regulation worked, but "without ever asking the question, how do we design interventions?"

> I'd sit in classes and I was really irritated. Here is all of this money to fund this department, this research, these professors, and no one is asking the question, "How can this help people?"
>
> The research certainly can, and hopefully is, being used...by clinicians [to help people]…but certainly not within the department.

Tess considered transferring to a college with a more clinically-oriented psychology program, but she was too tied to the Peer Counseling Center. Tess also landed a paying job doing research on bipolar disorder in the department of psychiatry, and did not want to pass that up. Her boyfriend (now her fiancé) was getting his master's degree at Princeton, and she did not want to leave him. Finally, the faster she graduated the less money she spent on tuition, she said, and she was paying for college from a limited savings account begun by her grandparents when she was a child. So Tess decided to get through college as fast as possible, taking as many classes as she could, and she graduated a year and a half early.

In retrospect, Tess says that perhaps graduating early was not such a great idea. She still wanted to become a therapist, but she had a hard time figuring her next step. Most of her friends were in the middle of their junior year, and still attached to college life. She says:

I was doing a little bit of floundering about on my own. It was a challenging time, because I didn't have people to bounce ideas off of. On top of it, not a whole lot of Princeton psychology majors become social workers.

Tess is referring to the stigma of being a social worker rather than a psychologist or psychiatrist. However, Tess tells me with surprise, she just met another Princeton graduate in the social work program. "It was really exciting for me to meet another person that had that same experience," she says. Tess again relates her frustration with the lack of focus on clinical intervention in her undergraduate program, and says the other Princeton graduate felt the same way.

Tess looked into applying to Ph. D. programs in clinical psychology "because that was what Princeton people did." Again she found herself disappointed with what was offered. Most prominent programs made it clear on their website that "practitioners need not apply" said Tess. They wanted to train researchers, not therapists:

> There's this attitude in the field, if you talk to researchers: "Well, clinicians don't know what the hell they're doing. They do this mumbo-jumbo eclectic stuff. It's a waste of money. You should not be doing treatment that is not empirically verifiable." So on one hand there's this attitude that clinicians are sort of "less than," and on the other hand, there's this attitude, "Well, we don't want to train them."

> I agonized for awhile about applying for a Ph.D. and eventually decided that if what I wanted was to be involved in a helping profession where my primary interest was learning how to interact with people and do interventions, I could go to a clinical psychology program and pretend I was a researcher for six years. I could do the research, which I find interesting, but it's not my primary interest. I could write a dissertation, do an internship. Then do three thousand clinical hours, and then finally apply for a license after ten years. Or I could look at other avenues to becoming a therapist, which was really my primary interest.

Tess tells me that it seemed to her there were four avenues she could take to become a therapist. After ruling out a Ph.D. in clinical psychology, she looked into programs that offered a Psy. D., or a doctorate in psychology. She did not like that many Psy.D. programs were in private institutions cut off from research universities. They were also lengthy programs that tended to be very expensive. Tess was wary of taking on that debt when her eventual earning capacity was not that of a doctor or lawyer. Another avenue in California was counseling degree in marriage and family therapy (an MFT) but it was not recognized nationally. Tess says that if her fiancé needed to move to another state for an academic position, she may not be able to practice in that state. So the MFT was not an option. She continues:

> That left me with social work. Now that I'm here and I'm up to my ears in social work, I don't know if that was the best way to pick a degree, by process of elimination. I have some ambivalence.
>
> Because what I want is to become is a therapist. A therapist is one kind of social worker, but there's a whole lot more to social work than that. There are parts of social work that I feel really connected to and I really value and I really see myself in, and then there are moments when I'm sitting there thinking, "Am I in the right place? Is this the right fit for me?"
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> That's how I got to where I am. Periodically when I get anxious about it, I go through my head and I think: "Was there another avenue to get at what I want to get at?" I don't think there was. I think this was the right choice for the career I imagined. But sometimes in the process, I wonder if it's the best fit.

At this point I have the feeling this is not what Tess wrote in her admissions essay. Tess sighs. "This is the stuff that I have thought a lot about. How did I get here?"

Tess points out the class readings emphasize that a social worker is more than a therapist. Social workers are expected to be Macro as well as Micro – to work on a community level even if their primary focus is individuals or families. "I feel guilty," she says. "I think of myself as

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being pretty socially conscious…but I guess I'm not comfortable with all the places social workers practice, and with the entirety of the social worker mentality or role." She tells me she sees other students who came here for the whole of social work, while she came here only for a part. She says it is a new and difficult feeling to articulate, this anxiety about being in the right field, and she has been feeling panicked. She finds herself weighing the terms therapist and social worker, seeing what feels right. "I guess that's going to be part of my process," she tells me.

Tess feels she must play along with the program's effort to train students to be a Macro social worker as well as a Micro one. "Which is ironic," she laughs, "because that's exactly the reason I didn't want to go to a clinical Ph. D. program. I didn't want to have to pretend to be a researcher to become a therapist. In a way, I don't want to have to pretend to be a social worker to become a therapist." She tells me:

> I do feel like I'm kind of walking around with this secret, a sort of dirty secret that I wouldn't be comfortable sharing. Because for so many people, I think I would be looked down on as traitorous: "You traitor. We're not training you to do that. We're training you to do what we want you to do. This whole time, you are [just wanting to be a therapist]."

> I really value a lot of social work's values, including providing mental health services to underserved populations. It's really easy for someone with a lot of money to seek out a great therapist and go two days a week and have all this great self-actualization and insight. It's really tough for poorer people who are dealing with a lot of really tough things to get that same level of care. So in that way, I guess I do own that value of advocating for and providing services to those who might not otherwise have access.

> But I still feel like there are things that I'm refusing to own and I feel kind of guilty about….Like taking an interest at a Macro level or starting to see the world in those terms and imagining myself doing that kind of work. My feeling is, "Okay I'll learn it, but I'm not planning on using it." When I think about clients, I really think of them in a more intrapsychic kind of way.

However, Tess admits she finds the systems approach "extremely valuable." She tells me "you can't think about a client's internal experience" without understanding they are embedded in social, cultural, and economic systems. Still, she thinks that the Person-In-Environment perspective is just one part of the social work role, although she says she is "still becoming clear myself on what the social work role is." She shakes her head and sighs: "I just know that there's parts of it I like, and parts that I don't want anything to do with."

I ask Tess what interests her about psychotherapy and being a therapist. Tess says that is a good question that she "should have a really straightforward answer to, after so many years of that being my goal." She furrows her brow again. "I find relationship dynamics really interesting," she says. "I know I like being in the role of helping people." Tess says she imagines herself helping families become aware of their patterns of relating to each other. She would like to have the skills to teach them better communication and more effective ways of interacting. She finds that interesting, she says. "It gives me a sense of satisfaction, like it is good work to help another person live a higher quality of life." Tess looks down at her hands. "I think that's what was instinctual," she says, referring to her earlier statement that "being led to a helping profession" felt "very natural." She folds her hands in her lap. Working at the teen helpline in high school just felt natural to her, she says again, and it was fun.

I ask Tess if she remembers what she was thinking when she decided on psychology when she looked at that magazine when she was thirteen and she says:

> I don't. That's what I find bizarre, because I was really young then and I didn't know that much about what was out there in the world. My understanding of psychology was really limited. So I can't figure out why I was drawn to that. I don't think I had an image of what that would even be. I've given it a lot of thought. I think it's bizarre that at such a young age, I picked this thing, and then

I really - it's part of who I tend to be. Once I get stuck on something, I achieve it at all costs.

Tess pauses. She takes another breath and continues:

Part of me wonders, was that just arbitrary? If I had picked the University of Texas and physics, would I be a physicist in Texas right now? Did I just get stuck on the idea of psychology, or did I have a sense of myself even at that time - that [being a therapist] was what I would want?

Tess remembers wanting to be an architect when she was eight, nine, and ten years old. She used to lay on the floor with a giant pad of paper and and draw blueprints for houses. In fact, she says tilting her head, her best friend wanted to be a child psychologist and that idea held no interest for Tess at the time. Tess remembers "at some point" her mother remarked that architecture involved trigonometry, and Tess says she dropped the idea right then and there because she didn't know what trigonometry was. She says that now when she feels conflicted about social work, she finds herself thinking she should have been an architect. "But that's neither here nor there," she adds. She returns to her perplexity over her choice at age thirteen, saying:

I wish I had a clear understanding of [why I picked psychology]. Maybe that would feel good or comforting now, to understand why I chose that. But I don't.

As I watch Tess struggle with this question, I think about the fact that she spent most of her college high school and college years actually counseling her peers. I ask her if she enjoyed it. Her eyes get bright and she smiles, "I loved it."

Tess does not elaborate on that, but instead tells me that before she applied to the social work program she decided to gain more "social-work-type" experience. She got a job at a

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residential facility for poor teenagers who were pregnant or mothers of infants. She loved that

work too, she says, even though she did no individual therapy or counseling. She acted as a floor

manager, monitoring a small staff and twenty-five teenagers and their babies. Then she moved to

program development and staff training, and she liked that too. She reflects that she should be

reassured by the fact that she enjoyed these Macro social work roles, and she admits that work

"really appealed to the parts of me that make me think I want to be a therapist." Still, she finds

herself resistant to the idea of taking a Macro role now. (Interestingly, Tess tells a very different

story about this job in our next interview.)

I tell Tess I am still curious about what appeals to her about being a therapist. Tess

responds that she finds "the process of gaining personal insight" interesting, having had that

experience herself as a client in psychotherapy. She explains:

> It's a really unique feeling to understand yourself in a way that you didn't
> understand yourself before, either [by gaining] a different perspective or
> [realizing] you didn't really have much insight at all. Sometimes what people say
> and do and how they act feels like a mystery even to them. It's like you do things
> out of habit or out of comfort, and it just seems like "that's what I do." But
> having an understanding as to why that happens, and then gaining some control to
> change it, I find interesting.

Tess uses herself as an example:

> I tend to be a very nervous person. I'm anxious. I'm really organized. People
> will make fun of me about it in a friendly way occasionally. [A professor] gave us
> name cards. I hole-punched mine and put it in that section of my folder for that
> class. Because was logical and it made me feel organized. A friend commented
> about it and I said: "Welcome to me."

> But when you say that and there's no understanding of why it's you, then that's a
> very weird thing. You could watch yourself go through your whole life and have
> these behaviors. Especially things that repeat, like a pattern of a dysfunctional
> relationships with the same theme.

You see yourself doing it. You think: why am I doing this? This is dysfunctional. Or, I'm not feeling happy. Or I'm not getting out of life what I want. But...if you can't understand it, you have no ability to change it or build on it.

That is a sad, limiting thing. So the possibility of helping people to gain insight and then gain new skills to live more effectively or with more happiness - I think that's maybe a broader way of saying what I meant before about relationship dynamics. Because I'm particularly interested in working with people on how they relate to other people, especially in families…helping them gain insight into relationship dynamics, and then gaining skills to interact more effectively as couples, as parents.

Tess pauses again. "It's weird," she says. She chuckles, observing she has made those kinds of speeches about what she wants to do as a therapist for a long time. "But I hear myself just now, and it sounded really silly." Now that she has a client, she hears another voice saying "What makes you think you have any authority or knowledge that you could do that - that you could teach or help people learn how to live their lives better?"

Becoming someone's actual therapist in her field placement felt like a shock, Tess says. The first session was "just horrifying," not that it went badly, but the idea of being someone's on-going therapist overwhelmed Tess. She panicked that she might damage or break her client in some way. Tess fell back on her crisis intervention skills of being present, asking open questions, listening, and reflecting feelings. But the question is whether or not she can make therapy "a really useful thing" for her client, she points out. She wonders:

How do I open each session? What do I carry over from last session to make this session most useful? To what degree should I be guiding a session or letting the client guide it? To what degree should I have some theoretical approach versus just showing up and being as authentic and genuine and present as I can be?

Part of her current shock is that she is finally done talking about being a therapist in an abstract sense. Now that she is actually someone's therapist Tess asserts: "I better be good at

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this...I better figure out how to do it. That is a little scary." She has moments of disbelief when she still feels like she is in high school. She cannot believe that she is in graduate school, that she is someone's therapist, and that she is about to get married. She tells herself sometimes that at twenty-two years old, she is "not old enough for those things." She shakes her head: "Don't they know how old I am?" Tess's client is in his mid-fifties, a military veteran who is currently unemployed and separated from his wife and children. In their first few sessions Tess thought: "This is ridiculous. I am not skilled in this area yet."

I ask Tess about her field placement at the Veteran's Administration. The VA has a good-sized student internship program, training around fourteen students each year from different social work programs around Los Angeles. The field training at the VA is reputed to be excellent. Social work students work in several different areas at the VA including an out-patient mental health clinic, a post-traumatic stress disorders clinic, residential centers for veterans with severe and chronic mental illnesses, and general hospital settings.

Each year at the VA, in addition to regular field supervision, the social work students participate in a group called the Graduate Collective.[20] The group meets once a week for an afternoon to learn clinical skills. They also pay attention to the group's dynamics process over the year, their individual presentations of themselves in the group and with other group members, and finally their own process as a member of the group over the year. At the end of each year, the students do a role play: they act as a therapist as one of their instructors acts as a patient. The students have no idea what to expect from the "patient." The role-play is video-taped then

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[20] Six interview participants were members of the Graduate Collective at the VA; two students in the first year and four in the second year, so I heard a great deal about this group. I also visited the group for an afternoon during the second year. Anna is a member of the group in the second year, and discusses her experiences at length in our interviews.

watched immediately by the group while the instructors give their critiques. Tess says the point

is not only to see how you handle a client's problem, but to become aware of your own eye

contact, gesture, posture, voice, and patterns of relating to clients or issues.

Tess loves the Graduate Collective, and is impressed with the training and all the faculty

that are a part of it. She tells me the Director of the Collective can be quite confrontational. (I

heard this from other students as well.) "He's a really dynamic guy," Tess says, "but he's a little

in your face:"

> He will suddenly go around the room and ask each person what they are feeling.
> He will challenge you. If you say, "I'm confused," he will say, "That's not a
> feeling! How are you *feeling?"* So he really pushes you in that regard, which is
> great.

Tess is less enthusiastic about her field supervisor. "She's a bit of a nightmare," Tess

remarks. "I think she is overwhelmed by her work." Tess is supposed to observe how she works

as part of her field training. However, Tess says she does not consider her field supervisor a

proper role model, and she does not like the idea of learning from her (at the time of this

interview). She says her supervisor often seems frantic and her office is chaotic. She speaks to

clients with her door open, takes phone calls while clients are talking, and is often brusque. "The

veterans get frustrated," Tess says, "and I don't blame them." Tess makes a face. She also

doesn't like the way her supervisor reads some questions on a standardized form. Tess heard her

say to a client, "There wasn't any sexual abuse in your family, was there?" Tess was dismayed.

"So if you are a client and you have never shared with someone that you were sexually assaulted

as a child by your father…what are you going to say?" Tess says she may not be in the position

to evaluate someone's clinical skills, but "this is the worst clinician I have ever seen."

Tess relates a time she and her client went to see her field supervisor. He was excited about a new employment program at the VA, and he waved the yellow flyer in his hand as they approached her supervisor. Tess's supervisor said flatly that he was not ready, and he would get sick again if tried to work. "You should have seen the look on his face," Tess says. "I think it's okay for a therapist to have an opinion, but she shot him down...no concept of self-determination, empowerment, client-focus - none of that." It's frustrating, Tess says, to think she is supposed to learn from this field supervisor. "She is very sweet, very friendly, clearly concerned about me….but I guess I don't have a lot of respect for her clinical skills. So it scares me that she is the person I go to for feedback."

Tess allows that her supervisor may be following more of a case management model of interacting with the veterans rather than a therapy model. Still, she is supposed to supervise Tess as a therapist. Over the year, Tess hopes her supervisor will show good clinical insight even if she does not have good clinical skills.

I ask Tess what she thinks of the program's classes so far. She smiles. Despite the pressure she feels to be an "advocate-for-the-oppressed" social worker, she admits she really enjoys most of the classes. She loves the *Micro A* course because it teaches skills. She loves the *Human Behavior in the Social Environment* course because it puts human development in a social context across the life span. She is surprised to find the *Foundations of Social Welfare* course fascinating: "I'm not learning about being a therapist, I'm learning about this field that I am ambivalent about, but I love it and I think the reading is really interesting." She laughs:

> Who knows? I am open to the fact that over the next two years my perspective on social work could change…and I could find myself really embracing the role more fully than I do right now.

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Tess complains about the *Macro A* class in which students are supposed to create relief services for victims of Hurricane Katrina. It is disorganized, she says. Even if the point is to get students to accomplish a Macro project out of thin air, "I don't think that it's feasible," she says. Tess doesn't believe the professors "quite understand what is going on." She has enough to deal with, she says, and she wishes the professors would just teach her what she need to know.

Like many students, Tess is overwhelmed by all the assigned reading. But unlike many students, Tess tells me she is neurotic about getting all the reading done. She does not feel comfortable skipping any reading – what if it turns out to be important and she "screws up a core class which would prevent me from getting my degree," she asks. Aside from her anxiety about whether or not social work is the right field for her, Tess says her educational experience has been positive so far. But she protests the considerable coursework, the intensity of field placement, and the lengthy field modules all together constitute an unreasonable demand on the students' time. She gets especially angry when the faculty unexpectedly requires work or mandatory meetings. That was her time to study; now she has to give up sleep. "It's hard to exercise good self-care" in this context, she says, which is something she has trouble with anyway.

Tess feels that with all the talk about helping, the social work program may be sensitive to all people's needs except those of the first-year students. "For you guys," she mocks, "you are going to be on your own for a little while, so do your best. Hopefully you won't fail out." Tess's face looks sad, and she appears even younger now than she did at the beginning of the interview. "It's like something's gotta give," she says.

Tess and I have talked for a long time, so we wrap up our first interview with some lighter conversation so she can get home to her fiancé. I thank Tess for her fascinating perspectives and sharing her experiences in the program so far. After she leaves I relax for a moment. As I wind the cords around my recording equipment, pack up my backpack and shut out the lights, I ponder the fact that this bright, conscientious, and highly ambivalent student was the first to say almost nothing about her family background. Such was the artifact of person-centered interviewing - so far.

First Quarter Interview: Lily

Lily arrives with an almost giddy energy. She is very pretty, and wears the latest brightly colored sneakers with jeans. She is Muslim, her parents from Pakistan, and she wears an equally stylish veil over her hair. She is twenty-four, married, and lives on campus during the week and takes the train home to San Diego on the weekends. She laughs often and sometimes talks like a Valley Girl, but then she suddenly surprises with a spiritual seriousness that feels ancient.

After a minute informal talk about the morning class, I ask Lily to tell me a little about what led her to a master's program in social work, and a little but about herself. She tells me she was born in New York but raised in Michigan. She went to her state university and majored in Criminology. When I say, "Wow," she says she really liked it – particularly the aspect of social justice.

Lily married right after college and moved with her husband to Massachusetts where he attended graduate school in engineering at Harvard. Lily had trouble finding a job, so she did two unpaid internships; one at a non-profit community legal service center and another at the

American Civil Liberties Union. She planning to apply to law school, but found she was more drawn to the community aspects of the work more than the legal aspects. At the ACLU, she worked in a "Safe Schools" program designed to protect gay and lesbian teens. Lily eventually developed a program for Middle Eastern teenagers in particular. She discovered that she loved interacting with the teenagers in the community on a personal level. After a year, she finally got a paid job teaching English literature to teenagers on probation. Lily had criticisms of the continuation school where she taught, but she "just loved the kids."

When her husband completed his graduate degree in engineering, they moved to San Diego for his work. Lily was on the job hunt again, but knew she wanted to continue working with disadvantaged youth. She was accepted into Americorps and served as a literacy tutor in an all-male juvenile detention center. Lily says she "fell in love with that." It was not so much the tutoring itself she liked – teaching wasn't her main interest – it was working with the kids. She realized she wanted to do more for them, but without further training she could not adequately address their many issues. (This was a sentiment expressed by many students who worked with vulnerable populations prior to attending the program.) Lily decided to apply to programs in Marriage and Family Therapy and Social Work.

Lily tells me that counseling had interested her since she was a child. Her favorite aunt was a psychiatrist, and it fascinated her. Sometimes Lily went to work with her at a psychiatric hospital. Wanting to follow in her aunt's footsteps, in high school she volunteered as a counselor in teen suicide prevention and peer mediation programs. However, when she became interested in social justice in college, she didn't see how psychiatry would "work into that in any way," so she moved away from it. She was also discouraged that counseling positions other than

psychiatry did not appear very lucrative. It was just easier, she laughs, to say she was considering law school; that's what most people around her were saying.

"So when you did these internships you realized - " I began, and Lily interrupts. "Yes, and I also did poorly on the LSAT'S," she laughs, shrugging her shoulders. "So let's not….yeah." We both laugh, acknowledging her honesty. She does not want to mislead.

I ask Lily why she loved working with the kids in the juvenile detention center. She pauses and thinks. "I don't know. It's interesting. I just loved the kids. I really get attached to people I work with." Lily adds, "Not yet in a 'boundary issue' way, but that is something I will always have [to watch out for], because I feel things a lot and get emotionally invested." Lily tells me that she worked in the maximum security unit, which meant the kids had committed a serious violent crime. She explains:

> It was intense. I had never seen that, but I saw the intersection between class and race and how that all worked…it was really intriguing and really sad. I felt like it was just something - I'm just really into that population there. There's so much needed there. They're just really interesting people. It's also interesting how much I learned from them.

I ask Lily what she noticed about race and class issues. She says all the kids were poor, seeming to come from a life lived below the poverty line. Because the facility was near the Mexican border, the population was mostly Latino, but there were also white kids and African-American kids. But they were all very poor, she says again. She also heard continually:

> "My dad is in jail," or "My dad was in jail," or "My mom is in jail," or "My mom was in jail." Or the kids said, "I don't have parents - my parents died." I don't really know what you would call that. There's no label for that, but this family history was just - look at it - it was not a coincidence.

Lily tells me very few kids were diagnosed with a serious psychiatric disorder, although many had disabilities such as metal retardation, emotional and behavioral problems, and learning disabilities. Many could not read, which was why Lily was there. She knew of only one teenager who was diagnosed with paranoid schizophrenia, and he was the only one with a "normal-seeming family" - which in this setting meant both parents were alive and living together at home. This teen was in the maximum security unit because he stabbed another kid in the heart after hearing an auditory hallucination that the heart was telling him to stab it. The other kids had no such excuse, Lily says wryly. However, in her experience the kids did not seem like "truly bad people" who did something horrible "just because they felt like it." She acknowledges those kids may be out there, but that was not her experience with the kids she met. "Obviously there should be consequences" for what they did, she says, "[but] they need help."

Lily pauses. "It's interesting," she sighs. She tells me that her parents' house was just robbed. Lily knows who did it: her eighteen-year-old sister's friends. She observes these friends fit the stereotype of the kids she worked with at the juvenile detention center. Lily says she is "having all these issues" about what to do. She is angry with her sister's friends, and again observes "there needs to be consequences." But in addition: "They need help to steer them in a different direction, and I don't know how jail does that." Lily says she knows her sister's friends are not simply "bad people." She tells me their behavior is "not an accident." By this she means their life circumstances played a role in what they did. She goes on, explaining:

> I feel like I always knew that because I was into social justice. But until you see
> it, until you're talking to this person…you suddenly see where they are coming
> from. It is totally different.

Feeling the topic of her sister's friends would resurface later (and indeed it does), I ask Lily how she learned where the teens were "coming from" in the maximum security unit.

Lily explains it was through reading books with the teenagers. Mostly she did one-on-one literacy tutoring, but she also led a book club three days a week for the teens who could read. The books were often about young men who overcame difficult circumstances in their childhoods including a combination of failed families, failed schools, and failed communities. Once a week a visitor who had read the book (a professional from the community or a celebrity) joined the group. The book club discussions could get very deep, Lily says, and the kids revealed a great deal. Also, she continues:

> I would do one-on-one tutoring with them. But in order to do that, especially with some of the really difficult kids - I had a lot of mentally retarded kids and kids with a lot of behavioral problems - you really have to build rapport, and in order to do that you just have to chat with them and they end up telling you a lot.

Lily adds that her supervisor, with whom she became good friends, had been there a long time and seemed to know the teens' criminal histories, and "it just seemed in the culture to know [their stories]." Lily says she did not always like to know the kids' specific crimes, but they often came out, sometimes in the news.

Lily tells me it was very disturbing to see how the guards treated the teens in the juvenile detention center. She acknowledges that most of the kids will go on to federal prison and will not ever be released to society, but she tells me the guards' treatment of the teens made the center feel like "a breeding ground for criminals" anyway. "They were really mean," she says. She says one of the "sweetest kids" she worked with was horribly beat up by a guard. Another teen's arm was broken by a guard.

"There were always power and race issues," Lily remarks. She describes a race riot she witnessed the last month she worked at the center. She seems quite disturbed by what she saw and what it might portend for the teens as they grow older in the system, even as she reflects on the issue intellectually:

> ...you would think they would stick together [because] they are all criminals, but that's the kind of classifications we [outsiders] make….It was weird. All the Latinos beat up all the black kids without any discretion. It was interesting to see that [racism] exists to that level. I think it is very profound in prison and jail, so that was really hard to see.

Shifting gears, I ask Lily how she decided on the social work program. She confesses her decision to attend this particular program was "last-minute." She received acceptances from several schools and weighed their different options over the summer: distance from her home, cost, counseling approach, school reputation. Aside from those issues, she tells me she craved a full-time school environment, joking this was her own "internal psych issue." She "got married pretty young" at twenty-one, she says, and she and her husband spent a lot of time with older married couples when he was in graduate school. She said they always felt awkward because of their youth, and she was tired of pretending to be an old married couple. Lily wanted to make friends closer to her own age and be a part of a community. Thus, a part-time program with evening classes for older professionals did not appeal to her. She assures me she did not want to "re-live undergrad" even though she loved it, but wanted a "middle ground." This program fit that bill. This particular program was also less expensive for her than others, she says, so she would not have to juggle a full-time job with full-time classes.

Lily says she was initially nervous about her choice, but gained confidence in the program on Orientation Day. She became more excited when classes started. "I'm still excited,"

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she says. She laughs as if amused by herself and adds, "I'm just stressed out, which is usual for me, but that has nothing to do with the program." She is impressed with the professors; she feels they are knowledgeable and passionate about their work. She is particularly pleased that the program emphasizes social workers can be "agents for social change." Lily says: "I just love the classes and this is exactly what I want to do. There's the social justice aspect and the practice aspect…I really like it."

I ask Lily about her field placement. She works at a large free clinic that provides medical care to poor children and adults in the city. The clinic physicians refer clients to the mental health division where she works for short-terms counseling (up to six sessions). Lily also does counseling at a local high school as a part of her internship. She says, "Mostly they are girls who just want to talk." These girls are not referred - they request counseling for themselves. "It's usually about parents," she tells me, "nothing too serious that I've encountered so far."

I ask Lily what she mostly hopes to get out of the program. "Oh, that's a loaded question," she responds. "A lot of things, I guess, and I think it might evolve." She thinks. "I don't see social work as just a career option for me," she says finally. "I see it as a *life* option, I guess. Just because of the way I see things."

Lily tells me she would like to work with the South Asian and Middle Eastern Muslim community, particularly among those communities with low incomes. She says she needs to think this through more, because it may in fact be a difficult community for her to work with for three reasons. First, she remarks, it is a tight-knit community, and if she were to do counseling locally, she and her husband (and future children) may be members of that community, which

could be socially and professionally awkward. Second, she adds, that community is resistant to psychological counseling in the first place, generally speaking. Here she interrupts herself and says, "Oh, that's another thing."

Lily tells me a story from her past. When she was fourteen years old, her parents sent her to psychiatrists and psychologists because she "would talk to boys on the phone and wanted to date." She explains that her mother, in keeping with her own cultural upbringing influenced by Muslim tradition, was adamantly against Lily's interest in boys and dating. "So they sent me," Lily says, "and they put me on medicine for that." She sighs and adds, "Instead of like…" and trails off. Lily says she also saw a social worker during that time. She says all of these interactions were "a really bad experience:"

> It was just always horrible. You would tell them something and they never knew what to say. Maybe it was Michigan. That's why I like this program. They always talk about culture. They are on the ball with culture…but in Michigan… they just didn't understand at *all* where anything was coming from.

Caught between her mother's fears and her own desires, Lily decided to explore her own cultural and religious background for herself. She wanted to think and feel through her own decisions, rather than have others tell her what to do. As she became more interested in Islam, "things changed" for her, she tells me. Quite apart from the psychiatrists, psychologists, the social worker, and her parents, Lily explains, she became more religious and made her own decision to stop dating. She continues:

> That was actually not something *for* my parents. It was something that took a different turn in my own life. So it wasn't even that I needed [anyone] to tell me, "you can date," or "don't date."

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Lily shrugs and laughs. Even though her teenage experience with mental health professionals was not helpful, she asserts: "I *know* - I feel there is *hope* in the field, not in just in social work itself, but for all counseling. It seems like [therapy] *should* be helpful," she says, no matter what a person's cultural background. Clearly she sees room for improvement in culturally- and religiously-sensitive counseling. Lily looks at me. "I'm going to try to become someone that can be helpful."

After this story from her past, Lily returns her previous train of thought: reasons she may not want to set her sights on becoming a therapist within the Muslim community. A third reason is this goal could narrow her focus on the Micro Practice curriculum when she is also drawn to work working for juvenile justice on the Macro level. "I have this *love* of the juvenile justice community," Lily says, "and I don't know how I would incorporate that."

Lily looks down and tilts her head to the side, thinking. This is a movement I will see more frequently over the course of our interviews. "Actually, there is an overlap," she says, her mind seeming to alight on a way her Micro and Macro interests intersect. Many Somali teenagers are incarcerated, she says, and their parents are part of the Muslim community. "The parents will be at the Mosque," she observes, "and their kids are in jail." I ask Lily why she thinks the Somali teenagers are in jail.

"They're really troubled," she responds, "They come from bad situations and are put in worse situations." She explains they come from a war-torn country, they have seen horrible things, they have seen people murdered, and when they get here, they are often put in really bad neighborhoods and they are surrounded by gangs. They try to fit into the gang culture to survive, but they are "not that savvy at it." They are never really accepted by anyone, Lily says. On one

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hand they experience a deep racism from the (non-African) Muslim community, and on the other,

none of the African-American boys like them either. "They're just at the bottom of the barrel,"

Lily says. It was a Somali teen whose arm was broken by a guard in the juvenile detention

center when he referred to him as a "bitch." Lily says that he didn't really understand what the

word meant in English – he called everyone that, including her, because he thought it was cool.

He was trying to fit in but didn't know how, she says. Lily continues to tell me about this boy:

> He was just really troubled. His father got killed in Somalia...it was insane. They
> had him in solitary confinement for six months. I've never seen a kid like that.
> They would never let him out. He never knew what day it was, or what time it
> was. They kept him like a little rat or something. He was all scrawny and I felt
> so sorry for him. His mom wouldn't let him get counseling because she didn't
> believe in it.

I ask Lily what it was like for her to work with the Somali boys. At first, they did not

know how to react to her. She was young and pretty. "But things changed quickly," Lily says,

"They ended up taking a lot of comfort in the fact that I was there." Of course, they knew she

was Muslim because she wore a head scarf. Initially, Lily made a pact with herself that she

would not discuss religion because she was a literacy tutor and that "was not [her] role in any

way." But in incarceration, "spirituality is so big," observes Lily. She tells me about a boy who

showed a marked improvement after they gave him a copy of the Qur'an. He kept it with him at

all times, and even hid it in his underwear when they did room searches. "He couldn't even read

it," Lily sighs. "It was the fact that it was just there…it was a connection for him." Eventually,

Lily worked it out with her supervisor that she could speak with the boys about religion if they

wanted to talk about it and it seemed important for them. Lily says, "You do have to have your

boundaries, but it would be so foolish to act like that was not a part of things."

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I ask Lily how her parents feel about what she is doing. She says they are supportive, but adds, "They don't really understand it – they don't really know what it is." Her parents see her getting a counseling degree, but they don't see beyond that, she says. Lily tells me she talks to her mom on the phone every day, but they don't talk about social work or issues of social justice. "My dad did not like the juvenile detention center thing at all," she laughs. "He thought I was going to get attacked."

This reminds Lily of our earlier conversation about her parents' house being robbed. Lily's father was afraid to tell the police because he thought the teens might come back and hurt them. Lily considered telling the police herself, but her sister, who is now in Jordan studying Arabic, pleaded with her not to, saying, "They can't help it, they are drug addicts...I've been there and it's hard." Lily says again she doubts jail will help them.

I ask Lily how her sister likes being in Jordan. She says she loves it. Lily explains her sister was "into certain things," and it got to a point where she finally said she wanted to change. However, her sister didn't think she could change in her environment. Lily says that while members of the Muslim community could be distrustful of counseling, it was not unusual for parents to send their kids overseas to become more connected to their cultural roots if they are having difficulty here at home. Lily says this may not be the best approach, but she has noticed this seems to function as a "weird identity displacement therapy."

So far it seems to be working for her sister, Lily says. Her sister used to take all sorts of anti-depressants and they didn't work. She is no longer on medication and she is not seeing a therapist, but she is "happier than she's ever been" in Jordan. Lily points out her sister has a new role in a different setting; she acknowledges that it is "an immature role and not yet fully

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developed," but she seems to be doing well through this change in environment and relationships. "That's something I'm interested in learning about through this program," Lily remarks, "How far can you really take something like that?" Lily laughs: "But I don't know. You can't just pick up everyone and take them out of a terrible environment."

Looking forward, Lily tells me she is questioning a lot of things. Many questions have to do with her *self,* she says: who she is within the program and within the field. In particular, Lily says she is trying to put together her own religious beliefs with social work values and practice. She considers herself a spiritual or religious person, chuckling "whatever that means," but she does follow "certain rules." She assures me she is "very open" aside from that. Still, she wonders if she will "have to separate myself from certain things." She continues:

> I have to figure out who I am in terms of how I see people and how I can help them, and what does that mean for the rules that I do follow.

Lily observes that some students in the program openly criticize religion in general as oppressive. She says, "I understand what they are talking about because religion can be very oppressive and very difficult, especially if you are using it to judge people." But she does not agree with the stereotype that if a person is religious that means they are necessarily judgmental, or somehow prudish, for that matter. "I'm not like that," she says.

I tell Lily that I noticed on the Skid Row tour that many of the formerly homeless said a belief in God helped them through their struggles. Lily nods: "The same in jail. I feel that most of my clients are going to have some kind of religion, especially if I work in the Muslim community, and even if I don't, a lot of average Joe's have some sort of belief system." Lily wonders how she might take both her beliefs and her client's beliefs into account in a therapeutic

intervention. "I feel like that is going to be a tough challenge," she says, "and I want to be good at it."

I ask Lily if she remembers the class discussion about the potential interaction between a person's role and their identity. "Yes," she says in a definite tone. "Identity is fascinating," she observes, comparing it further with a sense of self:

> I don't always think of identity as a sense of self. Sometimes I think of it as something people hide behind, especially if you don't have a strong sense of self. It can be helpful and give you a direction, but I think it's so limiting too. Sometimes I just really fear having an identity …[and] I'm very hesitant of people that very strongly fit into one, because…then you can't distinguish between what you really believe and what your identity says you should, be it liberal, conservative, religious, in a gang, or this or that, because it becomes part of your autopilot identity role. I really fear that. I don't want to be like that. I've been like that and I think I've been very hurtful to myself and to people around me because you have to push people away that don't go along with that [whole set of beliefs]. I want to look at everything as within itself - at what is it that I really feel about a certain thing.

In social work, Lily says, "I just want to be able to find my niche. I still have a lot of exploration to do."

Indeed, as I followed Lily through the program I was impressed with her patient and nuanced exploration of almost everything under the sun, including the most basic elements of therapy such as empathy and coping with loss. As the interview drew to a close, I thanked Lily for sharing her experiences, perspectives and her own open questions about her potential development as a social worker.

First Quarter Summary of Interviews:

In our initial interviews, Anna, Tess, and Lily explained their motivations for entering the program in social work. All were passionate about helping others, but only Anna seemed to understand much about the field of social work. Within a few weeks, Tess found herself highly ambivalent about becoming a social worker, while Lily was pleasantly surprised by how much she liked the program so far. Even in these first interviews, diverse themes emerged for these three students in terms of their personal and professional development that would become more amplified for each of them over the course of the program: Anna and her resilient coping, Tess and her ambivalence, and Lily and her quest for identity.

Second Quarter: Anxiety, Misery, and the Person-In-Environment Perspective

In my field notes for the second quarter, I wrote: "'Trust the Process' is everywhere." This phrase was mentioned often by the faculty, usually in response to students' anxiety and frustration, and students were now calling it a mantra. While some students seemed to have a glimmer of what it meant, most did not. Still, I heard students say the phrase to each other with a sigh, hoping things would get better.

Many students were miserable this quarter despite an easing of the first quarter's hectic schedule. Many were frustrated in their field placements and doubted their abilities with clients. Insecurities about whether or not social work was the right profession for them arose, and some thought about leaving the program. Students now understood that a primary task of their field education was to learn how to "connect" with clients, and many began to realize they may have to change something about themselves in order to do that - because what they were doing was not working. Many experienced symptoms of anxiety and entered their own psychotherapy. Students' emotional struggles and their attempts to cope with them are most clearly evident in discussions that took place in their first-year Student Lab course, detailed in Appendix C.

Another primary experience for students this quarter was learning more about social work's Person-In-Environment perspective. In a course called *Cross Cultural Awareness,* students were given information about an array of diverse populations, and through writing their own "cultural autobiography" they learned to understand more about themselves as a person situated in a particular historical, geographical and social environment. Self-awareness, now grasped as fundamental to being an effective social worker, also meant being aware of others - or

having an "other-awareness" that informed an understanding of one's position in society relative to others in a potentially infinite variety of ways. As G. H. Mead proposed was the essence of human psychology, the social work students began to appreciate not only others but themselves as "social selves" (Mead 1913; 1934) living in the context of a multiplicity of interacting social systems and cultural histories and artifacts. Students also got to know Los Angeles better as they did hands-on field analysis of a community within its borders. These courses, ideas, and experiences took students' perspective on clients beyond a dyad of intersubjectivity.

Students were also beginning to understand the power of being genuine with clients. This quarter, one student (also an interview participant) who worked with the homeless told me as I gave her a ride home one day: "There must be something to this genuine thing, because it seems to be working, and I'm not even Micro - I'm Macro." She went on to explain that an older African-American man told her he didn't want to see her for therapy because she was an intern, and a young white woman at that. "I told him that I got it, that it would be hard to trust a student, and someone that was so different from him. And I really did get it - it makes sense he would have those fears, and I said that. And then he said, 'Well, okay, let's try it out.' And I think that's because he could see I was being authentic."

Another student told their Student Lab group about a teenage client who got upset when he joked with him about California's "three strikes" law. He felt horrible and said to the teen: "You're right, you know what it is? I'm scared. I'm scared for you that you may go to jail. I'm worried about you because you don't seem to be taking this seriously." The student told the group: "And the kid's face just fell. He looked at me and scrunched up his shoulders, and asked, 'What do I have to do?'" Another student exclaimed, "That's great!" The first student nodded,

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"I thought, *I did it.* I was honest with him, and he actually said, 'What do I have to do?' I was so happy."

This quarter, students participated in the Mental Health Module, visiting both private and county mental health facilities. They also attended a lecture on gangs, which detailed the horrifying and heart-breaking violence among teenagers in Los Angeles. A father who now works to prevent gang violence explained he had one son murdered in a gang war, and the other has been in jail for twenty-four years because he was in the car when another teenager shot a gun in the air. After he spoke, I wrote in my field notes, "The water is closing over my head. There is no going back now."[21]

Below are descriptions of the second quarter classes: *Micro Practice B: Beginning Application of Theory-Based Social Work Practice with Selected Human Problems and Populations; Cross Cultural Awareness;* and *Social Work Policy and Services: Community, Organizational, and Group Theory.* Selected exchanges from the students' second quarter Lab course are included in Appendix C.

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[21] See Leap (2012) for an excellent ethnography of gang violence in Los Angeles.

SECOND QUARTER CLASSES

Micro Practice B: Beginning Application of Theory-Based Social Work Practice with Selected Human Problems and Populations

This was the cohort's second Micro practice class. Again, it was divided into four

sections of about twenty-two students each. This course introduced attachment theory,

disruptions in attachment due to trauma and loss, resilience, Freudian theory, ego psychology,

object relations theory, and self psychology. The professor who led my section received his

master's in social work from the current program, and a Ph. D. from another leading school of

social work. His doctoral work focused on attachment among children with developmental

disabilities. The professor was careful, sincere, and soft-spoken. "Please contribute in class,"

he said the first day, "I'm interested in your ideas and what's going on in your minds."

The professor said the course offered a "sampling" of theoretical constructs, and

apologized for the insufficient amount of time they had to devote to each. He tells the students:

> Find out which theory sings to you and pursue it further. Different theories might
> work well with different clients for different reasons. You will feel uncertain, but
> you will always feel uncertain to a degree, and part of this education is learning to
> sit with uncertainty.

"Trust the process?" a student asked. "Exactly," he said. "Whatever that means,"

murmured another student. The professor continued:

> How you are with clients, and what you know about yourself is very important.
> This is the essence of the clinical relationship, even though you may be eager for
> tools.

The first several classes were devoted to attachment theory, proposed by psychiatrist and psychoanalyst John Bowlby in 1960.[22] Bowlby felt that early relational experiences between a child and his or her caregivers were of utmost significance for the child's healthy social and emotional development and subsequent ability to form relational bonds throughout life. Initially Bowlby was scorned by the psychoanalytic community for "naively" believing that children's real-life or "external" experiences with their mothers and fathers could effect subsequent their psychological functioning. Freud believed adult neurosis stemmed from unconscious internal psychic conflicts and the frustrated drives of the Id.

Still, attachment theory is a psychodynamic theory (albeit emphasizing different human drives) and thinking about human psychology in a psychodynamic way originated with Freud, the professor notes. You could call attachment theory an object-relations theory, he said, referring to the Neo-Freudian theory developed by British psychoanalysts Melanie Klein, D. W. Winnicott, and others in the 1940's and 1950's. Object-relations theory "has more complexity and colors" than attachment theory, he notes. He goes on:

> Clinically, attachment theory is a great jumping-off point. These other theories help us understand humans in more complex ways. However, these theories use terms that feel "experience-distant versus experience-near, as another Neo-Freudian, as [self-psychologist] Heinz Kohut, would say. Attachment theory feels experience-near, and at first these other theories may not.

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[22] As noted in the introduction and discussed further in the conclusion of this dissertation, Otto Rank published *The Trauma of Birth* in 1926, which also emphasized the importance of the mother-infant relationship based in part on his observations of his wife and infant daughter's interactions (Lieberman 1985: 193-201). The "trauma" referred to in the title was more metaphorical than literal; it referred to the unavoidable pain and anxiety of separation from the mother (or any authority figure on which a person may be dependent; the womb, in effect) and the creative birth of a more individuated self. This work also marked the beginning of Rank's separation from Freud; Freud initially praised the work, but when it became clear it threatened Freud's drive model (which claimed the human psyche was governed by sexual and aggressive drives and illustrated by what Freud called the Oedipal complex), Freud eventually withdrew his support (Lieberman 1985: 201-225).

Students were shown the influential films by James and Joyce Robertson (of the

Tavistock Clinic in London, where they worked with John Bowlby) of toddlers during lengthy

separations from their parents. The toddlers cried, protested, then tried not to cry, and after days

became depressed and withdrawn, their eyes vacant. Students found these films painful to

watch. "That's your care-giving system being activated," the professor observed, "If you could

jump through the screen and comfort them," he said, "you would."   The students were

witnessing a disruption in attachment, he said.

Students liked attachment theory. It indeed felt experience-near, and it made biological

sense that a child would desire proximity to its caregivers for love and survival. They liked its

consistency with ethological and evolutionary theory. They liked thinking about the types of

caregiver-infant attachment proposed by Mary Ainsworth (1978): secure, insecure and avoidant,

insecure and ambivalent, although the schema was seen as inevitably reductionist and culturally

biased. They were also intrigued by patterns of adult attachment that supposedly derived from

one's childhood patterns (Main & Goldwyn 1984), and the fact that a parent's pattern of

attachment with their parents as assessed by the "Adult Attachment Interview" (George, Kaplan,

& Main 1985) could predict the pattern of attachment they had with their own child (Main 1995;

Main, Kaplan & Cassidy 1985.) This was not a welcome finding for many students, however,

who immediately set to worrying about the children of everyone they knew whom they suspected

had insecure attachments with their early care-givers, including themselves.

Bringing attachment theory to clinical practice means "one's primary job as a clinician is

to create a safe environment so people can explore other options for themselves," the professor

said. In attachment theory, the mother or other primary caregiver ideally acts as a "secure base"

from which the child explores and returns to as they develop in the world. Bowlby said that clinically, a therapist should be a secure base for the client.

Taking the relational stance of being a secure base for clients was something beginning students felt they could do. If nothing else, they could offer their clients a reliable and supportive relationship. The students quickly adopted the phrases "being a secure base" and the related "creating a safe space" when talking about developing a relationship with clients. Macro students were reminded that agencies and community centers that serve the chronically mentally ill can themselves be a secure base for clients, particularly when clients' individual caseworkers, group therapy leaders, and/or programs of intervention may come and go. The Veteran's Hospital my act as a secure base for veterans, or a community after-school program for kids.

A student tells the class: "So many of the foster kids I work with have never had this experience of a secure attachment. It's heartbreaking. I want to take them all home with me, but I know that's stupid. I feel guilty when I go home to my nice life." (Another student working similar setting said the same in an interview. She also had distressing dreams about her clients during the first months of her field placement.)

Another student wants to know how internal working models change. The professor says, "Like a fluid painting. Over time, with the consistent application of new models, the picture being to change. A secure attachment with a mate also helps," he says. Every model of therapy, he tells the students, depends on a secure relationship with a therapist to support the helping process. This is a new model of attachment for many of our clients, he remarks, especially neglected or abused children.

In a following class discussion about traumatic disruptions of attachment, the professor asks how many students had clients who experienced this kind of trauma at some point. The entire class raised their hands. There was rueful laughter. The professor nodded:

> There is "Trauma" with a big T - a large event, like a sudden death, abandonment, or getting beaten by a parent, and "trauma" with a little t, like the chronic trauma of a severely neglected child. I know some of you see clients with both kinds of trauma. And even though it may seem far-fetched, it's amazing how trauma can effect families through generations, beyond our conscious awareness.

At this point, a student put her head on the table and closed her eyes. "OK, time for break," observed the professor.

In a class on Freud, the professor asked the students to throw out their first impressions of the man and his theories. The students (the vast majority being young women) said he was misogynistic, obsessed with sex, and his theories were empirically unverifiable. A few said he was a genius but didn't get the details right. The professor agreed Freud "missed the boat on women," and remarked that Freud abandoned his theory on childhood seduction as the traumatic cause of many of his female patients' suffering because it was too explosive. But still, he said: "Don't dismiss Freud. He is a huge presence in all of psychodynamic theory. Understand his theory developed in the very particular context of a Vienna restrained by Victorian mores on the surface, yet underneath it was a hotbed of sexuality in Europe." Most students shrugged, ready to put Freud in the past, while others looked thoughtful.

Over the next few classes, students discussed more recent psychodynamic theories (ego and self psychologies, object-relations theory, the interpersonal relations theory of Harry Stack Sullivan). They applied them all in turn to a single case example, and to clinical material from

their field placements. Several students say they see teenage clients use the defenses described in ego psychology.

The professor remarks that social workers do a lot of ego-supportive therapy: "We are not trying to fuel the transference," he said, "and ego-supportive therapy is based on the reality of the relationship you have with the client, on the real concrete person, just as you are a real concrete person being a social worker. Social workers usually try for reality-based interactions." This is why, he says:

> You must be aware of your own attachments, history, culture, family background. All of this is going to deeply affect the work that you do. Your *self* is deeply implicated in the work. Freud was trying to dial out the therapist, to remove the therapist. We know that isn't possible. Know yourself. Use your field supervisor. Talk about your real feelings and reactions.

A student says unhappily that her "real reaction" is that she is "repelled" by one of her clients, a homeless woman who has "some kind of personality disorder and really draining, needy behaviors." The students admits "repelled" is a strong word, but that's how she feels. She finally decided to "just be a secure base" to see if this calmed the woman's desperate behaviors. "I realized all I have to offer is this relationship," she said. The professor nodded as she spoke, and said "this relationship" at the same time she did. He tells her "the theory predicts this will work" if the student can be genuinely available to the client. "She may feel that you are repelled," he said, "so you'll have to look into that. Talk about it with your field supervisor."

A student asks if the therapeutic relationship is "all about empathy." The professor says no: "It can't be all sweetness and light, that's not sufficient to produce change." However, expressing genuine empathy can "help the client feel solid, cohesive, a sense of integrity."

Another student said she was trying to use object relations theory with a client who came into her agency for marital therapy. She just found out he is a batterer. "So far we have a good relationship," she said, "and I'm worried confronting him will ruin that."

"You need a good relationship to do confrontation," the teacher tells her. "Your client will resist you because he is protecting himself. Saying, 'I'm trying to find a way to talk to you about this' can be a gentle confrontation."

Another student whose field placement took referrals from elementary schools says "all these lovely and complicated intellectual theories don't seem to apply" to her clients, the majority of whom were diagnosed with Conduct Disorder. "They are all just dealing with loss in one way or another," she says.

One morning toward the end of the quarter, students shuffled into class looking like they had been through the ringer. "How is everybody today?" the professor asked. "Shitty," replied a student. "Honest answer, great," he replied.

"It's really hard to integrate everything thrown at us in this program," a student sighed. The professor said, "You will integrate it. You will end up knowing more than you think." He counseled them:

> My old professor used to say, "We think learning is great, but it can be narcissistically injurious." Never underestimate how hard this work is and how emotionally taxing. You are to be commended for doing this work.
>
> Right now, you think about theory with your clients and with yourself. Because this work isn't just about them, it's about you too [especially at this stage].
>
> One of the things you will have to figure out for yourselves is what theories seem to work, and how you think people work. We can look at clients through any of these theoretical lenses. You may be a person who likes puzzles and mosaics and you may like to look at clients through all these lenses to see what works – or you may be devoted to one.

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It can be helpful to find idealized objects to model as Kohut describes. It can make you a more vibrant and expansive and effective social worker.

The final class was a discussion of race, culture and gender as it might inform the social worker-client relationship, or according to the syllabus: "the unique contributions made to the therapeutic process by the backgrounds of the client and the therapist."

However, as soon as notebooks were out on the table and backpacks stowed, one student asked earnestly, "Why are people racist? I mean really racist, not 'unconsciously' racist. What is going on there?" Other students rushed to speak: "Isn't it about fear? Scapegoating? Power? The projection of one's darker self onto others? Isn't it also an aggressive group mentality?" Another student mentions the Stanford Prison Experiment, in which ordinary college kids turned horribly aggressive when told to guard "prisoners;" so much so that the experiment had to be shut down. These young men were later shaken by their behavior. Many students nod, familiar with the study, saying "Scary." The professor has no single answer for the human capacity to view and treat "Others" badly, but observes that as humans, we have been bothered by this aspect of human nature for a long time.

Part of being a social worker, the professor tells them, is understanding that a person's psyche is effected by their social environment:

> Part of what comes into a person's psyche from the social environment are understandings of their gender, race, ethnicity, social status, and social power, or where they may stand in a social hierarchy. This has to have an evolutionary component...we have evolved a sensitivity to power, to dominance hierarchy.
>
> In the United States, we are "thrown" from looking at this because of our national ideology of equality. We are mystified by this ideology, so psychology has not really taken into account what social workers call the Person-In-Environment

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perspective - which includes understanding persons are in the midst of power relations.

The professor advises students to read Erik Erikson, and feminist scholars Jean-Baker Miller and Susan Bordo for a greater understanding of these issues. The professor concludes the course saying he is proud the students are in the profession of social work. He assures them they "will engage in this material more deeply as time goes on."

Cross-Cultural Awareness

This was described by many as a core course of the social work program, and it was reputed to cause some kind of stir every year. The students were warned the course material was replete with sensitive issues, and if the past was any indicator, there was bound to be trouble. The course was taught by a team of four professors, and guest lecturers who shared their particular point of view as a member of a socially recognized group were frequent. The first half of each class session was spent in a two-hour lecture, then the cohort broke up into smaller groups for a two-hour discussion of the lecture and reading material.

According to the syllabus, the course had two purposes. The first was to discuss the diversity of human experience, including both the observable "great variation in the ways people interface with their environment - its impact on them and their effect upon it," and the less observable but still "great variation in the internal processes (e.g., feelings, thoughts, assumptions, values, perceptions, etc.) that accompany this interface."

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The second purpose was to encourage students "to explore one's own cultural background (e.g., ethnicity) to better understand the foundation and roots of one's values and how they influence behavior in social and professional interactions."

Starting from the premise that "everyone is culturally unique" rather than supplying "homogenized descriptions" of particular groups, the course would use the Person-In-Environment (or PIE) perspective to explore the "similarities and differences, commonalities and idiosyncrasies, shared and counterpoised experiences" among people of varying backgrounds.

On the first day of class, the teachers introduced themselves and discussed their backgrounds which included experiences of being Mexican-American, Greek-American, African-American, European-American, male, female, relatively young and relatively old, from California and from the East Coast.

They noted Los Angeles was a mosaic of diverse cultural experiences. The PIE perspective contained no formulas, the students were told, because person and environment relationships were always changing. A class handout explained:

Environment refers to both the physical and social environment. The physical environment includes everything from geography (urban, suburban, rural, region of the country) to one's living conditions (affluence, poverty, etc.). The social environment refers to various levels: individual, familial, community, institutional/societal. A person interacts with, and there is mutual influence on all four levels...the mutual influence between person and environment is often unequal, varying in terms of power differentials (de Anda 2006).

The students' learning in this class will likely be "holistic," the professors say, meaning it will be "both intellectual and emotional." One professor adds: "Keep in mind that emotions can override cognitive learning, and pay attention to your emotions. Ask yourself if they are getting in the way of being open to learning."

The first class discussion is about mainstream white identity and values in the United States. The course begins here because "whiteness and white privilege construct many of the categories" discussed later, say the professors. In addition, because mainstream white American culture is the default norm, it is hard to recognize it, and we tend not to analyze it. In this course, the professors say, sometimes white students are surprised to recognize they too are cultural beings, and that culture is not just an attribute of others.

"My Greek family had its own point of view," another professor says:

> The whites were Americans. The Italians and Middle-Eastern peoples were like Greeks. The Asians were sort of like Greeks because of the way they interacted with their families, and the African-Americans were also sort of like Greeks for different reasons.

Everyone has a cultural lens, the student were told. There was a lecture on the historical construction of race, in which students were reminded there was as much genetic diversity within ethnic groups as between them. Another class discussed cultural socialization processes and agents of socialization (including parents, teachers, peers, the media, and even social workers, especially if they helped an immigrant client adjust to US culture or helped a sick client navigate the healthcare system.

Another class discussed religion as culture and religion in social work practice. It can be helpful to respond to spirituality in your clients if they bring it up, students were told. The growth of the individual is a central theme of many religions as well as in social work. In this session, there were four dynamic speakers from the community: a Buddhist Reverend, an Islamic Sheikh, a psychologist who specialized in counseling Christians, and a Jewish Rabbi. Each spoke about the compatibility between their faiths and social work intervention. The Rabbi

quoted another Rabbi who marched in Selma: "My feet were praying," said the man. Working

for social justice can be a kind of religious fulfillment, the Rabbi observed, and the other

speakers agreed.

"What would you do if a client asked you to pray with them?" a professor asked the class.

"Think about it. It happens." I heard one student say, "I would do it, no problem," and another

said, "That's crazy, what about boundaries?" A third said, "It's not crazy, but I don't want to be

disingenuous. Tricky." The professor reminded the students that their relationships with clients

are a process. They can always say they don't feel comfortable praying with a client, ask the

client how that makes them feel, and go from there. "You're just trying to connect," he said,

"you don't have a magic wand."

Another speaker visited the class to discuss working with African-American teens in

gangs. The gang life, drugs, and truancy are "just the surface," he says. "The real problem is in

families. These kids don't need anger management, they need pain management." In addition,

he tells the students, "unless you can give kids a concrete way to change their lives, they cannot

act on what you are telling them." Most of these teens do not have parents that can guide them

into successful lives. His organization takes kids through "rites of passage into adulthood"

physically, emotionally, socially, spiritually, and economically (he mentions telling the teens to

read *The Wealthy Barber* by David Chilton to learn how to manage money. I wrote in my notes:

"That's the same book my father recommended to me").

The following week, a gay civil rights attorney visited the class to discuss the legal

history of same-sex marriage, beginning with Hawaii's Supreme Court ruling that not allowing

same-sex marriage was discrimination on the basis of gender. More policy issues related to

same-sex marriage will be coming up in the courts in next several years, he tells the students, and he was certainly right. At the end of his lecture, he noted that same-sex marriage was legal in Canada. and told a story about a Canadian man who was given a flag by his government after his husband died in service. "That tells a person that he and his husband are just as valuable as anyone else," a student observed.

A transgender guest speaker, currently a social worker, spoke about his experience and how students might better understand the transgender community. He was previously female (he even attended an all-women's college), but he never felt like girl, even as a child. He began process of transition to a man at twenty-seven. He now identifies as gay man attracted to men. He encourages the students to think of human gender and sexuality "an umbrella that covers a range of identities." The language people use to describe their phenomenological experience of gender and sexual attraction and the labels used to describe sexual orientations and identities are changing all the time, he remarks. He advises students to ask clients what language they use.

A licensed clinical social worker with a Ph. D. spoke about working with clients with disabilities. Her first field placement as a Master's student was with kids with disabilities, she tells the students. She thought she would hate it, but she loved it, and now it is her life's work. She discussed the demographics of disability and disability rights. By now a familiar practice principle, she tells students to "examine their emotional reactions;" in this case, to persons with disabilities and to the disability itself, and "know that they can change."

Two final speakers addressed inter-ethnic conflict and resolutions. The first was a professor who detailed how Japanese-Americans achieved financial redress (and an apology from Congress and President Ronald Reagan on behalf of the US government) via the Civil

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Liberties Act of 1988 for the wartime internment of over one hundred thousand Japanese-

Americans after the attack on Pearl Harbor in 1942. The Japanese American Citizens League, a

key player in this achievement, later expressed concern for Muslim-Americans who may be

unfairly scapegoated after the attacks of September 11, 2001 on the US by foreign terrorists.

The second speaker, another professor of social work, advised the students on dealing

with tensions among diverse groups in Los Angeles: "Don't worry about who is right or wrong:

everyone is right." He emphasized getting groups to work on common goals. "Joint action and

planning allows for groups to develop a new history together," he said. As social workers, he

said, you must "start where the clients are." He also adds, "You are using your *self,* so if you

haven't examined these issues for yourself, you are going to be uncomfortable." He wanted to

know if students "sensitize" themselves to their "reactions to clients." The students said yes,

they do this in their written process recordings, and yes, they call it self-awareness.

Before giving the reader a few snapshots of exchanges that took place in the student

sections of this course (the smaller groups of students that met for two hours to discuss the day's

lecture and reading material), it makes sense to offer here a few ethnographic observations about

the cohort that I followed.

I wrote in my field notes during the second quarter:

> There is a particular and heightened class consciousness in the program. Students
> check out each others' clothes, not just for style but cost. Wearing a lot of
> expensive clothing or jewelry would be uncool. Only one person carries around
> an expensive handbag, and people roll their eyes - she's from Orange County. It
> seems the only people it's okay to judge are the "rich and clueless." My guess is
> she will ditch the expensive bag soon.

The social work students were assumed to be a politically liberal group for the most part. A teaching assistant reminded students that while social work a liberal stance on most social issues, students were free to be "on the other side of the argument." She told them, "You can be open with your disagreements with the social work perspective in this section and in this program." A student laughed about this is an early interview:

> If anyone's conservative, A: They're probably not going to want to be a social worker but, B: They might have a tendency, but they're not going to say anything because they know they're going to get pummeled on. The same thing happened in undergrad[uate education]...everything was about respecting people's opinions, as long as it's coming from the perspective of a very pedantic left-wing post-structuralist view of society, which I agree with about 90% of the time, because I've probably been brainwashed to think that way...

> [But] that's not real life. It's not going to be real life as a social worker. I really hope there is some conflict there. I really hope that it's not all lovey-dovey and everyone gets along. It sort of defeats the purpose.

A professor told me he thought this year's cohort was particularly brainy and thoughtful. In my own questionnaire, 43.5% of the students reported that either at least one parent and/or themselves emigrated to the United States, 29% reported they experienced severe financial hardship while growing up, and 50% identified themselves as Caucasian or white and 50% identified themselves with various backgrounds (for more details about this cohort, see Appendix G).

In the weekly student lab group I attended, a white male student said of the course: *"Cross-Cultural Awareness* is insulting. We should all know this."

Another student said that wasn't his experience. "A lot of emotion has come up for me in *CCA*. I'm starting to feel a lot, which is new for me." He was born of Chinese parents in Hong Kong, growing up having daily interactions with dozens of family members. Then his family

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was selected by a diversity lottery program created by the US Immigration and Naturalization Services. His family decided to move, and things changed radically. Once here, he became an "astronaut child," meaning his father was mostly in Hong Kong for business. His mother, himself and his sister became isolated, depressed, and eventually poor when his father stopped supporting them. He said he identified with many of the emotions in *The Color of Fear,* a documentary shown to the students in this course depicting several men discussing their assumptions and fears about one another based on their physical appearance. This led to a discussion about how to seek therapy to process the emotions students may be feeling at this point in the program (for a fuller rendering of this exchange, see Appendix C).

It seemed the faculty expected race to be the most tense or even "explosive" issue in the course. It was not. The issue was homosexuality, or more specifically, differing views - judgments, biases, lenses on - what is was to be homosexual, and what rights and freedoms persons attracted to those of the same sex should or should not have. These views varied most dramatically between certain Christian students and others. In a section exercise, students responded to the prompt: "If I had the nerve could get away with it, I would make the following statement." They wrote their response on pieces of papers that were folded and passed around in a hat. Other students then read the responses in order to make the comments anonymous. In general, the statements were provocative but read without much fuss until one student opened alittle green square of paper and said, "About gay people - I love the sinner, but hate the sin."

The room immediately felt like a powder keg. Although everyone was still, it seemed shifted psychically in their seats, squaring off for a fight. Finally, one student said, "That is really painful to hear. I think about the people I love who are gay, and it's painful." Another

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said, "It's bigoted and hurtful." Another said, "Remember, people have a right to their religious beliefs." An angry student responded, "That's a scam. We're supposed to be tolerant of intolerance because it's dressed up as religion? It may as well be superstition." A student who rarely spoke said, "But Christians think everyone is a sinner, so that was not-" "That's their problem," snapped another before she could finish, "so don't push it on me, and don't say I can't get married and I can't have kids. I don't say what Christians can't do because they're sinners."

Things were very tense, and it was hard to see were this discussion might go. The faculty member leading the group waited. It was quiet for a minute or two, but many students were shaking their heads, and some glanced at the clock and at the door. An older student spoke up, saying, "This is a serious issue for social workers. If you are a social worker who has a religious belief that homosexuality is wrong, I personally think that's your right and it should be respected, but I also think that's got to be on your own time. If you have a gay client, ethically you need to refer them to someone else." That's where the conversation ended in this section, but students continued to discuss this issue with strong emotion throughout the program.

A huge learning experience for students in this course was writing a "cultural autobiography." In fact, seeming to understand the assignment's value as a pedagogical tool, many students sent me their papers as data for my project. In essence, the assignment asked the students to reflect on their own subjectivity as a person in the environment. It asked them to become more aware of their own "cultural lens," or their own experience of the world as conditioned by their environmental circumstances, their relationships, and through their own developmental strivings, which in their autobiographies played out as a series of "adjustments" (again to borrow a term often used by Sapir).

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In a class section, the professor spoke to the students about their papers as a group. He found them riveting, he said, and thanked them for engaging in the project. He told the students they had a lot in common with one another, and not just that many of them considered their dogs and cats as part of the family. The students laughed at this. "It's really not like that everywhere," one laughed.

The professor noted that many had friends who were different from themselves up until junior high school. Then kids separated into cliques by race, ethnicity, and class. He observed there were many Jewish students who celebrated their heritage in different ways. When it came to body image, many mentioned being "white, thin, and blonde" was an ever-present ideal. The men all said they wanted to be taller. The professor was surprised to read that cosmetic eyelid surgery was popular among the younger generation of Asian women. "Sure, very popular," was the chorus from Asian women in the class. "No judgements," said a Korean woman, "seriously, sometimes you need it! It looks good."

The professor brought up something else they had in common: "Most of you had the same kind of hierarchies in your families about who it was okay for you to date in high school," he said. He continued:

> Your family's own race or ethnicity was the most preferred. Then it was white.
> Then it was any variety of race or ethnicity. Lastly, however, it was always black.

The students looked as if they had been punched in the stomach. The one African-American man in the section locked eyes with the professor, who was also black. "Yeah, that's how it is," he said softly. The students sat in squirmy silence. Finally a woman whose parents immigrated from New Delhi said, "It's true. My parents were crazy about this. We used to fight

about it. They said black people were treated badly here, and I would say, so don't join in. If I dated a black person in high school, they probably would have disowned me, or threatened it, anyway."

Next, the professor said many students experienced loss through divorce. It was the loss of "that family constellation" that students mourned, he said. Many students also experienced the death of family members. "More of you have that in common than you may think," he said.

A male student who recently immigrated from Korea raised his hand. He was a popular, seemingly ever-cheerful guy who sometimes struggled to express his thoughts in English. He said his father died when he was eight years old. He never spoke to anyone about it, because he always thought no one would understand unless they had lost their own father at the exact same age. As he spoke haltingly, taking breaths in an effort to suppress sobs, another female student who lost her father started crying.

The professor says to the students:

> When we talk about the "use of self" in social work - that's a term that gets thrown around a lot - what we mean by that is reaching inside to where we have loss, and using that to connect with other people. You'd be surprised at how much you can use that to connect. Not that the losses will be exactly the same, because they won't.

In the last class section, the professor asked students to reflect on the course. When he asked, "What stirred your anger?" this seemed to be an opportunity for students to lodge their two primary grievances with the course.

First, the syllabus was dated, reflecting an earlier generation of scholars who intended to raise people's consciousness about racism, sexism, homophobia, and discrimination based on disability, religion, and the like. We *get* it, they complained: we did these readings in undergrad,

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we grew up in the midst of diversity, we know stereotypes are corrosive and lead oppressive policies, we know there is unequal opportunity and access to a middle-class life. One white woman who taught high school for many years in a African-American community asked the section teacher: "Did you all think were a bunch of racist assholes or something?"

A second grievance was that the course did not give the students more specific tools to help their clients deal with racism. Several said they became more aware of their own lens and counter-transferences, but they "still did not understand their use of self with that specifically." The course should have gone beyond "awareness" to give the students effective tools to help their clients.

The professor asked what else they were angry about. One student said she was angry that domestic violence was so prevalent. Another said she was angry about the situation of the homeless on Skid Row: "Los Angeles is behind other major cities in dealing with the problem of homelessness. They can get sober and get medication, but they still have no place to live...and the highways just go over and around them."

"What else," asked the professor, looking thoughtful. Students said they were angry about poverty, alcoholism, that white people deny racism exists, that the disabled kids they work with are abused by their parents, that gay teens may hate themselves for their attractions. One student said:

> I am angry about all of it. I almost cried at so many different points during the lectures. I'm angry and that's why I meditate. *[Laughs.]* How else do you deal with this? I lean on other social workers, too. There's such a need for us, that's what social work is about, that we have to stay passionate.

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The professor says tentatively that it is much easier in academic life to talk about things intellectually, and he wonders if some of their anger about the course material is really about the content more than the readings *per se.* Maybe you feel angry and helpless to change things, he remarks. After several moments, a student responds, "That's a good question - I wish you had brought it up earlier." The teacher responds, "Got it. Well, *I* am angry. I'm sure some of you are familiar with James Baldwin's observation that 'To be black and conscious in America is to be in a constant state of rage.' In social work we deal with a lot of hurt and anger, and sometimes anger is harder."

Social work is not just a profession, says the teacher, "it is a way of life." A student agrees, and adds: "I am angry, and I think that's why we are all here. It's a little corny, but I wear this bracelet my mother gave me." She shows her wrist. The bracelet is inscribed with a quotation attributed to Gandhi: "Be the change you wish to see in the world."

"Very corny," another student says, and the group laughs.

The following year, many of the course readings were updated.

Social Work Policies and Services: Community, Organizational, and Group Theory

This course examined the theoretical foundations of agency-based social work interventions in communities and organizations, starting from the premise that "social service agencies and communities can work together in partnership to enhance the quality of community life" (per the syllabus). Agencies seek to assess community needs, ideally from the perspective of the community itself, and develop interventions to meet those needs. Agencies also evaluate whether or not the inventions are successful, and often social workers do these evaluations.

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Systems theory provided the framework for analyzing communities, agencies, and their interactions.

The description of this course will be brief; the scope of its content exceeds the focus of this dissertation. However, it is well-worth describing the main assignment of this course, as it had a significant impact on students' experiential understanding of the Person-In-Environment perspective, their role as a social worker, and their relationships with clients in the context of social, economic, and political systems (including government systems of education and healthcare). This course went beyond a concern with the client's individual psyche, and beyond examining the evolving intersubjectivity between the social worker and client as addressed in the *Cross-Cultural Awareness* course. This course encouraged students to understand each social worker-client relationship arose and existed in the context of multiple systems in the environment.

The assignment was called "Community Analysis," and it was arduous. Students, especially Micro students, hated the idea. Students were to organize themselves into groups of three and identify a community in the county of Los Angeles to analyze. The community must have no more than 20,000 residents, identifiable geographical boundaries, a name designation, and resident identification with that community. They were encouraged to look at the community that one of the student's field agency served. The professor remarked, "I know you want to do Micro intrapsychic stuff, but in order to effectively serve individuals, you have to know their communities." This course explored the community part of the PIE perspective.

Once a group of three students had settled on a community (no overlaps were allowed among the cohort), they researched its demographics using US census and other similar data,

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they conducted an overview of the quality of life (including the physical condition of the community), the community dynamics (including history, economics, politics, social integration, social conflicts), and implications for service delivery. The students were also asked to reflect on the Micro and Macro implications of this project. Finally, students would write a lengthy paper and present their analysis to the cohort. Perhaps the most daunting part of this project was that students were expected to spend time in these communities, getting to know them through participation and interviews with residents and community leaders. As if they didn't have enough to do, the students complained.

In the end, the students appreciated the work, and listened avidly as each group presented their findings and experiences to the cohort. The students recognized the importance of understanding the community and systems dimensions of clients' experience and their relationships with clients. Students learned that while many community agencies provided needed services, others had an apparent mismatch between their mission and the community's needs. In one community, an agency provided psychological counseling while residents said their primary concern was rising rents and a lack of rent control. Communities are dynamic, students observed, noting historical fluctuations in demographics, economics, violence, and the availability of healthcare, jobs, and decent educational opportunities. Communities such as Koreatown, Chinatown, South Central, had rich histories that still impacted their current organization and functioning.

Students also learned nothing beat understanding a community through spending time there and talking to people. They learned community life impacted family life, which impacted the development of individuals. One student noted that a small number of people held a great

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deal of power in a community through their particular civic participation which did not appear to benefit the greater good. "But it's strange," he said, "most residents did not realize this, so the residents were not exactly out there protesting in the streets." Another student interviewed a community organizer who said a new shopping mall in Santa Monica raised rents in the surrounding area and forced many families to move, disrupting their community. The student admitted, "I sat in his living room realizing I'm one of those middle-class white people who now shop at that mall."

One student presenter told the cohort that after all the complaining she did about the Community Analysis assignment, she glad to have the perspective of "looking beyond person in front of me to their environment - their resources, the dynamics of their community, their neighbors. Otherwise we can have tunnel vision," she said.

Toward the end of the course, the professor observed:

> We have poor communities. What do we do about them? Is it up to the individual? Public education used to be the great equalizer. Not anymore...
>
> ...We've been implementing anti-poverty programs, but poverty is on the rise. What are we doing wrong? These programs are funded by tax dollars, a redistribution of wealth. As a country, we have a reluctance about this.
>
> Are we interested in improvement or maintenance? 'Maintenance' creates a floor people should not drop below. 'Improvement' involves the question: how much of a difference do we really want to make? People ask, what do social workers do? Are they really necessary? We can't do any more or less than the American public wants us to do. We are the implementation arm of *policy.*

That was one view of the social work relationship in the environment.

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SECOND QUARTER INTERVIEWS: *Anna, Tess, and Lily*

Second Quarter Interview: Anna

Anna gets settled into her chair with a happy sigh. Things are much less busy this quarter, she says. She cut down her work hours at her paid job in order to meet the demands of her classes and her field placement. She is also happy there are fewer emotionally taxing field modules. I ask how she feels about the program's classes this quarter.

Anna says the *Cross-Cultural Awareness* course is in many ways "enriching and informative" but feels the professors are playing it safe this year. She heard that in previous years there were more heated debates. So far, her favorite day was early in the course when students were asked to name stereotypes associated with cultural groupings of persons by ethnicity, religion, class, sexual orientation, age, gender, social role, and so on. The professor wrote all the stereotypes the students generated on the board at the front of the room. Anna says it was a powerful experience, and appreciated that the students were willing to say some ugly things out loud. The adjectives and phrases remained there throughout the class, leaving the students to contemplate society's shared biases and judgments, and the fact that so many people are unwillingly subject to them - both from others and in our more and less conscious stereotypical assumptions about others. Still, Anna wished the discussion had gone further.

Anna is also disappointed with the assigned reading in the course. Many of the articles seemed dated (a sentiment echoed by many, as mentioned in the course description). She took courses in cultural studies and cultural anthropology in college, so she was already familiar with the now-classic readings, and felt the syllabus needed to be updated to reflect more current literature and a new generation of students. She also felt the textbook that intended to impart

basic cultural competence when working with diverse families was uneven. I ask Anna what she

thought of the section on Mexican-American families. "I didn't feel it was pertaining to me," she

said. "It was more about immigrants and the difficulties…of enculturation" such as immigrant

children adapting to American culture and language faster than their parents, and wives finding

work more easily than husbands. Anna wants further discussion of issues she feels are relevant

to all Latin Americans, such as holding onto one's culture of origin - or not - after generations of

being in the US, whether or not one speaks Spanish, having darker versus lighter skin and how

that affects experience, gender roles, and being assumed (negatively) a recent immigrant.

As Anna talks, it strikes me that my mother was a first-generation American - my

grandparents emigrated from Poland and Czechoslovakia - but because of my fair coloring my

experience was being a part of mainstream white American culture. I have never been mistaken

as a recent immigrant, nor has anyone ever expected me to speak Polish or Czechoslovakian

(even in my own family). In fact, I realize, as a child I identified with the Pilgrims when in fact

my ancestors were in Eastern Europe living very different lives. Of course that was absurd in a

literal sense, but I hadn't thought about it too deeply before. "That's white privilege," I think.

Anna was surprised at all the personal information asked of the students for the cultural

autobiography paper, but says the assignment ended up being a good experience in exploring her

own lens. Like many students, she found religion a touchy subject in the program. When Anna

wrote about her religious views and experience, she explained that in his spiraling depression,

her Catholic father began to obsess that he was a terrible sinner and going to hell. After learning

of her father's suicide attempt, his extended Catholic family was horrified, reminding her father

that according to Catholicism, suicide is a sin. They told him to pray and repent. They disagreed

with Anna's mother that he needed psychiatric help, feeling prayer would resolve his problems. This created a chasm in the family. Anna wrote in her paper that she "has a disagreement" with such views. Anna says that she was nervous to share this perspective (or bias, she admits) in her paper because she knew one of the professors worked closely with Christian faith-based social service organizations. However, Anna says she does have spiritual beliefs and occasionally attends alternative services of kind not so unusual in California. Anna jokes she was sure to "get that in" her paper lest her professor think her wholly unfriendly to spiritual belief and practice. Anna acknowledges that thinking this through increased her self-awareness of her own potential biases against religious views when working with religious clients.

A major focus of the Micro Practice class this quarter was attachment theory, as mentioned in the course description. When I ask Anna what she thinks of it, she admits her own childhood crossed her mind a few times when she read about infant-caregiver attachment. However, she was unsure how she might classify herself according to Mary Main's typology (securely attached; or insecurely attached in an avoidant, ambivalent, or disorganized way). She feels that if she did the Adult Attachment Interview now she would be classified as "securely attached" because she can talk calmly and coherently about her background, a predictive indicator according to the research. Anna hesitates and adds:

> But on the other hand, doing the cultural autobiography paper and thinking about my development – I have a memory lapse of when I was younger. Once the crisis [of my father's illness] started I lost a lot of memories because of the crisis. It's hard to retrieve the stuff beforehand.

Anna says she grew concerned when she read about the fourth category of insecure attachment later added by Main called "disorganized." This style appeared to be the result of

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trauma and sometimes involved later memory loss. Children classified as having disorganized

attachment "also lose what coping skills they had based on those memories," Anna recounts from

the reading, her brow furrowed. "You are less equipped as you get older, and the question was,

can that be rebuilt…and the findings were maybe, but it wasn't likely."

I can see the worry on Anna's face as she contemplates this predicted fate as it might

apply to herself. She finally shakes her head and laughs. She looks off to the side, then back at

me. She says she thought about it as she read, and told herself that yes, she does have issues of

memory loss, but:

> I think for me, I got into therapy so young that it was a huge saving factor for me
> to restructure myself, restructure all those coping skills, and grow from that….my
> therapist said that I compartmentalize…I was able to deal with crises so that I
> wouldn't - everything was dealt with separately so I wouldn't let different things
> in my life interconnect…that's how I was able to get through things.

Anna tilts her head. "What was your question?" she grins, aware that her emotion has

taken her to an unanticipated place. She laughs and continues. "Nowadays," she says, "I just

keep moving, keep on moving." Sometimes she tries to recapture memories, she says, "just to

bring some of those things back."

Anna pauses. She mentions the class reading also indicated that if a child has just one

secure attachment, that is a protective factor. She feels she always had a secure attachment with

her mom. She believes she also had a secure attachment with her dad "before everything went

down." Lots of these studies seem to miss resiliency, she comments. "There's so much

resiliency in people. That's the one thing I always find remarkable."

I ask Anna if she had any guesses about her parents' attachment histories (the research

also claimed that one's attachment history predicted the style of attachment one would have with

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one's own children). She thinks her mother had a secure attachment with her own mother as a child, but she died when Anna's mother was fourteen. Anna's maternal grandfather was an abusive alcoholic, she says, and her older brothers took on the male care-giver role. Soon after her mother's death, however, they went to fight in the Vietnam War. Anna's mother grew up fast. She left home and had her first child at fifteen and her second at seventeen. These were Anna's older siblings. Anna was born thirteen years later when her mother was thirty, after marrying her father.

Anna believes that her father had secure attachments with his parents until he was eight years old, when there were "major disruptions," as she put it. When he was eight, his mother died in childbirth, leaving him, his newborn brother, and his father alone. His father was devastated by the loss of his wife, and had difficulty working and caring for his sons by himself. Anna says "the family story goes" that her grandfather's sister-in-law then showed up in Mexico and tricked him into signing adoption papers that forfeited his parental rights over Anna's father. His aunt then took him back to California and continued to raise him. Years later, when Anna was a teenager, her family took a trip to her father's hometown in Mexico. Anna's father finally saw his father again, who told him he never would have given him up knowingly. "It was a seriously emotional experience," Anna says. "It was a good thing, but [my father] definitely wasn't ready for it - but I don't know if he would have ever been ready for it." Anna tells me this visit was after her father lost his job, and before his illness became acute.

If her parents did the Adult Attachment Interview now, Anna thinks her mother would appear secure, but she is unsure about her father. "He really can't talk about his past," she says, although her family can now bring up both his adopted family and his family in Mexico in casual

conversation. Her father could not talk nor hear about any of his family history when he was very sick, Anna tells me, because it upset him too much.

We shift gears as I ask Anna about her field placement. At the time of her first interview, she had not yet begun the placement, so this is the first time I get to hear about it. Anna's field placement is at the Westside Children's Center, a counseling, educational, and child-care center that works with vulnerable children and their families. The organization was initially started to care for infants and toddlers entering the foster care system that were previously exposed to drugs in utero, physically or sexually abused, or neglected or abandoned. The organization has grown to provide a wide range of services to support vulnerable families. Anna's student field placement is Micro, or oriented to training students in direct practice, so Anna acts as a therapist.

Anna tells me about two of her clients. The first is a five-year old girl who was originally acting aggressively in the center's preschool. Anna now sits with her in the classroom, helping her follow instructions and working with her on her social and emotional skills. Anna says she gained the most insight into the little girl's behavior when she visited her at home, however. The girl lives in a one-bedroom apartment with her mother, grandmother, aunt, and two older siblings. There were no toys in the house, Anna says, just a television and videos. The mom drops the children off at school in the morning, goes to work, and picks them up at six in the evening. The kids seem to fight over the television as the mother prepares their dinner. Anna's client, the five-year-old, does not appear to get much playtime or individual nurturing. Anna speculates the girl has to fight for what she gets at home, and that aggressiveness has carried over into preschool. Anna tries to support the mother as well as the little girl as they work together to

make changes in their environment and routine. Anna appreciates how much seeing the family

in their home contributed to her knowledge of the family's dynamics.

Another client is a fifteen-year old girl and her mother. They had a physical altercation

that came to the attention of the Department of Child and Family Services in Los Angeles

(DCFS). They were offered counseling at the center and accepted it. Anna tells me about an

insight she had into her own clinical practice when working with the teenage girl:

> [Something] that's really hit me is how much I really bring to the sessions. Me as
> a person - my whole personality is in that room and it really dawned on me…we
> really have to be careful. Because based on my personal beliefs and how I think
> the world should be, I could give someone a suggestion or advice that is based on
> what I feel, not what they feel. So just being aware of that, really trying to be
> aware of that…there's such a balancing act. Because you want to empower your
> clients, but you want to develop them as they are, and you have to really be
> conscious of that.
>
> ….There was a day I was working with her and when I came out of it, I [thought]
> "Wow, it's amazing what I bring into this." It was this awareness of - this is *me.*
> And everything about my entire experience is in this room and facilitating this
> therapy.

Anna explains that the girl felt her mother was treating her unfairly, in part because she

was grounded for poor grades. Anna's impulse was to tell her that she cannot change her mother,

so she needs to change her own behavior. If she wanted things to get better, she should find a

way to interact with her mother that is easier for both of them, and work on her grades. Anna

shakes her head and smiles, her eyes wide. I tentatively say her view seems to makes sense. She

laughs.

> Yes, I know it makes sense but I felt strongly that that is a mentality of *mine.* That
> sometimes you have what you have, and you have to deal with it. You don't have
> to be miserable but you can't change those surroundings so you have to change
> yourself, you have to change something about you. I guess that day it really rang
> true to me that that was where I was operating from and that is a huge piece of

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me, that's a part of how I've grown up. That's part of how I conceptualize things in general.

In this phenomenological moment, Anna became aware that her history, personality and coping skills were right there in the room with her and her client. Anna's "ah-hah" moment, her recognition that her problem-solving impulses were coming from her own particular background, was an important step in the program's clinical education. This increase in self-awareness was an important part of student's development of their professional use of self. Anna's increase in self-awareness in this moment leads to a shift in relationship between herself and her client.

I ask Anna if there is anything else she would like to add about her experience during this second quarter of the program. She tells me her most significant experience has been in developing her own style as a social worker. She says she is interested in "what we bring as people into therapy – our own personal stuff, our personality." Also, she has been "trying to connect" with the class readings and think about how they might apply to her own life as well as the lives of the clients. "Just trying to make it all mesh, but definitely incorporating myself in that, like with attachment theory."

Anna also remarks that she has noticed something else about herself in her work with clients so far:

> I consider myself very direct and a fighter in some ways, so I have to realize that there are certain clients that are hard to for me to deal with…I hear them say they want change but they won't take advice or the steps to change…those clients are very hard for me because I am an action person.

Anna pauses, then says being an "action person" stems in part from her own anxiety. In fact, she tells me, she went to therapy this quarter because she was experiencing a lot of anxiety.

In particular, she was having anxious, repetitive thoughts that she was doing therapy "wrong," and that somehow she was being "insincere." This was interesting to hear, because Anna appeared quite sincere both in our interviews and from what I observed of her in the program. In addition to these worries, Anna was also concerned that her anxiety itself would negatively affect her ability to be helpful as a therapist.

Anna chuckles. I see that Cheshire Cat smile again. I tilt my head questioningly. Anna explains that after doing this quarter's class readings on ego-supportive therapy she realized the therapist she was seeing took just that approach with her. He told Anna she probably would not have come as far as she has without her anxiety. The therapist helped her reframe her anxiety as not just a negative attribute but, as she says, "what makes me go-getter, what makes me get things done." Anna wants to tone down her ever-buzzing apprehension over what needs to be done next, she says, but has surrendered to not getting rid of her anxiety entirely. Anna says her goal now is to be able relax at the end of the day enjoy the present moment with her husband, friends, and family. Viewing her "action-person" style as one way Anna copes with her anxiety has also given Anna more patience with seemingly passive clients, she says.

Anna says this exploration in therapy also helped her develop her own personal style as a therapist this quarter. Simple as this ego-supportive therapeutic approach was, Anna says it succeeded in making her less self-critical and less anxious about her anxiety itself. Because she experienced the value of this kind of approach, she can now can see using the ego-supportive with clients.

"That's what I am saying," Anna remarks. She is working on "taking the reading, realizing how that applies to myself and how that works for me, and then realizing what I can bring into therapy - my own personal style as a therapist - to help the client."

The interview is wrapping up and Anna laughs, pointing out what has occurred over the last hour and a half: "It's funny, because we have talked all Micro," she observes. Anna adds she has not yet decided whether she will continue to pursue the Macro track or switch to the Micro track. However, as her knowing laugh indicated, she is interested in exploring her professional use of self with clients on a Micro level.

Second Quarter Interview: Tess

Tess arrives a few minutes early, coffee in hand, looking ready to talk. When I ask Tess how things are going this quarter, the first thing she says is how much she loves the *Micro B Practice* course. She has found it interesting to delve into psychological theory and "find out what resonates and what does not." So far, she tells me, she loves attachment theory and modern psychodynamic theories. They resonate with her experience and her "ideas about what therapy might be like or should be like." She also likes her professor. "So that's been nice," she sighs. She tells me things in general are less chaotic now that the pace of the program has slowed. She is also more comfortable knowing what is expected of her academically. On the other hand, her "doubts about the field of social work are growing exponentially…so that's been unpleasant."

Tess feels less connected to her two other classes. Her project for *Community Analysis* is interesting, but nothing she would want to do as a career. She feels uncomfortable in the *Cross-Cultural Awareness* class. She refers to two guest speakers in the class who "preached about

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social work" with poor and vulnerable populations, one asserting social work is not done "out of

an eight-by-ten office." Tess shakes her head. "That's not me at all," she says, "so that is very

unpleasant." She continues:

> So I spend a lot of time going over and over and over in my head, what am I
> doing? How did I end up here? Where else would I go? I mean, I've been on a
> track for so long. So to reevaluate that, I don't even know what else I would do.
> So that's been really unpleasant, especially because I tend to be someone who
> likes to pick a path and go there. I am not someone who is very good at floating
> and just being in the moment with what I am doing.

Tess says the program's emphasis on helping the poor and vulnerable is starting to make

her panic. She asks me if I read the social work "joke of the week" in the student-run newsletter

named the *Bleeding Heart Bulletin*. (The name was chosen by the current student cohort through

written submissions and vote). The joke told the story of a social worker whose face was

"scarred and old" approaching the heavenly pearly gates. Upon hearing her profession, St. Peter

swings open the gates saying, "come in and choose your harp…you've had your share of hell."

Tess, full of emotion, explains how much this bothered her:

> I'm really not interested in a slice of hell. I'm just not. That's not how I want to
> live my life. One of the things that was hard for me initially and continues to be
> hard for me is we're in a value-laden program within a value-laden profession.
>
> So I feel like every time I say, "I don't want be a social worker," the underlying
> message includes things like, "I don't want help people who are impoverished and
> discriminated against and underserved and undervalued."
>
> That's an awkward thing to say. I'm not comfortable talking about it a lot. But at
> the same time, I don't want my life to be a slice of hell. I don't want to spend ten
> hours a day in somewhere that feels like hell.
>
> I just wonder if I've picked a field where I'm constantly going to be toiling away.
> I'm so tired of people [saying], "Well, you're not here because you want to make
> money." Clearly I did not pick a profession based on that. I didn't get an MBA or
> become a lawyer. Money was not my top priority. But I'm so tired of people

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telling me that I'm going to be poor and overworked and miserable, and that I'm going be faced with insurmountable challenges in the places I work and the people I work with. It's not what I want.

Tess looks miserable, and guilty, and angry. She had a "slice of hell" in a previous job, she says, referring to the agency serving poor teen mothers that she mentioned in our first interview. Tess tells me the environment was rough, full of suffering and hostility. One day a teenager spit in her face. That was the last straw. Tess felt says she horribly guilty, because she always finishes what she starts, but she decided to quit.

"[So] I know enough about myself to know how I react in those situations," she says. "I tend to be someone who shuts down under those circumstances…in those most hopeless situations, I function the most poorly." Tess acknowledges that perhaps she should be more creative, and find more energy within herself to problem-solve in these environments. But she worries she has chosen "a field that interacts poorly with who I am." Tess's field placement is disorganized and everyone is miserable, she says. "In that environment, I am dead. I have no motivation. I kill time. I hide. That is very different from how I usually behave, but it is so chaotic and so overwhelming."

I ask Tess what she thinks makes her shut down. She feels "the system is hopeless," she tells me: the country and the government and what is currently in place to help people: "It's going to continue to be a giant mess, no matter what I do. I think I feel that way about the field." Tess knows this sentiment runs contrary to the ideal social work attitude.

> Ideally, I think a social worker would say, "Well, look at this crazy world and look at what these people deal with and look at these agencies, but I can make a difference, and I'm going to do this by bringing what I've got into each situation."

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…There are people like that out there, and I think [they are] probably perfect for the field. I'm not thriving in that way. I just see that regardless of what I do for each of my clients, there are so many unmet needs. Regardless of what I do within the agency, there are so many problems; it feels insurmountable, and almost futile to try.

…I feel like in a large way, the system is hopeless, our country and our government and what we have in place to help people who need help. So I definitely think that it is hopeless.

I ask Tess how she feels about private practice now. She admits that route may take her out of the arena of hell. She has always been intrigued with helping "the worried well," as she says the professor in her Micro course put it. Tess remarks that the truth is when people's needs aren't so desperate, she feels more able to make a difference in their lives. But in the social work program, this also makes her feel bad:

It's so hard, because it's all value-laden. So when I'm listening to people talk, people who know what it is going to be like out there and are genuinely committed to doing it, it makes me feel bad about myself - that I don't have that in me.

...A classmate said she loved social work, and I thought, "Thank God you exist." But then I also thought, why am I not someone like that?

...But then there's also a part of me that feels like, well, I get one life to live, and I'd like to do something with my life that's going to bring me joy. I feel like maybe I could get a sense of satisfaction out of social work. I don't think I'm going get a lot of joy out of it.

Tess says her fiancé is concerned about her career anxiety; she has explained the social workers she sees every day are committed to jobs she finds "horrifying." They discuss the fact that she may be in the wrong field. I ask Tess there is anyone in the program she feels she can talk to about this. She hesitates. There is one classmate she feels she can be candid with, but she fears others' judgment. She toys with the idea of confessing her feelings to her Micro course

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professor, but again she says it feels taboo. She does not want to say "helping poor people makes me miserable." Tess cringes: "It sounds awful. And it is awful. So it's been a source of discomfort and awkwardness."

I ask Tess if she knew there was an on-going tension in the field of social work in general regarding serving the middle-class through private practice versus serving those who are "vulnerable, oppressed, and living in poverty" (as stated in the National Association of Social Workers' *Code of Ethics*), also referred to as the tension between Micro and Macro.) Tess thinks. She was working in a social service agency when she wrote her application essay, she recalls, and there were social workers there. "I'll be honest," she says, "I knew I could not write on the application that I wanted to be a private practice therapist." But, she says, "I did use the term individual psychotherapy a gazillion times."

I share with Tess that when I first became interested this project, I mentioned to a member of the admissions committee that I was interested in following social work students who were on the "clinical psychotherapy track." I was quickly socialized to change my language to students who "concentrate in Micro practice with a specialization in mental health." I was told this was because no one knew how students' interests may change over the course of the program. This made sense, so I rushed to change the wording in my project proposal. However, it was also clear to me that overtly using the terms "clinical psychotherapy" or "clinical psychotherapist" was frowned upon in this setting, and I felt the embarrassment of one who had violated a taboo.

Even though Tess knew the field of social work included Macro, she says was surprised to find this program had such a "specific orientation" to Macro practice and values. Interestingly

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however, other students interested in private practice - and there were plenty of them - did not react to the Macro aspect the program as intensely as Tess did during her first year. In fact, as previously mentioned, the mantra "There is no difference between Micro and Macro" was repeated by the faculty and (from what I observed) accepted easily by most students in this cohort. That said, the mantra was invoked for a reason: the tension in the field indeed existed and could run high, with books such as *Unfaithful Angels: How Social Work Has Abandoned Its Mission* (Specht & Courtney 1994) creating passionate controversy.

Tess tells me she was shocked when a recent graduate of the program addressed the cohort during a field module at large county mental health agency. The graduate worked there accruing hours to sit for the state licensing exam. She told the cohort that she "went into social work to go into private practice," but wanted to gain experience with severely mentally ill populations first. "She said that in front of her supervisor and in front of all of us," Tess said, shaking her head incredulously. Tess also mentions that she was also surprised when one of her professors mentioned she works with the worried well in her own private practice.

Still, Tess gets "angry and defensive" that she has to justify her interests. A Master's in social work is a path to being a licensed clinical psychotherapist, she points out, so why should she feel bad about taking it there? And if licensed clinical social workers have thriving private practices, doesn't this reflect a demand for those services, even if it is among the middle class?

Tess suddenly grins and starts to chuckle. She refers to the common ritual of students standing up in front of large lecture classes to announce the next student caucus meeting for a vulnerable or oppressed group, or present particular opportunities to donate to those in need. After meeting announcements for students for social justice, requests for holiday toys for foster

kids, or clothing for the homeless, Tess jokes that she should get up there. She cocks her head and addresses an imaginary crowd: "Does anyone else want to go into private practice? Let's talk. Do you not like helping the poor? Let's talk." Tess giggles like a kid in church and adds: "That would be a great way to make some friends." I laugh too, both because it was funny to picture the shocked faces in Tess's imaginary crowd, and because I was happy to see Tess use humor to give herself a break.

Tess's face looks more open now. "That's so funny," she exhales, shaking her head with a smile. She pauses and sighs. The reason she likes her Micro class, she says, is that it just focuses on therapy: "It's the one place that makes me think maybe I fit in, that maybe this is an okay place for me to be. That has been a really nice experience."

Tess seems ready to shift gears, so I ask her to tell me more about why she likes attachment theory. Her eyes brighten.

Tess is happy that the program gives "significant attention" to attachment theory as a foundation for clinical practice. She has always been interested in how early care-giving experiences might impact a person for their rest of their lives. Not all client issues will involve difficult attachment histories, she says, but if a client lacked a secure base in a parent or other care-giver, Tess thinks "going back and looking at that can be healing." She also likes the relational foundation of the therapist acting as a secure base for the client even if other theories or techniques are used. In general, she says, attachment theory is a good way to "conceptualize what happens in therapy...if the relationship is safe, the client can move out into the world and start experimenting." Tess is "less moved by the Freudian stuff," she says, referring to the notion that "the whole relationship is about the transference and counter-transference."

I ask Tess if she wondered about her own attachment relationships as she read through the

material. "Definitely," she says immediately:

> I can't imagine doing the attachment reading and not thinking about your own
> [experience]…maybe people who are interested in going into Macro practice read
> it just because they have to, but there's no insight [necessary]. But even for them,
> I can't imagine reading that stuff and not thinking back on your own experiences
> and thinking about how you now relate to people in the world, and wondering
> what that indicates [about your past attachment pattern].

Tess admits another reason she likes attachment theory is that she sees behaviors she has

now as stemming from how she was parented. Tess believes she was insecurely attached as an

infant, but puzzles over whether she was insecure-ambivalent or insecure-avoidant, referring to

the typology proposed by Mary Main. Bits and pieces of each category apply, Tess says.

Tess is quick to point out there have been "changes in her life and healing relationships

since then." She laughs that she has had "plenty of therapy...and always found it really helpful

personally. So I've had a chance to look at some of that stuff." She reflects on how the theory

presented in class resonates with her in terms of practice:

> If it didn't resonate at all personally, it would be hard to value it professionally.
> But when things line up with what your own experience of being a person has
> been, it is so much easier to invest in it professionally.
>
> So that's been an interesting parallel. Because in what other graduate program are
> you sitting there realizing: "Oh, I'm learning this material, and I'm also
> reevaluating my childhood relationships." …It's just interwoven with your own
> stuff.

I agree with Tess that the program seems to encourage a different kind of education.

Mechanics learn about cars, and lawyers learn the law, but it seems therapists learn about

themselves. Tess nods:

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You have to be self-aware and have the capacity for insight and becoming more insightful [over time] to do therapy. That's such a weird prerequisite. Many other fields you can do very well and never have any insight about who you are as a person. But you can't do good therapy if you don't have some insight.

But it also raises the learning stakes. I can't just show up and get through the day at work. I have to show up and be self-aware and be insightful and be willing to look at my reactions and process things.

That can go either way. Sometimes that is what makes the work rewarding. And then sometimes I feel: "I should have just gone into something much more disengaged." ....It's very emotional.

I ask Tess if she has given any thought to what her parents' attachment experiences may have been like. She looks surprised. "That's funny," she says, "I've thought more about mine than theirs." She did not know her grandparents well, she tells me. She only interacted with her father's mother, but she was in her nineties when Tess remembers her, and her mental functioning had begun to decline. However, Tess does have a store of anecdotes that her parents have told her about their parents over the years.

Her father's mother was born in Russia in 1904, one of seventeen children, eight of whom died. The family was Jewish, and they lived in extreme poverty. The father immigrated to the United States, worked as a tailor and sent money back to the family in Russia. Eventually the rest of the family joined him, but "they almost starved to death" after they arrived. "I doubt my great-grandmother had time to think about attachment parenting," Tess says: "It was do-or-die parenting." (A slice of hell indeed, I think.)

Despite all this, Tess's grandmother graduated from high school in the early 1920's, which was unusual for a girl. She then boarded a ship with a friend and traveled the world. She came back, married, and ran a progressive newspaper. She was the breadwinner of her new

family; also very atypical of the times and her environment, Tess remarks. Tess's father describes his mother as cold, however, and says they always fought. Tess explains her father used to snarl at her grandmother and provoke her, and she remembers them bickering when she was ten years old. It made her uncomfortable, she says, but then they would sit down to dinner as if nothing had happened. Tess describes her father's relationship with his mother as close but conflicted.

Tess tells me this grandmother put aside money for her when she was born for her college education. That money grew in the stock market, and was enough to pay for her degree at Princeton (albeit Tess graduated in two-and-half years). Tess is grateful for that, but adds that her grandmother was not a personally involved nor warm grandparent. She was "no more nurturing with her grandchildren than she was with her children," observes Tess, "but she did love and provide for us."

Tess thinks her grandfather was "the more nurturing, hands-on" parent to her father. He died when Tess's father was twenty years old. Her father rarely speaks of him, and becomes tearful when he does. Tess does not believe her father "ever dealt with the grief in that loss."

Tess says the family on her mother's side is "really dysfunctional." Her mother has done a lot of therapy in recent years, Tess tells me, so she has "sorted through" some of her past experiences. Her mother has also become more autonomous from her family of origin, Tess says, which has been a benefit to Tess.

Her mother's father was a withdrawn alcoholic, Tess says. Not overtly abusive, but absent in many ways. Tess explains that her mother describes her own mother as "just crazy...emotionally out of control and really dependent on her kids…she wanted everybody to sit

around the table while she bitched and bitched and bitched, and she wanted everyone to care for her emotionally." Tess furrows her brow. "I think as a child, it's hard to be asked to care for your parent...that was a source of major discomfort for my mom." Her grandfather did not intervene, she adds.

Tess says her maternal grandmother got pregnant at sixteen, and her grandfather was forced to marry her. She had two more children before she was twenty-one, and two more several years later. Tess's grandmother said she never wanted to have children, much less five, but her Catholic husband would not permit her to use birth control nor have an abortion. Still, "no one wants to hear your parent thinks they would have been better off not having children," which is what her grandmother used to tell her children. "All of them knew they were unwanted pregnancies," Tess notes.

Tess's own mother said something similar to her. Her mother told Tess that she "absolutely loved" her, but looking back, she "should not have had kids…[she was] not someone who should have been a parent." At least she said she loved us, Tess remarks, which is not something her grandmother ever said to her children. And at least her mother has become more self-aware over time, Tess adds, and more recently "her therapy has been a protective factor in my life." Tess goes on to say that she admires her mother for leaving her strict Catholic family of origin, moving to California, marrying a Jew, and becoming an artist. "She was the black sheep," she says. If she had stayed with her family in the mid-west, Tess says, "I would be a whole lot worse off." She pauses and adds, "Well, I wouldn't be here."

Tess pauses again. "That's an interesting question," she says finally, thinking more about her parents' early experiences in the context of attachment theory:

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Neither of my parents came from what I would call sort of perfect, nurturing – no one comes from a perfect family, but there were some problems on both sides.

I like that [attachment theory] explains behavior as adaptive, so if my mom behaves in a particular way toward me and toward the rest of the world, it started out as an adaptive behavior. It's things that she learned...as an infant.

[The theory] is very compassionate. It makes you want to look at the adult and remember that they were a child too, and that the defenses they have or the skills they have or however it is that they function is because of what they were presented with as a helpless infant, and that we all come into the world under those circumstances.

I tell Tess that the Micro professor in the section I was attending said that a primary task of the therapist was to become a secure base for their clients. I ask Tess if she were going to be a therapist who acts as a secure base, how might she think about being that or doing that? Tess laughs:

Well, I think of it as being a whole lot less daunting than becoming a parent, which is something I'm looking forward to. Maybe I just tell myself that so I won't feel as worried about it, but I think the threshold for becoming a secure base as a therapist must be much lower than for a parent.

[As a therapist] I think really basic things like having a consistent appointment from week to week can go a long way. [Also] having an environment that feels safe and warm. I think about places that have made me feel comfortable and want to return versus places that have been uncomfortable...my current field placement is terrible...decrepit, oppressive, institutional.

Tess says a therapist who can be a secure base is someone who:

From week to week shows up to listen and hear what you are saying and mirrors it back to you, and acknowledges they are hearing and thinking about it and processing it. The icing on the cake would be a therapist who is in tune with the subtleties of you as an individual, and has insights that ring true for you as an individual.

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Tess observes that "a lot of the learning" she desires from the program has to do with "learning what skills go into really tuning in [to a client] and really learning how to sit through and process [what the client is saying]."

I ask Tess if there is anything else she wants to add to her second quarter "snapshot" of experience in the program. She smiles that she loves her peers in the program; her new friends have been a "saving grace." She likes being a student again and learning about psychological theory. She worries a lot about whether or not social work is the right field for her given its emphasis on helping poor and vulnerable populations, and even though she joked about it during the interview, she spends a lot of time trying to "soothe [her] own guilt" about that.

Tess also remarks that she sometimes tells herself that attending the program is like "having a subscription to magazine:"

> I am reading it and and choosing to use it in the way that I want. I am here because I am consuming a body of material, and then I will process it in the way that I want to, as opposed to joining a cult, where I am obligated to do certain things.

In her more anxious moments Tess says:

> Sometimes I say to myself, "You're here. You've figured out how to do this financially. Stick it out...after you're out...then maybe you'll be able to see the picture with a little more bit more clarity." Because [now] I feel like all these things are constantly coming at me and constantly coming at me and I'm constantly emotionally reacting to them, and it's very hard for me to see - what is it? The forest from the trees?

"Right," I say, "To see the forest for the trees." Tess smiles. "So that's definitely the experience so far this quarter," she says. She adds that even though she still needs to get through next quarter, she thinks that "having a summer off to really process this stuff might be a smart and important thing."

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Second Quarter Interview: Lily

As we crack open our bottles of water at the start of the interview, Lily tells me her second quarter has been a "roller coaster." If we had met in the middle of the quarter, she would have said she was absolutely miserable. Not only was she feeling she "wasn't cut out for clinical work," but Lily explains she had "some personal issues that seeped in…they were on my mind." She also remarks the project in the *Community Analysis* course "really burnt me out - it was overwhelming."

Thankfully, Lily says she received unexpected praise from her *Micro B Practice* course professor, who called her to say her papers were among the best she had ever read. Lily says that conversation came at a good time. Lily was feeling incompetent at therapy. She felt uncomfortable and insecure in the room with clients. She felt it was too much responsibility, and she "didn't know how to direct things…I've never been in that type of relationship." In previous positions, Lily was either supportive as a tutor or more in charge as a teacher. In a therapeutic relationship, she observes, there is "a little bit of both, and a lot of something else." Lily says conducting the therapeutic relationship is complicated, but she now sees it "like riding a bike. Because now, I don't even know how I learned how to do it, but I feel like I can do it."

Lily tells me the specifics of her field placement experience contributed to her feelings that she was not cut out for clinical work. In principle, she likes her agency. She likes that it is a free clinic serving poor populations, but she is frustrated with how her position is structured. Her two days in placement are split between the agency's main clinic and a high school they work with, so she only spends one day a week in each place. "I don't feel connected in either place," she says, "No one seems to know who I am." Sometimes the high school students and even the

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high school teachers think she goes to school there. Often she feels awkward with her co-workers. She has little opportunity to get to know them, because she is mostly in closed-door sessions with her clients.

Lily was also overwhelmed by the process recordings she had to fill out after each client session. She often spent up to four hours to complete just one, typing over thirteen pages to describe the session, far above what was expected.[23] Sometimes Lily hoped a client would miss a session so she could skip the process recording. That made her feel terrible "because the whole reason I got into this was to help people."

Lily was further dismayed when her field supervisor gave her less than stellar marks on her mid-quarter clinical skills evaluation. When Lily found out that another intern in the same setting got better marks than she did, she panicked. Thinking it over, Lily reflects she rarely conveyed to her supervisor any positive progress she made with clients. Instead, she was quite self-critical when they met. Lily says this is typical of her personality; she has always been critical of herself. "I wouldn't even know how to stop thinking like that," Lily says. Lily insists: "I don't have a bad attitude about myself," but her focus is always on improving herself. Lily says her self-criticism pushes her to make improvements in herself, so she believes it is healthy. But looking at the stress on Lily's face, I wonder if she will change her mind about that.

Lily pauses, and asks me if she went off on a tangent. I say no - we were talking about why she felt she was not cut out for clinical work in the middle of the quarter. She says, "Yeah," and remains quiet. After a moment she returns to the process recordings. Unable to keep up that

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[23] Process recordings are forms that ask students to record a section of dialogue between themselves and a client, then state what the student's "gut level feelings" were during the exchange and the client's apparent affect or feelings. Students pick three exchanges from the beginning, middle, and end of the session. They record them from memory or from notes they took; they are not expected to get the dialogue down verbatim, but they try. The students then go over the form with their field supervisor.

amount of work, Lily finally reframed how to do the recordings. She began to write down just the practical things she wanted to remember about a particular client for the next session. Much of her anxiety about the process recordings dissipated after that. At the same time, she tells me, her anxiety about being in the room with the client also decreased. Lily says again that she is not sure what changed, but she thinks her new way of doing the process recordings put less emphasis on analyzing what she herself said in a session, which allowed her to speak with clients less self-consciously.

Lily pauses again. At a certain point, she says, she realized that she felt such pressure to help the client that she was actually afraid of the client. She felt a big expectation directly from them. She was afraid of saying the wrong thing, looking the wrong way, or not picking up on what the client was saying. She was afraid she looked too young. She felt self-conscious as a female with male clients. Lily also mentions her choice to wear a scarf over her hair. She says:

> I felt there were all these things [that made me] have to prove myself a super competent therapist. And I just couldn't do it. And I didn't want to give a bad impression in all those ways. It was a lot of stress…I would sit there and be so afraid of this other person. I would think, "I'm going to say the wrong thing. You're not going to come back."

Many students at this point in the program expressed concerns about the skepticism and stereotypes clients may have about them based on their physical appearance - their ethnicity, their youth, their gender. However, most students' religion was not as readily apparent as Lily's, so this caused her addition concern.

Some clients did not come back, Lily says, but most of them did. In fact, many clients told her explicitly that she helped them. Over time, this is what made her more comfortable, Lily says. Now, she remarks, "I am not so bent on proving myself." Now, even if she makes a

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mistake, she understands what it was and why she did. Lily explains that she did not even know what a mistake was in the beginning. The phone call from her Micro professor also helped, she said, making her believe she had the potential for good clinical insight. By the end of the quarter, the psychological theories in the Micro course had given Lily ways of looking at things that she did not have before. "I did not even know what I was looking for," Lily says, "so that was really big."

Lily tells me that after hearing other students talk in their weekly lab, she believes other students went through a similar process over the first two quarters of initially not knowing what to do in a session and feeling incompetent and afraid of the client, but eventually growing more comfortable over time as they realized they may actually be helping people. However, Lily confesses, it seems that other students' feelings of inadequacy and fears were not as extreme as hers, nor did it take them as long to go through this process and get out the other side. I truthfully tell Lily that I have heard that exact sentiment from several other students, and she laughs.

Lily also says that in the middle of the quarter she had pessimism about the efficacy of therapy in general among the populations with whom she wanted to work. She started to think of therapy as a middle-and-upper class luxury, good for people who "have all this time on [their] hands to sit and talk" about their childhoods. She saw in her field placement that a poor person working two jobs with a family often does not have the time or the means to get to a weekly therapy appointment to get into the complexities of their past.

Now Lily has different ways of understanding therapy, she says. The more she has learned from her Micro class, the more she thinks of the therapeutic endeavor as "deeply

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layered." At a basic level, particularly in a social work context, therapy can help people solve

practical problems of living, such as helping a person get housing, daycare, employment, food

stamps. This practical help can meet vital needs and can do a lot to alleviate depression or

anxiety. This can also happen in a relatively short number of sessions. Therapy can also be

helpful in an existential way, Lily continues. For example, on a spiritual level, Lily believes that

it is possible to be poor but still be happy. "If I believe that for myself," she says, "shouldn't I

believe that for my clients?"

I mention to Lily that in the beginning of the program she wondered how her spiritual

beliefs might play into her work with clients. I ask her how that has been unfolding so far.

Lily nods. Initially, she reflects, she was afraid her religious views would be a barrier in

her therapeutic relationships because she might feel compelled to judge people who did not

believe as she did (even though she hastens to say her views are relatively liberal). However, she

says happily, that has not been the case. If anything, she has found her spiritual beliefs to be

helpful. I ask her in what way. To begin with, Lily says, "the basic overarching principle of

helping people keeps [her] going." Lily pauses, then seems to want to explain something else.

> There's a lot of rules that I apply to myself religiously….I pray five times a day, I cover my head, I do all these things that most people don't do. I was afraid that might mean that's what I expect out of other people even though in my [personal] relationships I don't [expect that]. But I thought, what if in therapy I start judging people?
>
> I realized…I've been able to pretty successfully make sure that the rules I hold for myself have nothing to do with anybody else. Because that's really important to me. It's important that it's just about me…and yes, I've been thinking about it a lot. Where do I stand? I might stand differently than a lot of other religious people.

I don't know how to articulate it…. [For example], I don't eat pork, you know? But that doesn't mean that I care if anybody else eats pork. On a really genuine level. I genuinely don't care that anybody else eats pork.

Lily laughs. I laugh too, appreciating her delight in her genuinely felt discovery that she does not care if her clients adhere to rules that she herself follows. Lily also explains that her own parents do not pray five times a day, and that is supposed to be the biggest sin of all, but she does not judge her parents. In fact, of all the Muslim people she interacts with right now, no one except her husband prays five times a day, and she does not judge them either. "So it doesn't mean anything," she observes.

She explains further her initial concerns about her religious views and practices interfering with her work as a therapist:

I realized I felt guilty – not guilty [exactly] but burdened about some of my beliefs in relation to my clients and in relation to social work, because I thought, they're just not always congruent. But now, I feel like it's more about my character, and what I genuinely [feel]….I've started to realize that I shouldn't feel bad about [having these beliefs] as long as I am not being critical.

I mean, some things we all need to keep in check. But this is something that I thought I was going to have to keep more in check than things like race or classism. But I don't think it is….I thought it was going to be big, and it's not. And it's nice. I don't think it means what I thought it would mean.

Lily adds there is something about her spirituality that helps her organize her thoughts in this regard. She sees a clear difference between what she thinks of as right and wrong versus the notions of good and bad. For example, even though she thinks it is right for her to pray five times a day, she does not think that means she is good, or necessarily going to heaven, and others are bad. She does not judge herself that way, she says, so why would she judge others that way?

Lily says she has "a whole other standard" for what she considers to be a good person. I ask her what that is.

"It's character," she says. "It's genuineness and being a nice person and having a good heart…the average thing most people would think." I nod, thinking for a moment about all the cultural models Lily is juggling on her way to becoming a social worker. I ask Lily if she feels the rules she is following are just right for her, or if she also believes on some level - even though she does not judge them - that others' lives would be better if they followed those rules as well. Lily understands the question but says no. In order to explain her view she would have to give me a little more religious background, she says.

She tells me that in her view, Islam can be "very arbitrary in the sense that the only reason you do something is because God said to do it….and why did God [say that]? I don't know." There is no list of pro's or con's or detailed argumentation supporting God's particular views, she explains. So if a person does not agree with those views, Lily says she has no logical basis to argue with them, other than God said it, so she does not judge them for disagreeing. Lily provides further context for her feeling when she explains certain stories in Islam that are studied and revered. They actually make the point that God's rules and God's approval can appear arbitrary, she says. Someone might follow all the rules, but God is still displeased with them for something seemingly "subtle…like being arrogant." Another person might be an adulterer, in debt, and does not pray, but if they gave water to a thirsty dog, they might be the most loved by God. "To not judge people…that is a big moral of the stor[ies]," Lily tells me.

Lily says this makes sense to her. There are people who may follow rules, but if they are not of good character, what does that mean? "Just that you follow a bunch of rules," she says.

She herself follows certain rules because she likes it, and it works for her. Lily says following those practices helps her, gives her a sense of order, and makes her "genuinely happy." It also makes her feel more spiritual, she tells me, insisting she is "not doing it just to do it." She laughs and shakes her head. "And I want to make sure I'm not just doing it to do it because then I would have to make myself stop." But, she adds, "I work really hard to challenge myself not to judge people, because that is a big part of my belief system."

Lily explains that Islam considers it "a huge sin" to judge others. This is where her beliefs and social work values are compatible, and this is how a major tenet of her faith supports her social work practice, rather than being some kind of impediment. But perhaps most importantly for Lily, who takes a phenomenological approach to her spirituality, she has found through her clinical practice that she genuinely feels no judgment for people whose religious beliefs or behavior are different from hers.

Lily tilts her head thoughtfully. "I've spent a lot of time talking about this," she observes, "so apparently it is something on my mind…it was something that was really scaring me." Lily again tells me she feared her religious beliefs "would not be compatible with the all-inclusive view of social work." She brightens: "But I think it is. I think I've come to that conclusion."

I thank Lily for sharing her beliefs with me and she grins, saying she hesitates to talk about her faith because she fears sounding preachy. I tell Lily I find the conversation fascinating, and mention that I had a social psychology professor who made the point that major religions have given order to not only societies but individual psychologies for thousands of years. There must be something of value in these systems if they have lasted so long, so dismissing them

scientific age may be like throwing out the baby with the bath water (see Peterson 1999 for a

discussion of myth and religion as psychological scaffolding). Lily responds animatedly:

> That's exactly why I loved [the *Cross-Cultural Awareness* class on religious
> belief]. That was the first time I saw that idea being applied to social work. I
> didn't even know people made that connection. And…a part of me always
> wanted to, in some way…to see the connection and to apply it. When [the
> professors] said many people we help might be Christian, and utilizing their faith
> could be something that could really help them - especially in some African-
> American populations - I thought: "That's deep. That's such a tool."

> …I really enjoyed that lecture but I haven't figured out how to use it yet.
> Religion is one of the things we ask clients about in the psychosocial assessment.
> But I wouldn't know what to do. It would be nice to get a little more training on
> that.

Lily thinks concepts like gratitude and forgiveness, ancient elements of most major

religions, have the "potential to help people in their journeys, and to whatever they need to get

to." Again illustrating her phenomenological approach to these matters, Lily tells me about an

exercise she did as a part of a workshop called "The Art of Gratitude." When feeling anxious,

she says, the instructor told them to visualize something you are really grateful for, like your

child or another person you love most in the world. Lily says she tried it, and "while [she] was

doing it, it was really nice. It was helpful." This could be a kind of therapeutic intervention, she

points out, especially if a religious client already "buys in" to the spiritual value of gratitude.

Lily sighs now, and says that none of we are talking about could apply to conducting

therapy in her agency, where they are limited to providing six sessions to clients. Lily tells me

there is a stark contrast between what she imagines is possible when she is in the program's

setting versus her agency setting. In the program, everyone seems to passionately care about

helping a particular group of people. She has remarked to her husband that being in the social

work program "is not the real world. You are in a room with a hundred people who think exactly like you. And even if they don't think exactly like you, they all really care." In her agency, long-term employees seem burnt out by the limited amount of help they can provide to clients due to lack of funding. In that setting: "the heart is not there for a lot of people." It is disappointing and sad, Lily says.

Mentioning her agency seems to ramp up Lily's frustrations with her own clinical work again. Despite the program's current instruction to first learn just how to sit with clients and listen to them, Lily complains she "wants to provide more than just open ear and an open mind." She believes that is a "good start," but does not think it is "our purpose" in social work. Then Lily laughs, admitting that she perhaps does not yet grasp what the purpose truly is, although she is working on it.

I shift gears and ask Lily if she had given her own attachment history some thought while do the reading for the *Micro B Practice* course. She nods vigorously and says yes. Based on her own current behavior and emotions, Lily thinks that she has a "preoccupied" style of attachment. According to the literature, this is the adult version of having an insecure-ambivalent attachment as a child. "My brain's preoccupied," Lily says, "I'm always thinking about something and I can't shut it off." She looks perplexed, however, saying that her parents are very caring people. But she admits to remembering feeling "clingy" as a child. Despite the fact that Lily was born when her mother was thirty-three and older than her peers to begin motherhood, Lily does not think her mother was ready to have children. Her mother also worked a lot, and had chronic health problems. Lily remembers feeling that her mother wanted to be independent, and thought

Lily was annoying. "So there's that," Lily chuckles wryly, indicating that might be a basis for Lily to have an insecure-ambivalent attachment with her mother when she was an infant.

Her father is loving, she says, but very quiet. He was always someone who needed his space. Lily acknowledges they have become closer in recent years, but again, she remembers feeling she was "the loud, clingy, needy one in the family." She characterizes the situation as her father saying, "Can I please watch TV, I need my space. You're talking too much, I need my space." Lily guesses her early attachment with her father was inconsistent.

Lily pauses and shrugs. Her attachment history is a hard question to ponder because she was raised in large part by her grandmother and several aunts who lived a few doors away. So Lily does not think her parents' interaction with her "influenced the way I am at all." (Lily changes her mind about this later.) Because her parents worked a great deal, Lily was with her grandmother and aunts most of time. They were they opposite of her parents, she says, doting on her and playing with her at her request. Lily says, "I think that's how I became needy [with my parents]…[my grandmother and aunts] were very willing to give, so I got used to getting."

I ask Lily what she thinks her parents' attachment histories may have been. She tells me her grandmother had eight children in India, one of whom died. She had her first child at thirteen and her mother at seventeen. Lily says her mother's childhood was difficult. Her family fled from India to Pakistan during the Partition in 1947. (It is estimated that half a million to a million people died in this "population transfer.") Lily's maternal grandfather was an attorney in India, but in Pakistan he could not find employment. "They were very, very poor," Lily explains, "and they were always moving." Given all that, Lily surmises, "My mother probably didn't get all the attachment she needed." It's funny, Lily tells me, because her mother is now the clingy

one with Lily, calling her every day, and Lily feels guilty that she cannot give her all the attention she needs.

Turning to her father's attachment history, Lily shakes her head. She says she does not know that much about her Dad. She does not know his family very well. Lily visited them in Pakistan a few times, but has little sense of their true relationships. "That's the short answer," Lily shrugs. "I don't really know."

We have run out of time, so I wrap up the interview and thank Lily. She smiles and says she "feels bad for talking so much," but guesses that is the point of our meeting. I grin and tell her she is exactly right, and we head off to class.

Second Quarter Summary of Interviews:

During the second quarter, Anna, Tess, and Lily became more aware of themselves in their relationships with clients and in the context of their field settings. Anna realized her "whole personality," including her own coping strategies were in the room with a client; Tess sees herself "shutting down" and "hiding" in a "hopeless situation;" and Lily recognizes that she is afraid of her clients. In terms of becoming more aware of their "lens," Anna observes she has some biases against certain religious views and "passive" clients; Tess becomes aware that the idea of working with persons in circumstances of poverty fills her with anxiety and dread, which in turn engenders guilt, shame and an uncomfortable confusion about her moral character (Tess has yet to examine all of these feelings in light of her own family's devastating past experiences with poverty); and Lily is relieved to find she does not judge her clients as much as she feared.

None of these observations constitute "interpretive drift" into a model as much as an increase in self-awareness, including an awareness of how one responds to others.

In terms of interacting with the cultural models they encounter this quarter, Anna finds it amusing that she can identify her therapist employing "ego-supportive therapy" in their sessions; Tess grasps and feels miserably alienated by the idealized model of a social worker dedicated exclusively to working with persons struggling with poverty; and Lily appreciates the theoretical models offered in her Micro course for giving her ways to look at the therapeutic relationship, saying she "did not even know what [she] was looking for." All appreciate these cultural models as models to skeptically evaluate. Each is drawn to attachment theory, like most of the social work students I interviewed, and found themselves applying elements of the theory to themselves.

Anna, Tess, and Lily also begin to appreciate that the program places a value on an alignment between their inner feelings and outer expressions, but how this congruence is achieved within professional boundaries, or what this congruence might achieve in practice with clients is still somewhat vague.

By the end of the quarter, each has taken some action to change an aspect of their behavior: Anna reframes her anxiety; Tess declares she will approach the program like "having a subscription to reading a magazine," processing it the way she wants; and Lily changes the laborious and meticulous way she does her process recordings in order to some pressure off herself during her sessions with clients.

Third Quarter: "Trust the Process"

By the beginning of the third quarter, students have adjusted to the experience of being in the field, and they are experiencing more success with their clients. There are no more introductory field modules. The students' *Micro Practice C* course expects them to "continue to develop their social work identity" and write a final paper articulating their developing professional approach as a social worker. Potential employers also expect to hear their approach when students interview for their second-year field placements.

By the end of this quarter, students do have the beginnings of a social work identity. This initial assemblage has been hard-won. This achievement is more self-driven than many students anticipated. Students now understand they must bring their whole selves into this educational process, in both class when comprehending theory and in field when trying to connect with and help clients. They understand that the personal is entwined with the professional, and must be continually examined in order to be effective with clients. At this stage, most students are satisfied with learning they are capable of recognizing and changing certain parts of themselves in order to become a helping professional.

Students have also developed more trust in the program itself, finding that despite their initial skepticism, class material and field supervision has been useful in meeting their original motivation to help clients. Now, when they find class or field supervision wanting, they realize they have to shore up whatever deficiencies they perceive for themselves.

On one hand, students learn by the third quarter in the program to take creative ownership of their educational process and of their development of a professional use of self. On the other

hand, students begin to embrace the mantra, "Trust the Process" as they begin to see in practice with clients that something in this education is working, and they become more open to learning from unanticipated experiences.

The question, "Why are you really here," gets posed for the first time this quarter, and students begin to contemplate this. Clearly, committing to this education takes powerful motivation. The program appears to rely on that - the students' impulse to help must be significant in order for the students to participate in this discipline, in this development of themselves. They have to dig deep; they have to commit.

Students now realize that the sink-or-swim quality of entering the field was unavoidable; and they are starting to learn they can swim. They are beginning to make use of program's models for themselves, and for the most part, they are also starting understand what it means to make use of themselves in their interactions with clients.

Below are descriptions of the third quarter classes: *Micro Practice C: Beginning Application of Theory-Based Social Work Practice; Survey of Research Methods; Macro B: Theory of Social Work Practice in Organizations, Communities, and Policy Settings;* and *Psychopathology.*

THIRD QUARTER CLASSES

Micro Practice C: Beginning Application of Theory-Based Social Work Practice

This was the third and last Micro practice course for first-year students. Major topics included ecosystems theory, family systems theory, and cognitive-behavioral therapy. These were considered major frameworks for social work practice, along with attachment theory and other psychodynamic theories covered in the second quarter. The course also included a discussion of short-term "evidence-based treatments" (EBT's). The final paper assignment asked students to "develop, articulate, and illustrate [their] own initial organization or approach to an integrated theory of social work practice with individuals, families, and groups." Students were expected to draw on the material presented throughout the first-year Micro practice series, in addition to their other classes and field experiences. In addition, the course discussed middle and end phases of treatment, including termination, and for this students brought in their experiences with clients in the field.

The professor of my course section was careful and thorough in her presentation of course material, and she was a particularly thoughtful listener with the students. In addition to teaching, she had a private practice with a sliding scale, and she specialized in treating severely emotionally disturbed (SED) children and families. She introduced herself as a practitioner, teacher, and mother of three young children. She brought up examples from her own family that were relevant to explaining class material: "I want you to know that what we talk about in here is real, and really does matter in real life." Students respected her field experience, and many surmised she was a good therapist.

On the first day of class, she reviewed the Micro course series with the students: "The first quarter was about assessment and safe practice. The second quarter was about trying to understand what's before you, what the client is telling you. This quarter brings these things forward, and gives you additional frameworks for practice." She tells the students:

> This quarter will have you thinking about your continued development of your professional identity as a social worker. This may be different than the other professionals you work with. By the end of the quarter you will articulate your own integrated theoretical approach to working with clients based in social work practice. You will create your own understanding.

The professor remarks that "hopefully" the students have been developing their professional identity all year, and the final paper is a "think piece" for them to "put together their own theory...their own beginning theoretical perspective." She also adds they will be discussing students' termination processes with clients, an essential aspect of their clinical work.

Before turning to the present course material, the professor asks the students what they learned from their previous classes and field experiences that was helpful. Students mentioned attachment theory, the defenses of ego psychology, object-relations theory and self psychology, although many said it was hard to use anything but attachment theory with clients with severe mental illness (i.e., being a secure base), particularly on a short-term basis. (The teacher nodded and said they may find cognitive-behavioral therapy helpful with these clients, and also in cases where the client does not want to "open up" or discuss their past.) The students found the Person-in-Environment perspective helpful. One said she was learning a lot about herself as a therapist, and another said she learned "the relationship is the most important thing," referring to her relationships with clients.

Ecosystems theory was a kind of elaboration of the Person-in-Environment perspective, drawing on research and theory in other fields. The material and discussions about family systems and family therapy clearly got students thinking about their own families in addition to working with clients, but a deeper exploration of students' own family systems and dynamics would occur the following year among the students specializing in mental health.

Two guest lecturers presented cognitive-behavioral therapy (CBT) to the cohort quite differently on separate days. The lecture that emphasized CBT's congruence with evolutionary theory and biological processes was well-received (e.g., anxiety was a natural response sometimes run awry), while the lecture that emphasized correcting clients' "faulty thinking" was not (e.g., anxiety was due to "irrational" and habitual thoughts that needed to be replaced with new thoughts). The first approach was seen as compassionate, whereas the second seemed to support negative stereotypes about CBT: that it was shallow and condescending, and ultimately made people feel bad for thinking their thoughts. When the second lecturer spoke of clients' "thinking errors" and "twisted thoughts" students shifted uncomfortably in their seats. Although the technique was the same, a different relationship with clients was implied by each speaker.

In the second year, Micro students specializing in mental health took an entire course devoted to cognitive-behavioral therapy, and gained a a fuller appreciation of the theory and therapy. CBT is one of the few evidence-based treatments approved by the Los Angeles county public mental health system, so students were keen to understand it. Still, the professor in this class gave students pause when she recalled a proposed study on CBT at a family therapy center where she worked. They had great difficulty finding "pure" anxiety cases in children, where "distorted thinking" could be identified as a discrete disorder. Among the anxious kids at the

center, their real situations and family dynamics were always an influence on their emotions and behavior. One of her clients was quite anxious about his mother's safety because a former gang was after her. The professor explained he did not qualify for the CBT treatment study because his worries were justified.

In terms of ecological and family systems theories, a few teaching points may be worth repeating here. Students were told that each individual's environment was unique. They were also told that any change in a system would change the entire system. Family systems have points of exchange with outside systems, and growth in systems often occurs when there is an exchange of energy between the system and the environment. This is especially relevant for vulnerable populations, the professor said.

The class discussed boundaries between families and larger community groups, and boundaries between persons within families. The professor explained that boundaries delineate a part of nature and makes it unique. Boundaries between groups and individuals can be rigid and closed or permeable and open. A father that isolates his family from the larger community enforces a rigid boundary. A parent that relies on children for support for marital woes has too-permeable or enmeshed boundaries, as does a parent who smothers children so much the children have a hard time knowing what their own feelings are. People may also be disengaged from one another, as when family members have "no clue" what is going on with each other, and there's no support or nurturance.

Symptoms of family dysfunction in clients may be brought about by external stressors such as job loss, racism, or a crisis within the family such as an illness or traumatic loss. These are all real circumstances, the professor points out; identifying these challenges requires no

treasure hunt in the deeper unconscious. The hallmark of healthy family functioning, the students are told, is the family's "ability to adapt to stress and developmental changes - the ability to change." All families have strengths and vulnerabilities, and often the job of a family therapist is to "hold up a mirror" for the family regarding the process and dynamics of their interactions more than the content. Students were told to treat families as having the strengths to solve their own problems, not as pathological. Over time, family therapists hope to "draw out a more workable family picture."

One example may serve to give a flavor of the material students brought to class. A young female student described a client she had worked with all year. The client was a single woman, age forty-two, a victim of domestic violence. She came to the attention of the student's field agency after she was found living in a shed, beaten up and shot multiple times with a staple gun. The woman had been isolated and chronically abused. She had symptoms of post-traumatic stress disorder, severe depression and suicidal thoughts. After some counseling, a twelve-step program, and medication, she got a job and reconnected with her son. The police are still looking for the batterer who has a lengthy record of arrests for domestic violence. The student said she felt shock and compassion, but says empathy is hard because she has never had this kind of experience.

The professor said the case sounded horrific. She talks about creating a safe space for the client in various ways, using various techniques including relaxation exercises and meditation using imagery of a safe space. She counseled the student to help client take blame off of herself, saying that may help with depressive symptoms. Thinking can be easier to change than feelings, the professor said, and a limitation of CBT can be "not sitting with feelings long enough to deal

with where they come from, so it makes sense to have a multi-system approach." Before moving on to the next case study, the professor told the student to "let us know what happens next week after you try these techniques." The professor repeats this to the student again at the end of class, and all the other students nod and offer support. As I left the class, I saw the student and teacher talking in earnest.

The last topic of the class, appropriately enough, was termination. Students were told that therapy is "an intimate relationship that you know from the beginning has an end." If there is an ending date for treatment, and in social work there often is due to the use of short-term intervention models in agencies, students were advised to remind clients of the ending date of treatment at the beginning of every session. Still, expect denial, anger and mourning, the professor said. Expect clients not to show up for their last session. Expect termination to bring up previous losses for the client and for you.

As termination approaches, review your work with the client, talk about what was learned, and help them synthesize the experience. But avoid the "farewell party syndrome," the professor said. "Ask for negative feedback. This will help the client with their next therapist." (Another professor said of termination: "In the last session, review what was meaningful to them and what was meaningful to you. This is a chance to mark the relationship. And as the social worker, we also need to terminate because we cannot carry around all our clients as open cases.") Finally, the professor tells the students to give clients ample opportunity to say good-bye, because they may have missed that opportunity with others. There can be great clinical value in termination, the professor assured the students.

Survey of Research Methods

This course was straightforward and well-liked. It was intended to give students an overview of research methods, including experimental, quasi-experimental, survey, ethnographic, case study, and program evaluation. This course also covered the research process: reviewing the problem, posing a question, and employing a methodology intended to answer that question. Major theoretical frameworks for research were also reviewed.

Students were familiar with this material. Many had majored in psychology or sociology as undergraduates, and courses in research methods and statistics were required for admission to the program. Still, many appreciated the refresher. They were inundated with research articles in their classes, and reviewing theory and method helped them critically evaluate the research literature of various fields as it might be useful for social work practice.

Students found their education and training could be spotted in how they reacted to basic material they had encountered before. In the last student lab meeting of this quarter, the professor asked students what were some of the defining moments of the year for them. One referred to the Research Methods course, saying:

> When we all reacted the same way to the supposedly easy exam question about whether being a
> male or female was an "exhaustive variable." The answer was supposed to be yes, but from the social work perspective, that was tricky, it seemed like it should be no. After the exam, everyone burst out chattering about that as soon as we hit the hallway. It was like one thought for the whole group, no fluctuation. I thought, we *are* a group.

This class was also a break from the rest. It was the only course students took that was not laden with emotion.

Macro B: Theory of Social Work Practice in Organizations, Communities, and Policy Settings

In this course, students students learned about the politics of policy formation, implementation and analysis. The focus was on vulnerable populations such as foster youth, the homeless, and those with mental illness. Their assignment was to write a policy brief that summarized a current social problem, and create a proposal for a program that would address that problem, complete with a budget and potential funding organizations.

For example, one of the students I interviewed worked at a community center for adults with severe mental illness. While these adults were well-served, there was a population of teenagers with mental illness in the community with no services at all. They were called "transitional age youth:" young people who were transitioning from foster care who no longer qualified for services from the Department of Child and Family Services (DCFS). Some were only sixteen years old. She wrote a grant proposal of behalf of her agency to begin a program there to help these statistically "at-risk" teens find housing and employment, and to provide individual and group therapy in a community setting.

In contrast to the first and second quarters, the Micro students now seemed quite on board with doing Macro work. Many started talking about doing Macro work after they put in some years of direct practice. (In fact, in the class questionnaire I administered at the end of the program, half of the Micro students said they also saw themselves doing Macro work in the future.) In my interviews, students intensely interested in psychotherapy were surprised they liked this project.

Students appreciated the creativity it took to design a social program. They also became cognizant of how policies and programs created by real people in the mess of politics impacted

social work clientele, for better and for worse. This was another real-world lesson in the vein of the oft-repeated statement: "There's no difference between Micro and Macro." As another professor said, "it's all about problem-solving when you are out there in the field," whether your efforts toward helping and empowering clients are focused on an individual, family, group or community.

During one of the last classes, the Director of Chrysalis, a well-known successful non-profit organization serving the homeless, spoke to the whole cohort. Spirits were high, and the speaker was funny and engaging. The cohort seemed bonded and inspired. The Director of Chrysalis explained his background. He worked for an investment bank on Wall Street for eighteen years, then went to Wharton School of Business and studied Finance, Public Policy Management, and Strategic Planning. He then worked at a firm that financed public works for fourteen years. Then his brother died, a devastating loss, and he re-ordered his priorities. "It was what Erikson might call a confrontation with integrity versus despair," he said. He moved to Los Angeles and began to work for Chrysalis. Eight days in as the Director, he was told they could not make payroll. Now Chrysalis is a success story.

"Non-profits are businesses where the heart leads the head," he told the students. He believes in capitalism, he said, but the problem is "the barriers to entering the system." Chrysalis gives people a leg up, he says.

The Director tells the students they will be promoted to positions where they will need to know about budgeting. He joked that his presentation on running a non-profit should be called "Show me the money." He says funding for non-profit organizations generally comes from four sources: the government (federal, state, and local), individuals, corporations, and private

foundations. At Chrysalis, like many non-profits, fund-raising is tough. Ideally, no government wants to fund assisting homeless people get jobs: they do not want homeless people in the first place, and governments would rather jobs were available in the private sector. Individuals mostly give to their own religious institutions, he said. Few corporations donate to non-profits without some business benefit to them which can make their giving controversial. Foundations, on the other hand, are often "piles of money with an admirable mission and no social service agencies. They need others to create a good program that shows results."

He also tells the students the phrase "No bread, no Torah" means "no money, no Torah." He and his two friends - a bio-ethicist and an attorney for foster children - sometimes talk about what they do as God's work. "We are not trying to be religious," he says, "but there it is. That's what social workers do." He was recently offered a position to teach at a prestigious business school but decided to teach in a school of social work instead, "because those are the professionals that seek employment at Chrysalis."

Interestingly, this is how education and training in social work began. As discussed in the introduction, persons who ran charity organizations felt the need to teach young people with the "impulse to help" how to do this work.

Psychopathology

This was a controversial course this year. In this course, the cohort learned they were not always doing God's work. They learned the ideal of the social worker was just that - an ideal. It was useful as a "normative orientation" emergent in this behavioral environment: something to aspire to, something to measure one's behavior against (Hallowell 1955: 105). But in observing

their own behavior in this course individually and as a group, the students recognized they would not one day seamlessly enact this ideal. In other words, the ideal character or personality of the social worker was recognized as "[a metaphorical identification,] not to be taken literally;" it was understood as an "as-if" psychology (Sapir 2002: 183-184).

At the last minute, a well-liked professor who normally taught this course became unavailable. A replacement was called in, and although she had impressive field credentials, she had never taught in a university setting. She seemed unprepared for the task. The students were angry and disappointed, and they did not hide it. This course was highly anticipated, particularly for students interested in understanding psychopathology. Many students not only had clients, but family members and/or friends who struggled with mental illness, and they were looking forward to one of their favorite professors breaking it down for them in a tangible and meaningful way. That is not what happened. In fact, there was such negative reaction from the students to the way the replacement teacher conducted the class that she agreed to change the format half-way through – instead of going through the Diagnostic and Statistical Manual of Mental Disorders IV-TR in a rote, page-by-page manner, the students began to present cases of clients from their agencies who were labeled with DSM diagnoses for a cohort-wide discussion.

The students' behavior in this course became a topic for reflection. In the Lab group I attended, students admitted the cohort was rude to the teacher. They said they were "snotty" and acted "unlike social workers." Many were surprised the cohort "got to that place." One said it reminded them of the aggressive behavior that emerged from ordinary college students when they acted as prison guards of fellow student "prisoners" in the Stanford Prison Experiment (see

Philip Zimbardo's *The Lucifer Effect: How Good People Turn Evil* [2007] for a discussion of this experiment suspended in 1971).

The students speculated that the ideal behavior of the social worker - self-aware, compassionate, and nurturant of others, and always "elev[ating] service to others above self-interest" (National Association of Social Workers' *Code of Ethics*) was probably context-dependent, at least in part. The students concluded that while the ideal of the social worker may represent "the better angels of our nature," it was not anyone's full nature. Even the students who stuck to their guns about the unacceptable inadequacy of the teaching said they should have been more compassionate and respectful toward the teacher. After all, it was not the teacher's fault she was called in at the last minute, and it was not her fault she was not the favored professor. The students observed they directed their anger at the situation at the teacher, and their behavior was "the opposite of how social workers were supposed to act."

Students also spoke about this course and the somewhat startling group dynamic that resulted in their interviews with me. Again, many said this experience revealed the idealized (one said romanticized) character of the social worker. Many appreciated the reminder that they would always be human beings with the capacity to express their dark side, particularly when they did not have their professional social worker hat on.

Still, students recognized they could use the idealized character of the social worker as an aspiration and a resource. It was cultural model that could do "emotion work (Hochschild 1979; 2003)" in that this beneficent ideal could bolster the students' self-esteem and sense of purpose, but it was not to be confused with the social worker's whole self.

In this experience, the students' self-awareness and related professional use of themselves as social workers gained another dimension. As Tess remarked: "We're not perfect. It was not our shining moment, but it was a defining moment."[24]

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[24] In 1942, social work educator Virginia Robinson noted that in developing a professional use of self social work students may work on their own growth process: "...it is precisely with his own capacity to grow and change that the student must be concerned. Around the point where direct expression of impulse of will is checked...change actually does take place in feeling and attitude. The student is brought up short before his own will, which perhaps he has never felt as such, detached from an object. He may feel himself convicted of error, of aggression, of meanness, of hostility, or of a generosity which proceeded only from his own need without consideration for the other person....he can feel this force as something with power to work harm to the supervisor, to the client, or the agency, unless he becomes responsible for it" (Robinson 1942a: 19).

THIRD QUARTER INTERVIEWS: *Anna, Tess, and Lily*

Third Quarter Interview: Anna

Anna and I settle in to our interview positions in the social work department's small conference room. We chat about the class we just attended, and Anna swivels in her chair. Her spirits are high. She cannot believe it is the end of the first year. "It flew by," she grins. She tells me she was pleased that she received all A's last quarter, even though students are told not to focus on grades. Also, she tells me, she switched her concentration from Macro to Micro practice.

I ask Anna how she reached that decision. It was in choosing her second year placement, she says. Anna interviewed at both Micro and Macro field placements. The Macro placements offered very little client contact. Anna's reaction was: "Eew." She could not imagine having no personal interaction with clients. She realized the Macro placements were not what she wanted, at least not right now. She also appreciated the program's training in direct practice with clients:

> While I'm here in this program, the Micro education they are offering [is] a lot more valuable, especially while I am actually able to utilize it in my field placement. I just figured, Macro is always going to be there for me…it just made more sense to me...to do Micro and really learn the theory.

Anna goes on to tell me that a friend of hers in the Macro concentration was angry with her for switching. Her friend disagrees with Anna's reasoning, believing the education offered by the program in Macro is more valuable. "She's not into dealing clinically with the client," Anna says. She pauses. Anna says her friend has very good clinical skills, but she is not comfortable with them yet. "She is just uncomfortable, so she doesn't think they're adequate." Anna says she has another friend who wavered back and forth between the concentrations but

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stayed with Macro. This friend said, "I don't know that I'm really good enough in those rooms

to go in [the Micro] direction."

I ask Anna why she thinks these students are uncomfortable with their clinical skills.

Anna thinks they had inadequate supervision; she does not believe their supervisors drew out

their strengths or helped them deal with underlying personal issues that may be getting in the

way of being present and effective with clients. She does believe that some people are more or

less right for clinical work, but she thinks each of her friends could do it well if they got the

support they needed during supervision. That said, it may be that her friends are not ready to

deal with their personal issues, Anna says. In the end, Anna tells me she doesn't argue too much

with her Macro friends about the relative merits of the Macro and Micro concentrations, because

she feels that ultimately both educations are valuable depending on what you want to do.

Anna also tells me the quality of her field supervision changed dramatically this year

when her initial supervisor left her agency. Her new supervisor attended to Anna's clinical work

much more closely, and helped her understand how to be in a room with a client. Essentially,

this new supervisor guided Anna to be more aware of her own way of relating to the client, and

how to assess what appeared to be helpful or not to the client's therapeutic process.

Anna remarks that realizing last quarter that "everything about [her] was in the room"

with her teenage client came soon after her new supervisor commented on an interaction that she

had with a different client, a five-year old girl. This girl's best friend at preschool went to visit a

kindergarten that her client could not attend. Her client responded by saying that she would not

be her friend anymore and that her own kindergarten would be better. Anna immediately

suggested she make up with her friend, saying, "We don't want to say hurtful things to our

friends." Her supervisor told her she jumped too quickly into problem-solving mode. In her

supervisor's opinion, it seemed the little girl needed to master her feelings about losing her

friend; she needed Anna "to sit with her with those feelings."

Anna says she is indeed a problem-solver, and believes this is a coping mechanism she

developed to deal with frequent crises of her father illness. Her natural inclination is to "jump to

the problem's fix," she says. As her clients talk about a problem, she "is already formulating

solutions in [her] head." Anna observes that this habitual way of responding is something she

wants to keep in check as a therapist. Now, instead of immediately offering a solution, Anna

says she explores how a particular problem "sits with" her client first: she explores their feelings.

Later she may ask them how they might go about fixing a problem if they have not already come

up with something.

Anna admits that her own personal therapy gave her the space and freedom to sit with and

work through her feelings of grief and anger related to her father's illness. Still, her supervisor

had to point out that Anna used her own default coping mechanism (or skill, Anna points out, if

looked at in another way) in her desire to assist to assist her clients. Anna shakes her head,

seeming genuinely daunted by the influence a therapist may have with a client:

> You really have to be aware of what you bring into the room because you can
> really guide clients by your beliefs…People [in the program] are starting to talk
> about that more...what you bring into the room.

> It's important to realize the capacity that you have as a therapist…you can shift
> thinking in another person based on how you present your thinking. Especially
> once you establish rapport and a trusting relationship.

Anna says what you are bringing into the room may not be negative, but you have to

know "when it is you coming into play." That was a huge realization for her, Anna says. I ask

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Anna what she does with this realization now. "You just keep on reflecting, " she says

immediately, "You just keep on realizing what you're bringing."

Anna tells me about a weekly Lab group meeting. Anna commented that the process of

interviewing for second-year placements "really makes you say to yourself, why am I here?"

The faculty leader picked up on her comment and asked the group if they "really recognized"

why they were in the program, versus what they typically "publicized" to others. Anna felt she

knew what she was getting at:

> That was the thing, in the two interviews I had. The first one said to me, "Why mental health?" I don't know if it was the way they posed the question or just because it was my first interview, but [my answer] wasn't very deep. [I said] "I find it fascinating. I think it's amazing that people can have these mental illnesses and still function to a certain extent in everyday life. That's tremendous."

> In the second interview, the question was, "So what draws you to mental health?" …I [thought] she was asking me something deeper, and I did get a little bit deeper. I don't know if it was a good thing or a bad thing but I said, "Because my father suffered with major depression," and that's as far as I went into it. I didn't say much more [about his diagnosis of schizophrenia]. I said, "I have a compassion for [people with mental health problems] and I see how people make an effort to function." I also said, "I dealt a lot with social services in dealing with [my father's illness], so it was a big part of my life."

> That was a little bit more than I would ordinarily publicize, especially in a first interview. Looking back, the interviewers essentially asked the same question. But the way the second interviewer posed it, it seemed like she was looking for something more.

The difference Anna felt in these questions could be described as the difference between

asking "why are you here" and "why are you *really* here?" Anna guesses that the second

interviewer was interested in hearing Anna's own awareness of her motivation for becoming a

social worker. (I must note that I realized in this third interview that Anna's disclosure of her

father's illness in our first interview was not typical of Anna, and she tended to be uncomfortable

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sharing this information with others; this is important to keep in mind as Anna goes through her second year and begins to be more open with her classmates.) Anna tells me she got the sense that students in her Lab were in different places with this question. Some students had put a lot of thought into the question while others were still scratching the surface. Still, the group as a whole understood the instructor's point by the end of the class: that reflecting on this question could raise the students' self-awareness and ultimately be useful in clinical practice. To come full circle, Anna implies, reflecting on this question helps students think about what they might bring into the room with clients.

Anna tilts her head, thinking. She believes she has processed her motivation for becoming a social worker, but some things the Lab professor said gave her pause. He said helping others can fulfill a need in ourselves. "I never thought of it as a need," she says. "Originally, my thinking was that the effects of my father being sick compelled me to be in the field….I see attributes of him in [the severely mentally ill] population and I can't stand to see the possibility of [them] being taken advantage of." Anna wants to fight for this population, and says "that's originally why I would think I'm here."

Anna chuckles that she stopped thinking about this question after Lab ended, but perhaps she should pursue it more. She furrows her brow, thinking. She remarks that she likes to think she can affect positive change in people's lives. She then muses that perhaps she is trying to make up for her inability to help her father earlier in her life, but dismisses that notion with a shrug: she was too young to possibly be able to help him. "So I don't know," Anna says.

She tells me about another exchange in Lab. A student working with a man with schizophrenia in a residential setting felt he was not getting anywhere with him therapeutically,

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even though they seemed to be developing a kind of friendship. Mostly, the man just wanted to practice his guitar, while the student wanted to delve into his childhood. The instructor pointed out that playing his guitar with another person may be a profound experience for him, and the student might consider the program's often-repeated phrase, "Start where the client is at." Anna spoke up, saying to the student that sometimes clients might not want to get into therapy. Her own father got tired of mental health professionals asking him personal questions, she tells me. Sometimes, Anna said, a client may just want some moments with another person where they can feel:

> 'Yes, I get to go here. I can be my disorganized, disheveled self and go ahead and strum the guitar and I don't have to make it about my deep feelings and all that because I've had so much of that crap in my life.'

The instructor nodded, and said that sometimes a client just wants to feel normal for a minute. If you can build a relationship with a severely ill client that can allow them to just feel normal in your presence, that could be profound. Anna said sincerely to the instructor, "That is deep. People just want to feel normal," and the group laughed in appreciation of this simple fact. Anna says the exchange made her think about how lucky she is to feel normal with her own family now. With her family, she says, "I am so who I am." Anna finds she is more self-conscious and self-critical in the presence of others.

Anna pauses, her thoughts taking her in a related direction. One thing she likes about social work is that she can be herself as a therapist, Anna says. Now it is my turn to tilt my head. I ask her what she means.

"You don't have to act like some idea of a therapist," she explains. Anna sees the necessity of a background in theory and technique, but says sometimes you just need the skills to

"connect on a genuine level with another human being." Anna says sometimes that can mean: "Fine, let's not do therapy today. I'll just be here. I'll just listen to you. I'm not going to think you're crazy, I'm not going to think you're some weirdo."

Anna chuckles. This all sounds very compassionate, she tells me, and she feels she is indeed compassionate with her clients. But she is also aware that her patience runs thin with higher-functioning people in her everyday life. "It's funny," she says. With people other than clients, she sometimes finds herself thinking: "Okay, you need to pull it together."

This recognition of a difference in their "way of being" (Rogers 1980) with clients versus others became salient to students this quarter, as discussed in the course descriptions. Like Anna, students often found this difference a bit funny or strange. Some suggested it was hypocritical: a social worker should strive to be compassionate and understanding with everyone all the time. Other said that wasn't possible; social workers are human, and needed time "off-duty." From an anthropological perspective, I found it interesting that an ideal model of a social worker had emerged among the students. The students now reflected on this model as they developed their professional use of self.

I ask Anna a different question. I recall that on Orientation Day the Director of Field Education told the students: "You will change." Anna nods, remembering. I wondered how Anna felt about that now, at the end of her first year. Has she changed?

Anna responds, "I'm more equipped. I don't know how much me, myself has changed. I'm gaining stuff as I go along, but I don't think me, my core, has changed." I ask if she thinks there might be a difference the learning experience between those who have previously been in therapy and those who have not. Some students are more self-reflective than others, Anna notes,

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but she is unsure if that is related to previous therapy or not. She has noticed that some students have been significantly affected by the program "because it forces you to be reflective." Anna also observes that the self-awareness encouraged by the education encompasses an enormous range of issues from one's family history, coping styles and personality traits to larger beliefs and unexamined assumptions about race, gender, politics, religion, or education. In social work, all of this is referred to as counter-transference, Anna points out. Anna also observes that all of this effort to be self-aware can be exhausting. While writing up her process recordings after a session with a client she often feels: "I don't know and I don't want to think!" I tell her it seems many students share this feeling.

I ask Anna what she thinks of the *Micro Practice C* course. Given her work with families in her field placement this year, I wonder what Anna thinks of the material on family therapy. She finds it fascinating, but thinks family therapy is "very tricky." From what she has learned, Anna says, family therapy takes more skill than individual therapy. Anna laughs that she would prefer to work with adults with chronic and severe mental illness than attempt to negotiate complex family systems.[25]

Another topic that received a great deal of attention this quarter was the notion of boundaries. There were class readings on the topic, and it was a popular issue to discuss in Lab. Anna says students in her Lab often recounted stories of self-disclosure (or potential self-disclosure) to find out what the professor and other students thought:

> There are those scenarios. A lot of questions about, "Is this boundary okay? Is that okay?" Many times the instructor does not have a direct answer because

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[25] This view of family therapy is not shared by psychiatric residents according Luhrmann (2000). Luhrmann writes that forms of psychotherapy other than psychoanalytic, including family therapy, couples therapy and cognitive-behavioral therapy, "have low visibility and low prestige in psychiatric training programs (p. 58)."

again, that is your own use of self. You have to decide at some point if that disclosure is okay.

My field instructor says that if you have processed something enough, you can use that with your clients.

As an example, Anna describes a time she disclosed a piece of her background with an eight-year-old client. Anna was initially hesitant, but her field supervisor encouraged her, saying it may help the boy express his feelings. Anna's client had told his kindergarten teacher that his dog died. He seemed distressed. In fact, the boy did not have a dog, but his grandfather, whom he lived with, was now in the hospital dying of cancer. When Anna met with him and asked about his grandfather, the boy told her everything was fine. "Just asking him wasn't getting anywhere," Anna says, "because with him, everything in the world was fine, just great."

Anna's supervisor asked if Anna had an honest narrative she could tell from her own life that might provoke the child's engagement. Anna thought about it, and decided to share her story of visiting her father in the hospital:

> I adjusted the story a little bit, but I told him when I was [young] my father went into the hospital for a couple of months and I had to visit him there. I explained to him it was very scary. And eventually he asked, why was he there? I didn't say, "because he shot himself," but I said that he had a heart problem which was somewhat true because he did nick his heart in the [shooting] attempt. And then he asked, did he have tubes in him? And I explained yes, he did, and it was really, really scary.

The boy then told Anna that his grandfather had tubes in him too, but his mother would not tell him what was wrong with his grandfather. Anna told him she had a similar experience:

> I said I had no idea what was going on, because I was young and no one wanted to tell me what was happening. When I look back, I think that people were trying to protect me, but I said really I would have liked to know something. That would have made me feel better.

Anna told the boy that his mother gave her permission to talk with him about his grandfather if he felt comfortable, so she could answer any questions he might have. He said okay, and that is how their conversation about his grandfather's condition began. Anna concludes: "That was an instance where I self-disclosed something to help engage the client. But it was something I was able to disclose. It's not something that I haven't completely dealt with – I'm not going to break down going back and remembering that instance."

The issue of boundaries and self-disclosure will come up repeatedly throughout the rest of the program. As Anna's example illustrates, decisions about self-disclosure are often considered on a case-by-case basis in service of a client's therapeutic process. More or less information may be selectively disclosed by a student depending on many factors. These include the students' own general comfort level with self-disclosure, whether or not they feel they have adequately processed a particular disclosure, and whether or not they think certain disclosures may be helpful to a particular client. Students also learn through practice that their level of self-disclosure will vary depending on the relationship they have with a client.

Anna and I talk about one of the students' favorite teachers who often used self-disclosure in her lectures. This practice seemed to elicit a high level of engagement from the students. Her style was genuine, entertaining and interactive. She spoke about her children's views of race, her strict cultural upbringing, her attachment to her dog, her divorce, her Baby-Boom generation. All of it was to make an educational point, and as Anna observed, the students were not concerned about her as she shared her personal stories because she clearly had the material well in hand. When I interviewed this professor, she said I probably noticed that she had a teaching style that "uses her own stuff." I did indeed. Many students considered her a role model for the

mature, genuine, and effective use of self as a social worker; but many also acknowledged that one's comfort level with self-disclosure is uniquely individual.

As for Anna, right now she is more comfortable using self-disclosure with children rather than adults. "It is a good skill and it does help," she acknowledges. But Anna hesitates to use it with adults. She worries she might share something that "assumes" she understands how the adult is feeling, and she is wary of making mistakes. "I don't know," she says, shaking her head.

"I have a thing about people assuming my feelings," Anna admits. If someone asks her if she is in a bad mood, she sighs, "Now I am." You can't just assume someone is sad, Anna says. She tells me a story that has stuck with her. She recently saw a therapist at the Student Psychological Center. At one point in their conversation:

> He said, "You know, I kind of feel like you are holding back on me. If you talk about this more you might cry. And I said, "Yeah, no, I'm not about to cry." *[Laughs.]* "I'm not holding back."

Anna rolls her eyes and makes a face. That's the mistake she wants to avoid - assuming the feelings of adult clients. However, she does add that her field supervisor told her she could always ask about a client's feelings because "they are going to tell you right away if you are right or if you are wrong, and they will move on from that." Anna shrugs. "I guess you're right," Anna told her field supervisor, reflecting that when her therapist suggested she was about to cry, Anna corrected him and moved on. But still, it made her uncomfortable, so in her own work she now avoids inquiring about her client's feelings.

Anna and I have run out of time. I thank Anna and tell her I look forward to seeing her next fall, after she has begun her new Micro field placement.

Third Quarter Interview, 1 of 2: Tess

I interview Tess twice during the third quarter, once at the beginning (in April) and once at the end (in June). At the beginning of our April interview, Tess drops her backpack and sits down with a contented sigh. She waits patiently for me to push the record buttons on my devices, but I can tell she is excited to share something.

"I definitely feel more positive," she grins as soon as the red light appears. "I had an attitude shift." Tess reminds me that last quarter she was unhappy with parts of the program and parts of the field. I nod. Tess says she thought being uncomfortable with those things meant there was "no role for [her] in the field." Tess laughs. "I was over-generalizing a bit," she says.

Tess says a comment made by a teaching assistant at the end of last quarter impacted her significantly. The teaching assistant was a Ph. D. student in social work who had completed the Master's degree in the current program. She told the students that when they are "done with this process" they will be able to look back and see that "a huge part of what is being done here is socialization to a particular field and a particular viewpoint." In effect, the teaching assistant assured the students that the program knew what it was doing; the program wanted to convey the particular perspective of the field of social work as they guided students through a training process they felt would make them effective helping professionals. Tess appears relieved:

> That makes me aware that it is not an unconscious thing that the professors and leaders in this program are doing. They have a particular set of values and a particular way of seeing the field of social work. They are consciously conveying that to us through the way they have structured the program. So it may be no accident that I was feeling the way that I was feeling.

Tess says she is now able to step back and and realize the professors and leaders of the program "can do whatever they want." That is, the program may choose to emphasize the field's social justice framework, but that does not mean Tess cannot declare herself a clinical

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psychotherapist. Tess tells me she writes "clinical psychotherapist" in all her papers now. "It's my way of maintaining my identity," she tells me. Now when she takes class notes, Tess will write "clinical psychotherapy" even if the professor uses another term like "direct practice."

Tess tells me that she felt so much fear last quarter about being in the wrong field that "the stuff that was bothering" her "overshadowed" the parts of the program she liked. Now she has a new stance. Tess says she employs "a kind of filter" to selectively choose what works for her and to shield her from what does not. Now when she sits in classes she is less angry and defensive. She is able to take in the information about clinical theory and practice that she values but lets comments regarding social workers living a "slice of hell" bounce away from her.

Tess says employing this filter has made her "educational experience more pleasant in the last two months." If she can keep up this filtering, Tess says, "perhaps [she] can still do work that is personally meaningful and has an impact on other people." After all, Tess remarks, "there aren't a whole lot agencies out there that are all rainbows...and there are going to be things about this field - or any field - that are unpleasant." Tess says she "is just thinking now" that having the ability to select "what she lets in and what she does not let in" may be an important skill in itself in a tough field. "This has been a big thing for me," Tess concludes. I tell Tess it makes a lot of sense.

I ask Tess if she gave any thought to how the program socializes the students and structures their educational process. She offers three components of the socialization process from her perspective. First, she thinks the chaos of the first quarter is intentional. It was an initiation process, she observes, and the message was: "Welcome to this field. It is busy and multi-faceted and demanding and unapologetic and get used to it…get onboard real fast." There

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was barely a learning curve, Tess remarks: "You jump in and you're expected to figure it out." She thinks it "mirrors something about the field."

Secondly, Tess feels the program makes it clear students are going to do a good amount of "self-work." She explains:

> There is a lot really early on that has to do with self-awareness and insight and self-disclosure…[like] the fact that we have Lab all year with the whole idea of: "How are you doing? Let's check in. Let's share." ...There's this idea that social work involves a lot of who you are personally, and that it can be difficult to separate who you are personally from who you are professionally. You should expect that who you are personally is going to be engaged by the kind of work that you do; and you need to do self-work at the same time as everything else....So that's definitely been part of the process.

Finally, Tess points out the idea that social work should be primarily concerned with doing community work and serving the vulnerable, oppressed, and those living in poverty. This "lines up perfectly" with the National Association of Social Workers' *Code of Ethics,* Tess acknowledges, so frankly Tess shrugs that she is "the piece out of alignment."

Tess stops and thinks for a minute. She ventures to say that feeling "defensive and irritable" about these social work values, and "shooting to the other end" of the spectrum to declare herself a clinical psychotherapist is probably "splitting and immature functioning" on her part. She continues to reflect:

> I think sometimes my frustration or my discomfort in this program has made me define myself too narrowly. Last quarter I said the only way I could possibly do this work was if I was in private practice. I said I can't do community work in a community mental health setting. And that's not true at all...I was so polarized.
>
> I don't know what path I will end up on, but I think it will be a case-by-case situation. I do know that I don't want to work in a clinic like my current one. So when it comes time to apply for jobs, I'll see what's out there. I'll try things on for size. If it doesn't fit, okay, I learned something new. As opposed to me having to define myself in opposition to this program, which is crazy.

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Tess admits she has a tendency to see things in black and white when she is anxious. I am surprised by her sudden reflection that perhaps her reaction was immature, and her observation that she was defining herself "in opposition to the program." Her approach to "see what's out there" and "try things on" after graduation also sounded new; indeed it sounded like a "Trust the Process" orientation. I remembered in our first interview Tess said, "I am not someone who is very good at floating and just being in the moment with what I am doing."

I ask Tess about her own learning process this past year in terms of becoming a therapist. Tess ponders the question. "We all have things we love about ourselves and things we hate, things we are really ashamed of," she says, "That's part of being a person." But thankfully, Tess continues:

> I'm seeing how the parts of my personality that I've always wanted to amplify, things that I thought were good things about me or helpful things about me…the parts that I've always felt good about are amplified in my practice as a therapist.
>
> ….One of the reasons I'm reminded that I like this field is because the things that make me feel good about myself are things that I can incorporate into my professional work. And they're genuine. They're part of me that I can extend into that work.
>
> So I finish a therapy session and I…think, "I was patient with this person, and I was empathic, and I was thoughtful, and hopefully I was a little bit insightful, and hopefully I conveyed warmth to them." Those are the [parts] of my personality that I like. And when I get to do that in my work, that feels nice.

I bring up her cultural autobiography for the *Cross-Cultural Awareness* course, which Tess emailed to me before the interview. I tell her I appreciated her sentiment that she looked forward to being the "next Jewish mother" in her family, cooking and fretting over her children's health. She laughs and nods. I also recall that she mentioned a "series of events that culminated

in her parents' divorce when she was fifteen." I ask her if that was when she started doing peer

counseling.

"Yes," she responds, "the two are probably related." I ask Tess if she wants to say

anything about that. She nods:

> Sure. It's something I have thought about a lot because I always wanted to be
> really careful that my motives for being in this field are professional. Not to say
> that I can't have personal motives that have brought me here, but I don't want to
> be [a therapist] reacting in particular ways because they heal me in some way.

> I think some of the bad therapists out there have unopened wounds - or open
> wounds - of their own, and they are there to soothe or heal themselves. And that
> can really obscure their vision in working with clients….So I do a lot of reality
> checks with myself. Like, "What brought me to this field? Why am I here? Why
> am I still here?

Tess tells me more about what happened during her childhood. Her parents got divorced

when she was fifteen, but their troubles started when she was ten. Her father's business went

under, but he kept this a secret for years while he piled up debt and sold off their family assets.

"There was a lot of deceit," Tess says. When her mother realized what had happened, she

became extremely depressed. Tess says she does not blame her - "she had these huge losses" -

but says her mother "slept for like six years." Tess felt her mother cared about her, but she was

largely absent from her life at that time. Her father was narcissistic, Tess explains, so when he

was involved with Tess he was preoccupied with getting own needs met. Other than that he was

distant. After age ten, Tess says, "I parented myself."

Tess is unsure whether she felt consciously hurt by her parents' withdrawal at the time,

but during therapy in high school and college she saw upon reflection that "there was a really

huge loss." A lot of the work she did in therapy, Tess says, was looking back on the ways she

parented herself and the parts of herself that developed because she became her own parent.

"Those parts are a source of strength for me," Tess says. She refers to her peer counseling when she continues:

> I think by extending those parts to other people, it was like I was experiencing it externally to myself and it had some of the same effects. So by going out there and choosing a [volunteer position] that had to do with nurturing and support and patience and being present - and being insightful and being attuned - I did not have parents during those years of my life who were doing that with me, but I still had those processes happening in my life.

Tess hopes to have "really professional boundaries" with clients, meaning she does not want to replay her own childhood issues in the therapeutic setting. "When I'm in the room as a therapist, I'm there to help the client replay their issues and their current situations, not for them to become part of my issues." Tess hastens to add that counter-transference is natural, so she is sure to question herself if she finds herself "having a really strong reaction."

Tess circles back to my original question. She does not think it was an accident that during the years she was "feeling those deficiencies" in her family she started to "play those out in [volunteer opportunities]; and eventually it led me down a particular career path." Tess pauses. "So I think that's maybe one way of talking about it," she says.

Tess sighs that she looks forward to being a parent, but also hopes not to play out her issues with her parents with her own children, just like she does not want to play out issues with her clients. So it's the same question, Tess says: why does she want to be a therapist? Why does she want to be a parent? Tess remarks:

> In that way I do share a value with the program, which is that self-awareness is very important. I don't know that I believe you can teach that. That's something I came here with; and I think a lot of people in this program came here with. But I think you have to be if you're going to do this kind of work because inevitably

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in working with people, you're going to see things that bring up [your issues]. I mean, we all have emotional topics from our lives, and if you're not aware of them, I can only imagine disastrous things happening at some point in your work with some individual.

I agree with Tess that many of the students seemed unusually self-aware at the start of the program. What's interesting, I say, is how much more aware they become. Tess chuckles:

There are so many other professions out there [in which] there's none of this. You do a task, you go home. I think that's what makes therapy so meaningful. And that's also what makes it so crazy and so exhausting.

I ask Tess if she thinks being self-aware and being aware of the experiences she has gone through could be "potentially useful in terms of working with clients." She hesitates. She speculates that it may be in terms of "the process of empathy," but it could also be "a double-edged sword." If Tess had a client whose parents divorced when she was a teenager, Tess says she would be wary of "distorting" her clients' experience through over-identifying with it. Tess also remarks, "I'm not a huge fan of self-disclosure," with the exception of disclosing her feelings in the here-and-now. She does think there are people who self-disclose about their past experiences effectively with clients, but she adds, "I don't think that's something I will do, but I could be wrong."

Tess and I are out of time, but we meet again at the end of the quarter, just before the end of the first year. As we walk to class and Tess jokes about getting ready to use her filter, I am reminded of her moves to "parent herself" when she was an adolescent. In some respects, perhaps Tess has also found a way to "educate herself" in this program.

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Third Quarter Interview, 2 of 2: Tess

Tess and I meet again a few days before the summer break. Tess tells me she was

thinking about our upcoming meeting as she walked across the campus that morning. Each time

we meet, she observes, she is in a "dramatically different" place in the program. She shares her

reflections:

> The first meeting I was kind of nervous and stressed out, and this was all new and there were uncertainties…the second [meeting] I was *so* negative, *so* negative: disliking social work and not even sure if I wanted to do the kind of work I'd once wanted to do. The third [meeting], there was a little bit of defiance: "I'm not going to go with their model; I have my own model."
>
> Now I…[look at] the field and I don't like all the parts of it, and I don't agree with all of the stereotypes of it, and I don't love all the classes in it. But I think this is where I fit, even if I'm just one piece of the puzzle.…And the piece I love *is* social work, it's clinical social work, but it's still social work…I don't need to call it something that it's not. I can just like my piece. And that's okay.
>
> It took awhile to get there though. *[Laughs.]* And I'm sure that it will be an evolving process coming back next year, and I don't think my thoughts about myself or this field are done evolving. But I'm happy that I've ended this year in the place that I'm in, as opposed to any of the other places that I have been leading up to here. This feels much more syntonic than other times.

Tess likes the "lens" of clinical social work, she says. While many mental health

professionals employ the same treatment techniques from cognitive-behavioral therapy to

various forms of psychodynamic therapy, she feels the perspective of social work casts these

techniques in a different light. She points out that many therapists say their approach is

integrative or eclectic, but a foundation in social work gives you something more:

> I think it has a respect for people that is unique. I mean a true respect...that understanding of humanness...and the belief about "Starting Where the Client is At." There were so many things in that first quarter that seemed like these silly lists of perspectives that we had to learn but I think it's true. I think starting

where the client is at is a unique thing. Whereas other fields may [tend toward viewing] the therapist as expert and start where the therapist is.

Tess has come to the conclusion that her "values line up" with clinical social work in particular, and she likes how the values of clinical social work play out in practice. She recalls a professor saying in college that cognitive-behavioral therapy was the only therapy worth doing because it was the only approach validated by empirical research. "Ironically," Tess chuckles, "that is not what the research shows. There is a lot of research that shows it's the relationship [that predicts therapeutic success]."[26]

Tess feels less guilty now about wanting to work with clients other than the poor and most vulnerable. She is starting to feel like she does not "have to" feel guilty: her place in the field and among the public as a clinical social worker working with the middle class is valuable. She says:

> It took awhile to find myself in the mix. But I feel like I am much closer than where I was starting off. It's been – not to be totally cornball – but it's been a journey. I mean, it's been an unbelievable year.

I ask Tess if she feels like she has changed in the past year. "In huge ways," she remarks. She laughs that she now talks with her friends and family like a therapist, asking them about their experience rather assuming or offering judgments. She has a "deeper understanding of how who I am impacts everything I do." Tess is now aware that she (like most people) selectively listens to others, and always carries her own lens into any relationship. She continues:

> A client could say ten things, and the therapist will inevitably pick one and move toward that or ask about that. So when thinking, "What questions am I asking, what questions am I not asking," I realize that in very subtle ways the person I am

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[26] See for example Hubble, Duncan & Miller 1999.

impacts the professional work. And then seeing that extend beyond therapy sessions: So, what do I attend to in my own personal relationships? What do I attend to in my own world?

So [there is] this awareness that nothing is really an accident. That we all do things because it's part of who we are, and [I am] feeling a little bit more ownership for the decisions I make....So in that way, or personally, I feel like I've changed a lot.

Tess tells me that her relationship with her fiancé has changed as a result of being in the program. They met in high school but only began dating years later when they were both across the country at Princeton. Tess says despite their youth they immediately felt they were meant to be married. Tess is twenty-three now, and admits she gets nervous that she and her fiancé could grow apart because "in your twenties, a lot of change happens." They might not change in the same direction, she worries. But so far they have not grown apart; instead, they have grown closer this year as Tess has changed.

She explains that she and her fiancé don't do a lot of arguing or yelling and screaming. Neither enjoys the feeling of anger. It may be a little bizarre, Tess remarks, but in three years of dating they have never had a "big irrational yelling fight." However, Tess says, she experienced a great deal of anxiety when they had conflict, even though she never vocalized it. Tess would silently ruminate about whether or not her feelings were reasonable or unreasonable, fair or unfair. This could turn into pouting and waiting for her fiancé to guess what was wrong. Her fiancé, also eager to avoid conflict, would do nice things for her in an effort to change her mood without verbalizing that he noticed she was upset.

Tess says she knew how dysfunctional this was, but she could not make the words come out of her mouth. But now, Tess is "noticing that when I'm upset about something I just say it."

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There is a "stronger sense of me," she says, and it has strengthened their communication and their relationship. She feels more comfortable in places of ambiguity and conflict, and that has made her feel more secure. "It's a cool side effect of being in [this program]," Tess says.

I ask Tess how she thinks that change came about for her. Part of it was her field placement, she says. That work environment challenged her to be independent and self-reliant at a level she had never experienced before. At the crisis counseling centers where she previously worked she was used to tight-knit communities and generous support among colleagues. Her placement at the VA was very different. There, one of her long-term clients was dealing with homelessness and very serious mood and personality disorders, and the other was dealing with death and dying. But despite the gravity of her clients' struggles, Tess's field supervisor did not offer her much advice or guidance, she says, and neither did the psychiatrists nor psychologists. To make things worse, Tess also felt the stigma that social workers "were uneducated and really not capable of doing much…all they were really good for was handing out bus tokens and maybe some case management." She adds, "No one would have sent their patient over to a psychologist for bus tokens even though the psychologists had the same amount" as the social workers. But although the process of feeling on her own in her field placement was uncomfortable, Tess learned to be "okay in [her] own skin:" she learned to trust her instincts and simply help her clients problem-solve as best she could as an intern.

Tess points out that not all of her relationships have changed. She still has dysfunctional relationships where she is "no more direct" than she ever used to be, and she uses the same defense mechanisms that she always has. "So it's not that instantly the sun is out and everything is perfect," she says, "but I do feel there is a change." Tess jokes that her improved ability to

speak her mind in the face of conflict and her new effort to hear her fiancé's feelings without getting defensive has helped them in their wedding planning.

I ask Tess if she has done any personal therapy this year. She nods and grins. She tells me the story of Clarence the terrible therapist. While Tess tells the story in an amusing way and the outcome is ultimately positive, Tess felt she had to terminate therapy with him after he "shamed her" for not confronting her father. Tess tells me he literally said, "Shame on you," as he walked her out the door at the end of a session. "Can you you imagine?" laughs Tess: "What a jackass." She shakes her head: "So that was it for Clarence."

Nonetheless, Clarence did help Tess to "conceptualize her anxiety" in a "very different way." Just because she is prone to anxiety "doesn't mean her life has to be about her anxiety," Tess realized. She could make choices about how much she was going to let it influence her life. Tess said after eight sessions she "felt a whole lot more in control" of her anxiety. She learned "how to use it and how to talk back to it." Clarence "wouldn't let her sit in her ruminations forever." Tess says, "This was a helpful thing," although she found his remark that her ruminating was like "hair that swirls around in a bathtub drain" rather "unpleasant." Clarence told Tess she "could keep spinning and spinning and spinning, or [she] could say, 'Enough.'" The positive outcome of the therapy, Tess says, is that she now realizes she "gets to make a choice" about whether or not to ruminate, and with that choice she can change how she feels. "Actually," she says, "this is the first time I believe I have that choice. I have heard people say that before, but I don't think I really believed it."

I tell Tess I read once that a common symptom of anxiety was "feelings of dread." I was impressed that there was a phrase that actually seemed to capture some of the phenomenology of

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anxiety. Tess nods and says one of the things she likes about the DSM is reading about symptoms she recognizes and actually seeings symptoms of anxiety grouped together. When you see that clustering of symptoms, Tess says, and you have noticed that phenomenon in a client or family member or even yourself, it can make you think:

> Oh, it's not just me...oh, okay, I have some kind of an anxiety disorder. I am a high-functioning person, but I definitely have some anxiety stuff going on.
>
> And when I read [the DSM about anxiety], my reaction is: "Oh yeah, that's me." *[Laughs.]* And those are my people, you know? And that opens the door for treatment.

Not all social workers have such a favorable view of the DSM, but Tess says she loves it. In fact, she admits: "I like to sit and read it and play with it. I think it's fun."

Our interview time is drawing to a close, and I thank Tess for sharing her reflections on her experience in the program this year. Looking back, Tess tells me she sees "the year as an arc." As chaotic as it felt at times, Tess tells me she is "able to piece together" her experience in a way "that makes sense." She concludes there has been "a progression that happened in a particular way maybe for a reason...it wasn't just random, which feels nice."

Tess recalls how anxious and unhappy she was earlier in the year, but observes "you can't make a change without discomfort and ambivalence." Even when a person "is moving toward better things," she says, "you often have to turn yourself upside down, and there are periods of instability and fear before you get to feel stable again." Tess continues:

> And that's definitely been the process of the year. There was anxiety, but I was still living in my old patterns. And then as we moved through the winter quarter everything fell apart. And none of my old ways of coping were working and everything was so insecure...I was questioning everything and it felt so up in the air. And then as we transitioned back into the spring quarter there was a new way of doing things. It felt like - maybe [it was] a nice parallel process for me of what

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change would be like for a client going through therapy. I sort of had the same thing where [I had my] old ways, and then there was uncertainty and fear, and then new ways.

I guess I'd like to think that the same thing will happen next year. I wouldn't mind it if the change is a little bit less uncomfortable because I did find it very uncomfortable. But it did sort of mimic in some ways the therapy process.

In fact, the following year Tess does go through another iteration of her experience this year, but on an even deeper level. The image she uses next fall is not "upside down" but "shattered;" however this too changes over time.

I thank Tess for sharing her experiences, thoughts, and humor with me this year, and wish her a summer of respite before another year in the social work program.

Third Quarter Interview: Lily

It is finals week at the end of the program's first year, and Lily appears both happy and stressed out. She is "excited about everything she is doing," but deadlines are approaching fast. The first thing she wants to tell me about is her *Macro B Practice* class project. "It's really interesting, it's cool," she says, "But it's a lot of pressure because it's real. I just want to do it right."

In their third quarter Macro course, students are required to design a community intervention and write proposals to granting organizations in order to fund it. Lily met with an organization called Street Poets, which showcases the spoken word poetry of former gang members. The organization has offices in New York and Los Angeles. At frequent open mic nights, former gang members perform their poetry in an effort to help teenagers resist the pull of gang life. Street Poets also offers art and writing workshops for teenagers at risk, and a summer

football program at juvenile camps around the nation. The mission of Street Poets is to create strong communities for teenagers that are alternatives to gangs. That is difficult, Lily says, because "the gang identity is so powerful. The only other identities I've seen that can match up to that lifestyle are an arts-based identity, a religious identity, or a very strong political identity." Lily points out, as many do, that gangs provide vulnerable youth, particularly those whose parents are absent in one way or another, with a family. Street Poets tries to meet some of these teenagers' needs though an alternative community.

Lily met with the director of Street Poets in Los Angeles and told him about her Macro course project. She asked what the organization needed. He told her they had been thinking about a mobile poetry van, inspired by the mobile health vans that serve poor communities. Lily loved the idea, seeing it as a great way to spread the group's message. She tells me the van and could park outside of high schools at the end of the school day. The van would be covered in art, Lily explains, with big speakers to project the voices of the poets as they perform. Lily says the van could also park in a spot where there was a recent gang-related death and do a memorial service. "We're calling it the Peacemaker Van," Lily says. The director of Street Poets asked Lily to write the proposals for funding. Lily is currently writing grant proposals for three foundations. Two of the foundations are arts-based, and one supports the prevention of violence.

Lily's enthusiasm has me on the edge of my seat. She believes in Street Poets' mission and thinks the mobile van is a great idea. However, she also notes the paradoxical glorification of gang life in Street Poet performances and publications, despite the ultimate message of warning against participation in gangs. Performing or writing as a Street Poet is "a transition" for former gang members, Lily observes, many of whom were incarcerated. "It's so interesting –

even in trying to get out of it, it's hard to really let go of it. You're still trying to hold onto that glory that was once there." Still, Lily thinks the Street Poets' Peacemaker Van could at least advertise to kids and teens living in communities run by gangs that there are alternatives to gang life. Lily says she will let me know what happens with her grant proposals.

I ask Lily what else is happening during her busy finals week. She is working on her final paper for the *Micro C Practice* class, which asks students to describe their evolving therapeutic approach. Lily reflects that each new theory she learned this year captivated her for awhile; each seemed like "her theory," or the one that resonated with her and she would adopt, she says. After awhile, she began to see the benefit of an eclectic approach. When clients come in very anxious, Lily first takes a cognitive-behavioral approach to reduce their anxiety. Once their anxiety is under control, Lily might draw on psychodynamic theory or family systems theory. Keeping attachment theory in mind is always useful, she tells me, recalling "that was the first thing we learned…[and] it shaped our understanding [of the importance of relationships]." Lily remarks that Heinz Kohut's "Self Psychology" rendered the first description of empathy that she really understood.

Still, Lily feels frustrated by the brief exposure to all of these theories. She acknowledges it will probably take a lifetime to master therapeutic practice, but she feels like she should know more, including more about the brain and how it works. It should be part of the curriculum, she says, because not everyone majored in psychology.

Lily tells me she is learning about anxiety and the brain from a psychologist she has been seeing for her own psychotherapy through the Student Psychological Center. "She's really good," Lily says, "It's been a good experience." Lily points out that she asks her clients to

engage in the therapeutic process, so it only seems "only fair" that she does it too. Plus, she

asks, "How can you practice something if you don't believe in it?" Most of the students I

interviewed either began or returned to therapy this year, so I was not surprised to hear Lily say

she was seeing a therapist. I was also not surprised to hear she was dealing with anxiety; this

was also common among the social work students at this time. (As described previously, Anna

and Tess also sought therapy for symptoms of anxiety.)

        Lily describes her experience in therapy this quarter:

> I have a lot of anxiety issues…and I really like the interventions [my therapist]
> uses. She explains what anxiety is, and how it is an evolutionary [heritage] and
> how it is natural and nothing to be afraid of.

> …I've found with myself and with a lot of my clients…it's not just the situation
> [that causes anxiety]. We are afraid of the anxiety itself. Because you are afraid
> of fear. Because you don't want to feel imbalanced. You want to feel perfect all
> the time.

> So just to have somebody explain to you that it is okay to get a little alarmed,
> because your brain is working overtime. In that, she didn't get too specific, she
> just said it in a way that I knew she knew what she was talking about.

> I really like that, and I don't think I could do that with my clients, and I want to be
> able to do that.

        So far, Lily thinks what the program teaches is "very basic." Particularly at the Macro

level, just being exposed to the basics has frustrated her. For example, Lily complains that while

they taught the history of the public welfare system, she needs to know more about the system as

it is now so she can advise her clients. (Students specializing in Public Child Welfare get this

education in their second year.) She mentions that she is disappointed in the *Psychopathology*

course like everyone else this quarter, but feels sorry for the teacher who was "thrown in last

minute." She has a unique view on the *Research Methods* course: she is disappointed there is not more "innovative" research in general.

   Lily hesitates on this point about the education being basic when considering the *Micro Practice* courses. She has enjoyed those courses the most. Lily muses that the Micro curriculum has the advantage because "the basics" are essential to clinical work. Because despite feeling she does not know enough about the brain or the deeper intricacies of many psychological theories, Lily recognizes that:

> ...at the same time, there's been this amazing growth in myself…I think like a therapist. I don't think I'm good at it, but I think like that now. I'm not sure if that's something [the program] did or the placement did or my field supervisor did…
>
> But now that's how I think. I like that. It's cool. I feel like it's really helped my own personal life. It's really helped my [work]. I really enjoy my sessions now. I enjoy meeting with clients. I kind of know how to approach things. I just feel very comfortable.
>
> [When] taking on that professional role at the beginning, I really was very uncomfortable. [Then] it just clicked. It was like riding a bike - I [noticed], "Woah, I think therapeutically."
>
> So when my husband says something [that bothers me] or we're in a fight, I really think: "Let me listen to him. If I show a little bit more empathy, maybe he'll get less angry." It's just coming into my brain naturally.
>
> ...[And] all these anxiety things we're learning [about how to manage anxiety] - I use them on myself. It's great. It's very selfish in that way. I mean, I get to practice [therapy] all the time now.

   I ask Lily what she means by that. She asks me if she has told me about her sister Sarah, who is eighteen. I say she mentioned in our first interview that her sister was in Jordan studying Arabic. Lily nods. Lily tells me Sarah had been struggling with drugs for years. Her parents did not know what to do, and they did not know how to help Sarah. Lily admits she didn't know

much about substance abuse problems either. "We came up with this idea to send her away," she says, "It was kind of helpful, but not so much." Lily adds that her sister did not use hard drugs in Jordan because she would have been jailed and tortured. However, she turned to alcohol when she suffered from withdrawal.

Lily says Sarah is back in the United States in a substance abuse rehabilitation program. Over the last few months, Lily and her parents have been trying to understand her younger sister's addiction. Just a few weeks ago, however, Sarah was also diagnosed with bipolar disorder.

"I was really shaken up," Lily says. "The bipolar [diagnosis] was really shocking for me. I didn't know how to deal with it…I was devastated...I was crying a lot in field supervision over weird things." Lily eventually discussed the situation with her field supervisor. She says this was very helpful. She gained insight into her own emotional reactions and how she might approach the situation in a different way.

> We were talking about how this is good for my professional growth, as selfish as that sounds, because…I think I have a very narrow-minded view of the world, despite what I [say]. I talk a big talk, but at the end of the day, I have this very perfect view: Everything will be perfect. I'll have my perfect family and I'll be perfect. Everyone will be perfect, and we're just going to be great. I'll help these poor people with problems, but they will not really affect me.

> To see my sister like that – I think the reason it was so hard for me was because I had all these – well, I guess that's hard for anybody. But I just had these expectations – she's six years younger than me, but we'd have kids and we'd take our kids to the park together and we'd just be really happy and normal. And when I go home and visit, we'll go shopping together and we'll do this and we'll do that.

> She's not like that. She hasn't been like that for years. She's just a total mess. Right now, she's even worse. She's hallucinating. She has delusions. You can't really even talk to her.

As I watch Lily talk, I remember a professor encouraging students to "go to the places [they] have felt loss and use that to connect" with clients. Looking at Lily's sad face, I wonder where she will end up in relation to that advice.

Lily says she is grateful that the program has helped her cope with Sarah's situation and her own response to it. Lily brings the "whole social worker mentality" into her interactions with her sister now, she says. Instead of being distraught, impatient, and judgmental of her sister, Lily keeps in mind the practice principle of "Starting Where the Client is At." Lily also feels she has learned about how to interact with Sarah in a "really, truly empathetic way." To Lily, this means "really listening" to her. Lily feels she can to talk to her parents about the situation with a bit more skill, too. This is why she feels her education has been partly selfish.

> But it's been really good for me, I think. I'm really grateful that I'm in social work school and that I'm learning these skills, because without that, I would have not been able to handle my sister....[it's] really useful.

Lily returns to the subject of what she is learning from her therapist about therapy. She has only seen her therapist four times, she tells me, but Lily enjoys the process of watching someone else do therapy. Two of her *Micro Practice* professors also modeled therapy in their teaching. Lily appreciates their examples, explaining, "I can read about [how to do therapy], but I don't really know what that looks like or sounds like until I see it." Lily wishes she could see more therapists in action. Watching another therapist work is rare, however, given the private nature of individual clinical practice.

Still, Lily's understanding of therapy has changed this year. "It's not a cure-all," she realizes, "it is…a technique for helping people to manage their lives better, whatever that may be." Since her sister's diagnosis, Lily's development as a therapist has been challenged further:

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Now I'm trying to open up my understanding of what somebody's life *can* be like [when it cannot be perfect], and I'm still really trying to get to my core beliefs of what happiness means. Because I have these beliefs that I say I believe, but now I am really forced to put them into practice.

I ask Lily if she feels like she has changed this past year. "Yes, yes, yes," she says immediately. Lily says the change is "one of the most profound in her life." She admits she has changed many times in her life, but on reflection she sees those shifts in her persona as the kind of superficial changes common among young people struggling to find and express an identity.

The change she has experienced this year in training to be a social worker has more to do with learning "communication skills and the skills [of] working with other people." This time, Lily says, "it does not feel like a fad to me. I'm not so overly passionate about it. I just feel like it's useful. I feel like it has really helped me."

Our interview time is nearing an end, and Lily checks her watch and says she wants to quickly tell me two other ways she has changed this year. First, she has made a lot of friends now that she is back in school, and that has made her happy. She realizes now how lonely and depressed she was after graduating from college and moving across the country with her busy new husband, leaving her friends and family behind. Second, she is regaining the confidence she had lost in the last few years. She is re-learning those skills, she tells me. "I wasn't able to be myself in front of people, and I'm starting to re-learn that. That feels really good."

I have one last question for Lily. After successfully navigating the general curriculum for all first-year social work students, what does Lily think makes a good social worker?

Lily pauses thoughtfully. It is hard to define what a social worker is, Lily says, because it can be so many things. She thinks the most important thing is to have empathy, and by that she

means "really caring" about other people and "really listening" to them. She is careful to explain that empathy is not about assuming anything about the client. For Lily, empathy is making an active and "open" effort to understand clients through listening.

"To be good in a helping profession," Lily thinks it would be helpful to practice the skill of empathy "even outside of social work." Practice empathy with your family, try using it with a terrible boss, or a person you think is immoral in some way, she says. "It's really hard to do," she remarks, "because why would you be empathetic with a racist?" But if you practice at empathy regularly, Lily believes, even with people you may not like or agree with, you strengthen your capacity to practice empathy with those you directly serve. "That's what I think," Lily acknowledges, "and "that is what I am trying to strive for...based on everything we have learned and my own experiences."

Lily's understanding of empathy as a practice of "really listening" to others differs from other widely understood notions of empathy as compassion, or empathy as a painful emotional liability that must be reigned in lest one drown in clients' sorrows. In Lily's view, empathy is not necessarily feeling what the client is feeling nor arriving at a complete understanding of the client. Empathy is not a *result* as much as it is a practice of caring and trying to understand. Lily implies that if one is open and self-aware, a connection with others can be made. The topic of empathy in social work practice is complex and beyond the scope of this dissertation, but will addressed in future work. (For fascinating explorations of empathy in cultural contexts see *Ethos,* "Special Issue: Whatever Happened to Empathy?" 2008; and Hollan & Throop 2011).

I thank Lily for her time and her generosity in sharing her experiences and reflections this year, and tell her I look forward to seeing what happens next year as she begins her new field placement. We pack up and head off to class.

Third Quarter Summary of Interviews:

By the end of this year, Anna, Tess, and Lily have begun to engage with issues that become even more intense in their second year: why they are *really* in the program, their use of themselves and their experiences with clients, their negotiation of professional boundaries, and their creative synthesis and justification of their theoretical and methodological approaches to working with clients. This is the beginning of their development of their professional identity and their professional use of themselves in the client relationship.

The students' exposure to therapeutic models and techniques in their first year is "a mile wide and an inch deep" as one professor commented. Anna, Tess, and Lily find attachment theory and the notion of being a "secure base" appealing, and like many incorporate this stance in their practice immediately. In particular, Anna appreciates that in the social work paradigm, more and less conscious social biases are seen as the therapist's counter-transference onto the client. Tess discovers with relief that she resonates with clinical social work specifically, and she now appreciates the model "Start Where the Client is At," remarking she initially thought it was just one among a long list of "silly" practice principles. Tess also likes the DSM, whereas others are skeptical of, if not hostile to, its claims of scientific validity. Lily says she felt many theories in her Micro classes this year were "her theory" at first, then settled into an eclectic approach.

In terms of their individual development, Anna finds herself speaking more about her father's illness in a job interview than she anticipated, but she still tends to be wary of trusting others and generally keeps things to herself. In a shift, Tess analyzes herself as having an "immature" and "defiant" reaction to the program, and says she is now comfortable with just "trying things on." However, Tess seems uncomfortable with the idea that her past experiences may impact her reason for being in the program, seeming to feel any use of self in her relationship with clients would be unprofessional. However, Tess also seems to realize she is in a growth process, and she is "not done evolving."

Tess and Lily say their relationships with friends and family have changed, and Lily says she "think[s] like a therapist now." Tess says there is a "stronger sense of me" in her relationship with her with fiancé. Lily practices "really listening" to others even outside of social work practice, including her sister, whose real troubles are only beginning. Anna feels "more equipped" than she did at the beginning of the year, but says her "core" has not changed.

Overall, Anna, Tess, and Lily, like most others I interviewed, became more self-aware as they interacted with clients this year, and became more aware of the realities of others' lives and their perspectives. They began to glimpse what might be required of them personally in their social work practice with clients. They practiced being genuine not only with clients, but with their student peers and in their personal lives. But while these students had begun to grasp the direction the program pointed, gaining a deeper appreciation of the program mantras and an initial sense of what it meant to use themselves in their relations with clients, they were not there yet.

Fourth Quarter: Going Deeper and "Why Are You Really Here?"

Social work students begin their second year with a "firmer identification with the profession and a surer sense of themselves as professional people," wrote Robinson, and by virtue of their return to the program they have even more assuredly "engaged [their] will deeply in this learning process" (1949/1978: 322). I also noted that the students, now called "second-years," appeared to enjoy this change in status. They looked upon the "first-years," when they had the time, with some compassion. At the same time, students knew that even more would be expected of them this year, and although they appeared "ready to use themselves," as the social work faculty member noted in the Introduction, there was anxiety. Students anticipated a deeper growth in themselves as they committed to working with their populations of interest in their field placements of choice, and they were unsure exactly what that might be, or what they go through to get there.

In terms of classes, I now only observed those intended for Micro students specializing in mental health services. These classes were smaller, more intimate and more sophisticated. There was still a sense of group solidarity, but I also noted an increasing individual differentiation, even among close friends. Students also revealed more of themselves in their courses this quarter.

In the interviews, students and I talk less about their classes. This was in part because the students liked their courses more and there was less complaining to do. It was also because there was more a sense that I knew what was happening in courses because we sat in a seminar together rather than a large lecture. Given the person-centered interviewing method, I follow

what students seem to want to talk about: the further development of their professional use of self, even if they did not describe it with that phrase (though many did).

Below are descriptions of the fourth quarter classes: *Micro D: Advanced Theory and Methods of Social Work Practice with Families and Groups; Advanced Research in Mental Health; Micro E: Advanced Direct Practice with Older Adults*.

FOURTH QUARTER CLASSES

Micro D: Advanced Theory and Methods of Social Work Practice with Families and Groups

This course was the first advanced Micro course taken by Micro students specializing in mental health services. It marked a pivotal shift in these students' education and training in social work. The course focused on group therapy and family therapy. Throughout the course, students were expected to "explore, understand, and learn how to apply concepts from a number of different theories and approaches." The course sections were small; the section I followed had thirteen students - ten women and three men. Individual desks were arranged in a circle, and on the first day of class students went around the room and one by one promised to maintain each other's confidentiality.

In this class, it became apparent that students were "ready to use themselves." This engagement was now understood to be as much professional as personal, if not more so. This is in contrast to the first year, when students were initially surprised at how personal the professional was. Now the realm of the personal, and any help they gained in the previous year in dealing with personal aspects of themselves, was seen as a resource that could be used reflectively as they attempted to facilitate the growth of others in professional practice. The personal was also seen as something to be aware of so that it could be "set aside" to a useful extent.

The professor was another member of the faculty whose field experience as a clinical therapist was greatly respected and appreciated by the students. In addition to obtaining her degree in social work, she did post-graduate work at a prestigious psychiatric hospital where she specialized in working with children, adolescents and families. She told the students her Italian

upbringing emphasized giving children roots and wings, and it was the same with social work.

She said her "inner therapists" who guided her work with families were Carl Whitaker and his

student Augustus Napier. In the realm of family therapy, the professor said, "there are no better

thinkers than these existentialists," she said. One of the textbooks for the course, *The Family*

Crucible: The Intensive Experience of Family Therapy was authored by this pair. Another text

for the course was Irving Yalom's (with Molyn Leszcz) *The Theory and Practice of Group*

Psychotherapy. Yalom was another significant influence on the professor, and as it turned out,

on the students as well.[27]

The first day of this course was also the first class of the students' second year. The

professor seemed to relish this fact. The students were energized, expectant, and happy to be

together again. The professor's opening seems worth quoting from my notes at length, as it set

the stage for the entire course, if not the entire year:

> This is an experiential class, a hands-on class. There are no mistakes, no
> accidents. Every position you take is meaningful. You get out of it what you put
> in. We learn more from our failures than successes. If you sit back and watch, or
> if you participate, that is meaningful. You my take a chance to try on something
> new. Your choices and experiences in this class will be meaningful for your
> development. You may stretch yourself.
>
> In this section we will do "family sculptures," a technique of family therapy
> developed by Virginia Satir. This is also a way to train family therapists. Many
> of you will be creating a "scene" from your family life, a tableau. It doesn't have
> to be a terrible moment. All of the elements of the family will be in the tableau:
> the systemic elements, the web and the weave, the roles family members play, the
> developmental issues of the family. It will all be there. A slice family life - any
> slice - will include all these elements. You will see this.
>
> In practice, you will also see families themselves create a kind of tableau when
> they come into your office. My office has a couch, two chairs, and a comfortable
> rug, and it is always interesting to see how family members arrange themselves

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[27] As noted in the Introduction, both Whittaker and Yalom were significantly influenced by the work of Otto Rank.

from the first session to the last. One thing about human nature – we cannot help but tell on ourselves. If you watch for it, listen differently, quiet yourself down without turning yourself off - then you get that gift. So that's what we're working on in here.

There are many different methods of family therapy, but they look more alike than different. There are essential components of key practice. In terms of your own expertise, time in the saddle makes a difference. You will see that and feel that if you are open to the process. After one hundred families, you'll see the difference. Email me when you pass that mark and let me know if you do.

By now you know one of the core elements of social work is relationship. Last year you learned about the "therapist" and the "client." This year is about "the space in between" as Winnicott might say. Pay attention to the ebb and flow. Vital life emerges in the tidal zone.

We are animals. We live by those rules as much as our animal colleagues. What's important to us? Food, shelter, protection, defense, preparation. Emotions are as much biological processes as anything else. Understanding this will move you to understanding dependence and determinism. We have biological needs and desires such as development, sex, and propagation. Social workers in the United States have a hard time with this because of the popular American value of independence. But the base behavior of our species is dependence and interdependence.

 You will see over time - with yourself and with clients - that it's all circular. You will always come back full circle.

Students listened attentively, their efforts at grasping her meanings evident in their furrowed brows. There was a sense that even if her words seemed opaque now, they would likely be illuminated through the students' own experience in the course and in practice with their clients this year. The lesson of "Trust the Process" was in the air.

In addition to doing either a family sculpture for the group or presenting a class reading, students were expected to write two papers. The first was a reflection on the group process in the class. The second final class paper was a "personal assessment" of their own family of origin,

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centered an analysis of a family problem or a family goal that had been difficult to achieve. Students were told this problem/goal could be serious or minor, but it "should be real" for them "to get the most out of the assignment."

The family of origin paper also required students to complete a family genogram, a kind of family tree which mapped the significant characteristics and circumstances of several generations of their families. (Family genograms are a widely-used tool in family therapy, intended to raise a person's awareness of basic family patterns that may have repeated for generations. See McGoldrick, Gerson, & Shellenberger 1999 for a detailed explanation of their history and therapeutic use.) The assignment also asked students to include an "eco-map" of their family's relationship to their larger cultural, social, and economic contexts. Students were told to submit this paper in a sealed envelope, and were assured their confidentiality would be maintained. "It's not as important what you write about as what you do with it," the professor said. The written assignment itself noted that "an exploration of one's family dynamics and family history is an asset in the development of self-awareness and consequent clinical skills," however, the instructors respected the students' "right to choose not to do this assignment. If a student did "not feel comfortable...for any reason" they could meet with their professor to design an alternative assignment.

Toward the end of class, students went around the room again and described their second-year field placement and responded to the professor's question about what they "passionately wanted to learn about family therapy and group therapy." I have no notes on what the students said; I distinctly remember putting my pen down so as not to make students feel self-conscious

and in an effort to maintain their confidentiality (a promise I had reiterated according to my research protocol with the rest of the students at the beginning of the class).

The professor concluded this first day with an earnest statement of the field faculty's vision of the course: "We want this class to be a generative and useful experience for you." The students nodded with a fire in their eyes. Their second year had begun. They pushed out their chairs, grabbed their backpacks, and headed for lunch to catch up with the friends they had not seen all summer.

The rest of this description will offer highlights of the two main foci of this course: group therapy, which included group dynamics and process; and family therapy, which included couples therapy, family structure, family diversity, and a consideration of major schools and techniques of family therapy. In addition, I will describe in detail the family sculpture done by Tess, as she and I discuss it later in an interview. I will also very briefly describe some of the other family sculptures to give the reader a sense of what this exercise produced in the class and in the students' learning.

In the next class, the professor tells the students that groups are a fundamental way people interact with one another. "How many groups do you belong to?" she asks them. She observes they are all members of a potentially limitless number of groups from the National Association of Social Workers to being a second year student, to being black, Korean, Mexican, a daughter, a wife, rich, Democrat or Republican, a member of a book club, a yoga class. Groups can be destructive as well as generative, she says.

The professor shows a film clip featuring a former recruiter for the Aryan Nation in United States. From his perspective, this Neo-Nazi group offered young people hope, identity, a

sense of authority and privilege, friends and food. The professor's point was that groups are groups - they function in similar ways, even if they are ultimately destructive. Social workers are interested in creating groups for transformative purposes, but she points out that even therapeutic groups can "go astray as a result of poor leadership and isolation."

Transformative groups can be therapeutic groups or educational groups, the professor explains. "This class is an educational group. In educational groups, a secondary gain may be a therapeutic effect, but that's not the primary purpose."

Research suggests group therapy is as effective as individual therapy, the professor notes (see Yalom 2005, p. 573, n.1). "Wow," a student remarks aloud. "No kidding," said another. The professor refers to Irving Yalom's identification of eleven therapeutic factors in group therapy that he believes contribute to the "enormously complex process" of "therapeutic change" including universality (the feeling of not being alone), interpersonal learning, and group cohesiveness (Yalom, 2005, pp. 1-2).

Group leaders must allow for individuality, she says (versus presiding over conformity or a cult-like uniformity). Some groups, even with the same topic, may be a better fit for some individuals rather than others. The "Goldilocks phenomenon" of people shopping around for a group until one fits "just right" is okay, the professor assures them. However, she observes, some clients may not be ready for groups, and agencies often push for them because they are less costly (i.e., one therapist can run a group of ten people). If individual or family participation in a group is mandatory (e.g., court-ordered), the professor tells the students, give persons as much choice as possible about what goes on in that group.

In another class session, half the students participated in a group exercise while the other half watched the group process. The mock group was supposed to be "a group for young therapists to learn about group therapy." The students tentatively begin to talk about doing group therapy in their field placements. One student says he feels doomed to co-lead a group with an ineffectual leader at his placement, but then says he just made that up for the group exercise. Another student says this made her angry, because she was doing this "for real - I'm not making anything up." She shares her feelings of being overwhelmed when leading a group of middle-school students who accuse each other of racism. Later, the students watching the mock student therapist group commented this was a pivotal moment, because the rest of the group followed the female student's lead to honestly self-disclose how they experienced leading groups in their field placements.

Afterwards, the students watched a documentary of a group in bereavement therapy. The group leader observed that one group member became emotional when another spoke. "How many of you are afraid to be in a group that connects in this way?" the professor asked. The above student who said he made up feeling doomed to co-lead his group raised his hand. I knew from my interviews with him that his father died when he was young, so bereavement was a particularly meaningful topic for him. He appeared embarrassed by his earlier pretense. In a later interview he said he now realized how often he put on a "mask" that distanced himself from others when he felt anxious.

Appropriate to this situation, the professor noted that "A change in perspective occurs when an affective experience gets reflected upon and understood in a new way." Later in the class, Tess seemed to have a similar recognition of how she deals with anxiety when she tells the

class she was intellectualizing so much that she could not "react spontaneously" or be in a "spontaneous flow" with others in the group.

A student working at the Veteran's Administration mentions she has a client who will not join a bereavement group because "it won't bring back his dead friends." The professor responds: "Normalize his response. Others feel the same, he is not alone. Put him in touch with other group members."

Learning how to facilitate a group is "experiential, like cooking," the professor tells the students. When a group leader comments on a group's process, the intention is to make the implicit explicit, to bring it into awareness, to make it available. The leader will shine a light on something that is resonant to people in the group. In this, she adds, the leader is also modeling for group participants how to make this kind of observation: as a tentative possibility, as a question, open to comment and interpretation. The leader has to believe there is knowledge in group as a whole that exceeds any one person's individual knowledge alone.

"Over time," the professor continued, "cohesion in the group deepens, but differences emerge. People become more involved with each other, but also more differentiated." In my notebook, I circled this statement, suddenly recognizing that while this seemed paradoxical, that is exactly what I saw happening with the students in this program. I wrote in the margin of my notebook: "This is a process of development." I return to this idea in the concluding section on culture and development.

After groups terminate, the professor remarks, the learning hopefully continues for the group members. Keep in mind, she says:

> You won't be there for their whole journey, so it is important to think: "How can I help stimulate an on-going process?" Use that time in group therapy to help

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people create ownership of how they got to where they are so they can begin an on-going process of how to continue to move forward.

The discussions of family therapy began with a presentation by another professor on couples therapy. Interestingly, so many of the students in the class were either engaged, just married, or in a serious relationship that this proved to be a hot topic. Students were told it was common across many theories to assume that members of a couple had a "psychological equivalence," meaning that even if one appeared to be more functional than the other, the two were likely at the same level of psychological health or development. Some students cocked their heads at this.

Students were also told that couples will inevitably work out family of origin issues with each other, and that "no one emerges from their families perfectly intact and complete." This made students shift uncomfortably in their seats. Tess said she read some of this literature aloud to her fiancé and exclaimed, "Oh shit! What are we going to do? Our messed up families are like a sentence or a curse!"

Another student responded, "My parents turned things around. Their parents were disasters, and they were self-aware and they decided to change." A friend of the student narrowed her eyes at him: "But your father was a social worker." He laughed, "Well, true." Another student said her parents also consciously worked to create a better home life for her and her siblings than they had. "I think each of them living on their own for awhile before they met helped." Other students nodded at this.

The professor wants students to know there is no perfect relationship, and people often stay together for reasons other than romantic love. Students threw out reasons: money, children,

religious views, social pressure, fear of loneliness, socially sanctioned sex, cultural norms, political careers. The professor says some may be afraid to leave abusive relationships for fear of retaliation against themselves and their children. "The issue of battery is difficult," she said, "but someone has to do this work. If you feel you are in over your head, refer your client to additional resources."

Young therapists commonly make the mistake of thinking there is a right answer to whether or not a couple should stay together, added the teacher:

> If you feel strongly about this, it's about you, not them. Your job is to help them figure out how to help themselves where they struggle. Then let chips fall where they may. It puts the energy back on the couple. Whether they stay together or break up, they can do it with more understanding.

Finally, the professor tells the students that needing another person is not a bad thing; "needing them to be what you need them to be exclusively for you is the bad thing," she says. From the perspective of family therapy, she observes couples and families are "units in which we can grow." I hear a student say softly, "Roots and wings."

The class went on to cover the major schools of family therapy and to discuss *The Family Crucible,* a book that detailed one family's process in therapy from the perspective of their co-therapists. Students appreciated the authors' detailed discussion of their professional use of self in the therapeutic process. One student read a lengthy passage on this subject aloud which generated much discussion of the unique qualities, experiences, strengths and weaknesses every individual therapist brings into a therapeutic relationship.

One student who worked with families wanted to know when to intervene in a family's heated exchange. The professor responded, "That comes with experience." She continued:

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Family therapy is like surfing. You are actively riding a wave with a force and energy much bigger than you are. Your therapist chair is your surfboard. You pick some waves to ride and not others. In this process, you start to develop a kind of knowing that we call intuition. It is not cognitive, but you can talk about it - it is palpable and knowable. You get this through experience, it develops over time. It's a lot about projective identification, which is a more global way of talking about transference and counter-transference.

Many theories used the term differentiation, as in, "differentiation from one's family of origin," or "the differentiation of self." The students knew this was supposed to be a healthy thing, and they knew it had to do with development and self-expression and finding meaning in one's life, but they asked the professor what "differentiation" meant exactly. "Right," she laughed. It's about being aware of your differences as well as your connections with others, she says, continuing:

A differentiated self is a reflective self. You are all in a process of individuation and differentiation by virtue of being seven months away from graduation.

I turn now to the family sculptures, describing Tess's sculpture in the most detail. In doing a family sculpture, a student recalls a moment in time from his or her own childhood such as a family dinner, car ride or other family activity, and sets up that family scene in front of the class. Students were advised to sculpt "something meaningful, safe to share, and representative of something [they] want to gain understanding about in order to re-think and to eventually shift [their] way of engaging with this situation." The student presenter chooses other students from the class to stand in for their family members, and "sculpts" or arranges their bodies in the way he or she remembers they were positioned at the time.

The student also draws their family genogram on the board including which included a basic history going back several generations for reference (like an annotated family tree). The

professor tells the students that doing a family genogram is "a good excuse to gather family history from your family members." She advises asking how parents and grandparents met and started their families because "this can tell you a lot about them and the times they were in." Ten of the thirteen students in the class volunteered to do a family sculpture. During the last half of the course, two sculptures were presented in each session in addition to covering other class material.

Tess volunteered to go first. On the day she presented, the class arrived to find a detailed genogram of her family mapped out on the whiteboard in front of the class. A long table with chairs arranged around it indicated we were in her family's dining room. First, Tess reviewed her family genogram for the class and responded to comments and questions from the professor and students. (After hearing about the parents of Tess's mother, the teacher exclaimed, "how did your mother manage not to marry a total jerk?") Tess tells the class she chose to sculpt a family dinner scene from around the time when she was twelve years old. Family dinners didn't happen very often, Tess explains; she and her brother rebelled against them, and often brought friends over "to mix things up." The scene included her father, her mother, her younger brother, and the dog and the cat. The cat was understood to belong to Tess, and the dog "belonged to everyone." (The professor encouraged students to include their family pets if they felt like a significant family member because for better or worse, they often played a role in family dynamics.) Tess chose students from the class to portray each family member, including herself, the dog and the cat.

Tess's younger brother sat at the foot of the long rectangular table. One either side of him, Tess and her father sat across from one another. Her mother sat to the left of Tess. At the

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head of the table sat the cat on a chair. The professor asked Tess to arrange her family members'

body postures and fix their facial expressions. Her father looked down, his head in his hands;

her brother was busy with an electronic game; Tess looked directly at her father with one hand

placed protectively on her mother's arm; and her mother stared vacantly at the cat. The cat was

asleep. The dog lay under the table. "There were a lot of financial dishonesty going on at this

time," Tess said. Soon her mother would find out that his business was going bankrupt and they

were being sued, and that her father had concealed things were heading in this direction for

years. The professor asks if Tess knew of anything else going on with her father around this

time. Tess says no.

"Is there anyone whose presence was felt even if they were not there?" The professor

asks. Tess pauses, then chooses another student to stand behind the cat at the head of the table.

She arranges her to shake a finger at her father, her face scolding and mean, like "You owe me

things," Tess tells the student. This family member was her father's mother, Tess's grandmother,

who in fact lived hours away. The professor asked Tess to back up and look at the scene. "Is this

an accurate representation?" she asked. Tess said yes.

Next the professor asks Tess to stand behind each family member and try to imagine what

they are feeling and thinking, and to try to imagine how they feel in relation to each of the other

family members. "Keep it to yourself," she says, and Tess nods. She slowly makes her way

around the table. It seems she has the hardest time "getting" her father. The professor then asks

Tess to arrange her younger brother in a way that expresses his real feelings. Tess turns her

brother toward her dad, his arms extended, palms upward, asking for his attention.

Next she does this with each of the family members - she repositions them to express their feelings as Tess imagined them. Her mother cries, Tess goes to pet the cat, and her grandmother places her hands lovingly on her father's shoulders. The professor asks Tess what could have enacted this shift - what could have made each family member "make visible what they carried around inside them?" Tess says she doesn't know. The professor asked the students portraying the family members to shift in response to the new positions the others had taken up.

Tess's father immediately picks his head up and looks at his mother. He then looks at his son, seeing his imploring affect for the first time, and takes his hand. Tess and her mother sit facing each other. "A change or shift in any one member, no matter how small, causes a shift in the others," said the professor.

Class time was up, so the group reflection on this exercise took place the following week. First the professor asked the observing students to comment, then the students to played the family roles. Lastly Tess spoke, because the professor said the point was for Tess to be in a reflective position. In short, the students said they were surprised at how powerful the exercise was, and how easily they could see and enact the dynamics at play. "There are many common dynamics that go on in families, that's why you can 'naturally' enact them," the professor observed. Most commented that the moment the grandmother put her hands on the father's shoulders was the most affecting, and appeared to produce the most change in the family. Tess later agreed, saying she did not expect this. The professor notes that:

> "Ghosts" are important. You will see that family members who are distant, or family members who have died are still have a living, breathing presence in family dynamics. Other cultures deal with this better than we do. Many have a place for their ancestors and their influences.

She goes on:

> All of you are successful, and all of you have ghosts and secrets. We all struggle
> with the same kinds of things. Families and relationships are dimensional, not
> flat. When you think about things in your head, it can render them flat. It is
> easier to see the dimensions in a family sculpture. This dimensionality is also true
> in your own relationships and in your client relationships. You will learn to look
> at things prismatically. When you get surprised by your own counter-transference
> you realize it is all dimensional, it is all alive, it is here and now. That is why
> ghosts are important.

Other family sculptures differed in content of course, but the multiple dimensions within

relationships and family dynamics came to life in each one. The family sculptures became a

phenomenon in this course in that they produced a lot of emotion in the class, each and every

time. This was no doubt in part due to the students' affection for each other and the respect they

had for one another's willingness to risk vulnerability in front of the class for the purpose of

furthering their education. There was also something so human about each of the (real)

predicaments presented - there was love, loss, pain and confusion, efforts to push people away

but more often efforts to connect, even if clumsily. Most students (and myself) teared up at each

sculpture - finding something in the story and the relationships painful, poignant or hopeful.

Shifts in the perceptions of the presenting students were also visible and palpable in the room.

Much credit has to be given to the instructor for asking provocative questions, and to the students

for making the effort to genuinely respond to them. This was a pedagogy that drew on the most

deeply personal aspects of students' lives and identities, engaging both their emotions and the

best of their cognitions at the same time in an ultimate effort to provide a professional service to

others.

Brief snapshots of other family sculptures may help to convey the nature of what was presented and analyzed for its instructiveness in conducting family therapy. Below I will simply render eight scenes enacted without going into the details of the subsequent class discussions. Watching these scenes unfold reminded me of watching the ABC television series *Lost* (2004-2010) when the audience was occasionally given an illuminating "backstory" or glimpse of a series character in their personal life before they crash-landed on the island.

Family sculpture 1: A student sets up members of her divorced family in separate rooms, while her mother, diagnosed with cancer, sits on an airplane at night over the ocean, looking out the window, heading for Japan to be with her parents. The room ached with loneliness. "The family has collapsed, so they put up walls," observed the professor. "This is a symptom, not the whole story." When there is extreme disengagement in a family, there is also a hunger for connection, she says, adding: "Look for the duality."

Family sculpture 2: A student depicts the time her Buddhist grandmother was dying in a hospital. The family stood around the bed, the Buddhist grandfather trying to take her home, the children trying to stop him, the grandchild (the student) swarmed by doctors and nurses because she was the only one who spoke English. She had to translate things the grandfather refused to hear. The professor says they needed a translator and a Buddhist monk, and medical social workers could arrange that for families in these kinds of situations.

Family sculpture 3: A student shows a moment when his angry father yanked all the books off their bookshelves and threw them on the floor saying there was too much "clutter" in the house. The student sits on the floor gathering up the books while his mother sits silently in the kitchen. The student says his father is an enigma to him, a former soldier who immigrated

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from a war-torn country in hopes of a better life for his children but who shares little of his previous life. The professor observes that the parents speak to each other in Farsi, and asks if the father expresses his emotions more explicitly in that language with the student's mother.

Family sculpture 4: A student sculpts a recent birthday dinner at a restaurant where her mother and father each arrive an hour late bringing their respective new spouses. The professor asks the student to stand on the table in the position of a puppeteer.

Family sculpture 5: A student with a disability depicts a luncheon in which her mother admits that her own mother gave her the book *When Bad Things Happen to Good People* when the student was born. The mother's fists are clenched and the student covers her ears.

Family sculpture 6: A student sculpts a scene at her family dinner table when she was an adolescent. Her father sits at the head of the table in a domineering pose as other family members keep their heads down. The professor asks the student to choose another class member to sit at the table as her "hidden or secret self." The student tears up in appreciation of this insight.

Family sculpture 7: A student sets up a tableau of herself, her mother, and her soon-to-be mother-in-law as they run errands for the wedding rehearsal dinner. The mothers sit in the front seat arguing awhile the student sits in the back seat looking from one to the other. At this developmental transition, the professor remarks, it is important that the wedding is about you, not them.

Family sculpture 8: A student portrays a family dinner in a restaurant in which her father holds forth, intoxicated, and her mother closes her eyes. A half-brother is physically absent but psychologically present in an empty chair, turned away from the father. The student reaches out

to soothe both parents. "There is almost always a parentified child when there is substance abuse," the professor says. "Another adult, and it can be a therapist, has to lovingly confront the parents and free the child up to go play."

Concluding the last class, the professor thanks the students for "bringing in their stuff and allowing themselves to share it, and letting [the professor] and the other students work with the material they brought in order to learn." You have experienced a group process, she told them, and through the family sculptures the students have now observed ten families from the perspective of family therapy. "You are on your way," she tells them, "let me know how things shift after you have seen one hundred families."

Advanced Research in Mental Health

This course was meant to help students critically evaluate empirical research in the field of mental health particularly as it relates to social work practice. Class readings were drawn from top journals in the fields of medicine, psychiatry, psychology, social work, and behavioral health. Syllabus topics included controversy over the Diagnostic and Statistical Manual of Mental Disorders (DSM), the construction and uses of psychiatric diagnosis, help-seeking and the utilization of treatment services, risk factors and prevention in mental illness, community-based treatment, twelve-step programs for the reduction of alcohol and drug abuse, dual disorders, methodological issues in drug research, and cognitive behavioral therapy for psychosis.

This course was co-taught by a seasoned professor and a teaching assistant who was also a doctoral student. Unfortunately, on the days the professor let the teaching assistant take the

reigns, her nervousness was all-too apparent. In the first few classes, she barely looked at the students and she seemed to assume that as MSW students, they neither understand nor respected research. This stance did not go well, particularly in a seminar format. At first the students bristled. In an early class, one snapped: "We're not stupid."

Interestingly, though, students quickly realized they had an opportunity to act differently here than they did in the *Psychopathology* course. (Eight of the students in the class were also interview participants, so I heard a lot about how they processed this interaction.) After one particularly brutal class (the teaching assistant told them if they could converse with other professionals about research, they would get more respect), a group of students gathered in the hall to talk about what to do. I noted they said: "Should we try to give her feedback? How? She's so nervous, her hands are shaking. It must be hard with her supervisor right there. We all feel badly. No one is having any fun in there. Look at her face, she seems mortified."

The next class, the professor was not there, and the teaching assistant explained how she wanted them to write a paper for the class, drawing an outline on the board. Again, she seemed out of touch with her audience, speaking to them as if they had never written a paper before. The students looked at one another and began to gently talk about their frustrations with the class. The teaching assistant stood for awhile gripping the dry-erase marker in her hand, then she finally sat down. She seemed to look at the students for the first time. The students looked hopeful. "I hear your frustration," she said. "I am learning here too. The good news is that I do take criticism well, and I just got a whole bunch - not just from you but from my supervisor, too. Let's try together to make changes. There is still time."

After this interaction, things improved. The students were proud of themselves, noting

how they more quickly observed their group dynamic and took action to steer things in a more

productive direction. "Better than last year," they said.

One of the most interesting aspects of this class were the discussions about the DSM.

The professor, an expert on the subject, explained there was "a lot of uncertainty" behind the

DSM, but in general the public is not aware of that. "From a social work perspective, it becomes

a problem when social policy is not based on solid science," he says. He wondered what exactly

was to be gained by having hundreds of categories and disorders for people who need help,

particularly when the treatments - whether forms of talk therapy or medications - are the same

for many disorders. When a student asked if there were changes on the horizon from the DSM

IV-TR to the DSM-5, the professor said he doubted the approach would change significantly.

"There are too many stakeholders," he said, "from the government to managed care to drug

companies."

Several students (interview participants whom I knew struggled with anxiety, in fact)

argued for its usefulness. The DSM can be valuable, they said. A diagnosis of generalized

anxiety disorder or obsessive-compulsive disorder can offer people an explanation of their

symptoms, potential medications, and relief and hope, they said. These clusters of symptoms

have hung together over time, they point out. The professor notes "the term 'symptoms' puts one

in a medical frame immediately." He goes on:

> There is a stronger proclivity now to see problems in a medical frame rather than
> not. The stigma has diminished, too. There is a new welcoming of medical
> discourse for the understanding of human problems. I've been puzzling over
> what this means. Many more people are familiar with the DSM now. People
> diagnose themselves on-line. But it is tautological. Having certain symptoms

means you meet the diagnosis, which is a construct. Then the construct is used to explain the symptoms.

The above students do not disagree, but they volley that even if a DSM diagnosis is a social construct, some of their clients find it a helpful construct at this time. "Fair enough, right?" asks another student. "Isn't social work all about the client's right to self-determination?" asks another. The professor nods thoughtfully.

Another student who works at a progressive community mental health center says the community members' DSM diagnosis is not used to guide their treatment. They do treat symptoms, she said, but they do not focus on the "bigger labels." She explains they focus on improving clients' lives from the clients' perspective. "It could be about solving a problem with a girlfriend or about treating voices with medication or CBT - whatever they want. And our model is successful. They stay out of the emergency room."

A student who works in a psychiatric emergency room tells the class, "It's all Psychosis NOS anyway. Even the psychiatrists don't bother giving the patients a more 'exact' diagnosis." (NOS means "not otherwise specified.") Another student says most of the kids she works with have the diagnosis of Disruptive Disorder "which basically means nothing." She says the real issue is the kids' actual problems, which are often not really their own, but originate with their parents or others in their lives. "Practitioners wash their hands of it," another observes, "They use DSM diagnoses for insurance purposes because they have to, and most tell their clients that." The professor remarks, "I think we helped people just as much when we used the DSM II."

On a different note, a student mentioned my presence (this happened rarely) when the group discussed the course readings on ethnographic methods of research. "It's like Heather being in our cohort," he said. "At first maybe I tried to sound a little smarter, but now I don't even notice her, she's one of the peeps." The students laughed, and I waved from my back-corner position. "That's right," said the teaching assistant, "that's what you get with a method of prolonged engagement."

Micro E: Advanced Direct Practice with Older Adults

This course was a Micro practice class designed for students specializing in gerontology (two of my interview participants chose this specialization). The professor also taught Micro courses in the first year series, and many students urged me to observe a class with her because they believed she was an excellent teacher and clinician. I briefly review this course, focusing primarily on themes related to the students' development of their professional use of self as a social worker: self-awareness (including awareness of others), genuineness, and boundaries.

When students spoke of gerontology, a common quip was "We're all going there - if we're lucky." On the first day of class, the professor asked students to consider their counter-transference or their "lens" on the process of aging and working with older adults. "What's it like for you to sit with older adults?" she asks. Even for herself as a baby boomer, it is sometimes hard to articulate, she says. "We are supposed to have self-awareness as social workers. If you can't look at it, you won't be effective. Pay attention to what your real feelings are."

She asks the class the imagine they are eighty years old, and to consider how they spend their time, where do they live, what do they enjoy, how is their health, what are their strengths, and if they had to move into a long-term care facility, what would they bring? Typically, she says, people get very bleak when they answer these questions, or they have a fantasy about being invulnerable to inevitable losses. People have fears about money and losing others. They imagine their satisfaction will be with family and in work, particularly if they have a career or job that is meaningful to them. People say they will take photos, books and art to the nursing home. Younger people especially hope for no losses, but it often happens. Poverty is a cold harsh reality for older folks; many wonder how they will fund their non-working years.

A student offers that she would "rather live in an assisted living facility than live alone." The teacher points out that the exercise often reveals one's point of view about what aging should look like, but many clients will have a different worldview. Examine your expectations and personal preferences about this time in life, she tells the students. and consider how this might influence your work.

The professor says there is a myth that older people are depressed, and along with that, an assumption that "of course" they are depressed - they are old. Our society helps to build this assumption, the professor says. She describes a face cream commercial in which the famous actress Andie McDowel declares: "Every morning I fight aging with everything I've got." We are being asked to join this battle, the professor observes. "So how does this make us feel about ourselves? Is old age a disease?" The message is that to be young is to be whole, and to age is to be broken and diseased: a "steady decline into invisibility and worthlessness." Robert Neil

Butler, psychiatrist, Pulitzer-Prize winning author and the first director of the National Institute on Aging coined a phrase to describe this view: ageism.

Ageism is another kind of discrimination, says the professor. Older adults can internalize negative messages about being old and become prejudiced against themselves which can lower self esteem and contribute to depression. Thus "our society plays a role in creating situational determinants that can lead to depression in older adults," she notes. The class is familiar with this psychocultural operation. As described previously, students quickly grasped Charles H. Cooley's concept of the "looking-glass self" which proposed that a person's sense of self may be influenced by a larger societal or group perception of them - particularly as a member of a particular group.

However, the professor points out, depression is not a normative part of aging. While it is in fact the most common psychiatric diagnosis among older persons, they still have lower rates of depression than young people. Up to 40% of care-givers for the elderly are depressed, however.

The professor says there is another myth that we change when we get older, when in fact "we age exactly as we are." Older adults often face job discrimination even though studies have shown they are often more productive than their younger counterparts. Society is all-too ready to throw away their experience, to lose respect and esteem for older persons.

Social workers need to see aging as a unique and individual process, the professor tells the students: "It's the ultimate 'Start Where the Client Is At'." Like all clinical work, she remarks, "it is a search for meaning. Not what aging means to us, but what it means to them."

Persons still develop in old age, she notes, and it can be a rewarding "time of introspection and a time to acquire new skills and hobbies."

She urges the students to reflect on the theories of aging they bring to the social worker-client relationship. "Tune into your own feelings," she says, "this is your professional use of self. Pay special attention to what you think your clients *should* do, or should feel."

Later, the professor explains that practicing with "cultural competence" means the social worker always asks, "What does this mean to the client? This requires a paradigm shift in thinking - away from our naturally narcissistic views that influence our sense of how the world should be." There is no useful "profile" of an ethic group when it comes to working with an individual or family, she observes, saying, "each has to be evaluated based on the meaning they give to their own experience." Most important, the teacher tells the students, is building the relationship and building a rapport. "Whether in an office, hospital, or an in-home visit, it's the relationship that will allow you to do your best work."

The professor talks about in-home assessments with older adults: Look at how their clothes fit - are they too big or small? Look at the refrigerator, trash, bath safety, and remind them step-stools are dangerous. Is their home in need of repair, are there bugs, can they manage the stairs? Check smoke detectors. Try to assess if it is safe for them to drive (do they say they can't turn their neck?). A good way to find out about family is to ask about family pictures. Assess potential sources of support and any potential elder abuse. Don't ask if they graduated from high school or went to college; rather, ask if they were able to go as far in school as they wanted. Get all of this information without using a form, she says, then fill it out when you get back to your car.

Counter-transference was a big topic of conversation in the course, especially as students regularly brought in case material from working with clients in their field placements. In addition to the "stereotyped attitudes and biases...picked up from society" the teacher mentioned above, counter-transference was discussed as "distortions in the social worker's perception based on the social worker's own history and conflicts. Also, the professor says in a matter-of-fact way:

> There will be counter-transference regarding your own aging parents. For example, you put your father in a nursing home and you feel guilty. You have a client whose daughter cares for her father in her home. You find yourself getting snippy with her, dismissive. Or, you become extra-supportive so that you can continue to feel bad about yourself, if that is your internal working model.

Other counter-transference flags include boredom, fatigue, feelings of helplessness, or the client "driving you crazy." Tune into these reactions, the teacher said, and see where they may originate. Counter-transference and transference always exist in any therapeutic relationship, she notes, "so be aware." Your clients may transfer their children onto you. They may have an erotic or love transference, and this may be about loss or nostalgia, and they may even be ashamed of it. You have to normalize this - don't miss it, and don't act surprised, the professor advises. On the other hand, clients may be sexual with you due to dementia or other neurological impairment. "You have to learn to put that on a shelf," she said. One student says she talks about clients' sexual comments or advances with her co-workers: "We call it downloading," she says, "That's how we get rid of it."

One student presented a case with an older woman who was depressed. The case history revealed the woman had difficulties maintaining relationships. There were several anecdotal stories about her son. She complained that her son paid no attention to her, and that he was too

busy with his family to notice if she was alive or dead. He only calls once a month, she told the student, so the client told her son he may as well not call at all. The student says she thinks she has counter-transference issues in this case because she herself has a close relationship with her mother, and she deeply wants her client to have a closer relationship with her son because she thinks that will help the woman with her depression.

The professor laughed, "Yep, that's counter-transference!" Students chuckled. "When someone tells us a story about a relationship they have, it's a good idea to kind of walk around it," the teacher said. "Think, what does this relationship look like to you, in particular? How much of yourself is in that room with your client, how much of your interpretation of that relationship about you?"

The teacher goes on to give her reaction to the case, saying that it sounded like the woman "is narcissistic and treats the son badly, and the son is trying to maintain appropriate boundaries." It sounds like mother wants him to fulfill her needs, and if he does not, she rejects him, she summarized. "Children's needs should come first, no matter what. Some parents try to use their children to meet their needs, and it never works, " she says. For young children with narcissistic parents, it's sad, she observes, adding: "The child is so attuned to the parent, and it should be the other way around." She asks if students have read *The Drama of the Gifted Child* (a classic work on this subject by Alice Miller).   Many nod. The teacher tells the student this kind of case takes long-term work. "You are just seeing the tip of the iceberg," she says.

Another student, usually quite meticulous about her work, presented a case about a "disorganized older man" with multiple health problems at the Veteran's Hospital. He is a hoarder who was previously a medic in the army. He said he was exposed to toxic chemicals,

and indeed his medical records from Vietnam were either missing or classified. The student says she feels sad and frustrated when she sits with him. The teacher observes that the student is unusually disorganized herself in relating this case. She emphasizes she is not criticizing the student, but making an observation: "It is an interesting window onto how our clients can work through us. This is a different spin on the professional use of self."

Another student describes a grim situation with an eighty-four year old man who was not eligible for in-home services, although the student felt he needed them. The student says she is worried, and she wants to drive by his house. The teacher says no:

> You need to process this and leave it at work. Otherwise, by end of year you will have a milk route of drive-by's. Remember, you cannot save the world. You can't add more bedrooms to your house and have them come stay with you.

Many students admitted they had a hard time worrying about their clients, feeling for them yet having to keep professional boundaries. One student said that she cannot fix the expensive lock on elderly client's door, and she lies awake thinking about it. The teacher sighs, saying, "It's amazing that anyone stays in this work, no matter what age client. The student asks if it ever gets any easier, and the teacher says "no" with a rueful chuckle. "You just have to find ways to keep yourself whole," she said.

The final topic was on death and dying. The professor wanted to know how many of the students had thought about their own death. She asked, what's a good death? She encouraged students to reflect on their experiences with death. She continued:

> You need to know own attitudes and beliefs and fears regarding aging, dying, and death. You need to be comfortable with death and dying in order to talk to your clients about it. This is an important professional use of self.

The students looked pensive. This was not only about self-awareness, but if necessary, stretching one's self even further to become "comfortable" with death and dying in order to best serve clients. It is perhaps rare that one's professional work begs for such existential congruence between one's personal and professional lives; however, anyone who works with the dying from medical practitioners to priests likely gives this issue more than a passing thought.

"Many times a physician will tell a patient they have only a few months to live, leaving the social worker in the room with the patient and their family to talk about it," the professor tells the students. "This is why you need to know where you stand, why you need to be comfortable." One student quietly observes: "It is ironic that social workers have low status when they do such important work."

The professor tells the students it is "natural to want to pull away from death and those who are dying. But we social workers need to move *toward* them at this time." She stresses that social workers must give clients the opportunity to talk about dying. It is a grieving process, she says, but also an opportunity for a "life review" aimed at integration ("life review" is considered a kind of narrative therapy, and some say it was inspired by Erik Erikson's discussion of his proposed final stage of human development, "Integrity vs. Despair."). The professor mentions an illustration of this from Irving Yalom's *Love's Executioner:* after much discussion about her life, a client dying from cancer says to him, thank you for saving my life. The teacher says this symbolizes for her what the process of life review therapy can do.

The professor finally discusses doing grief counseling with those who have lost a loved one. "Grief work is a re-working over and over again," she tells the students, "and we need to listen again and again." Never mind the repetition, instead "follow the dictum 'Start Where the

Client Is At' every time," she says. There are often guilt issues, she remarks, and the social worker can address the rationality of these views. "You will observe that the deceased are seen as saints in beginning," she says. When picture gets more realistic, it's a sign the bereaved person is moving back into world of the living. Most importantly, the professor adds, "Grieving and grief work does not follow a linear path; it is a process that takes place in its own way for all of us." I noticed some students staring off into memories, others who looked restless and uncomfortable, and several who nodded in recognition.

For those surviving a loved one, a medical social worker on the faculty explained to me in an interview, "It is another kind of beginning, however painful. As social workers, we try to help the family members deal with that."

FOURTH QUARTER INTERVIEWS: *Anna, Tess, and Lily*

Fourth Quarter Interview: Anna

Anna got her first choice of field placement: the Veteran's Administration. She works in a residential board-and-care building on the VA campus that provides housing to veterans with severe and chronic mental illnesses (the housing is meant to be transitional, but sometimes it becomes longer-term). Most of her clients have been diagnosed with schizophrenia. Anna also participates in the Graduate Collective at the VA, as described previously in Tess's first quarter interview. It is challenging, Anna tells me, but very helpful. She calls the group training a "phenomenon," and discusses her experiences in the Collective more frequently than Tess did.

Anna's individual field supervision is also demanding, but in a gentler way. Her supervisor's pedagogical style is to pose questions intended to illuminate Anna's individual manner of practice. Anna laughs, saying that sometimes she wishes he would just tell her what to do, but he never does; instead he encourages her to explore and reflect. Looking back, Anna says the training at her first-year field placement was adequate, but her experience at the VA takes it to another level. Her field learning has been magnified by a factor of ten, she says. Now she understands what field education can be "if you do it right." Anna feels she is getting the "whole experience" of social work education now - both class and field, theory and practice.

Anna adds that the social work program probably intends each field placement to provide excellent clinical training, but in reality this is not the case, particularly in the first year. I nod, sharing with Anna that last year many students told me they realized fairly quickly that the "hour-and-a-half-per-week" of supervision they were supposed to get was never going to

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happen; instead, it was sink or swim. Their supervisors were too swamped serving clients to spend that much time with students. Many students also felt guilty about taking their supervisor's time away from clients, and some welcomed the lack of attention out of nervousness (although they tended to regret that later). Some field supervisors never reviewed the students' process recordings, so students stopped doing them. It is worth noting that field supervisors received no additional pay for supervising students; they were not compensated by the program nor their field agencies.

In the second year, things shift in students' field experience, however. Most students I interviewed chose their second-year placement based on its reputation for good clinical training. Anna and I discuss how most students seemed to feel their field training and supervision was better in the second year, and it was now understood that was "just how it goes." Many of the most reputable field placements only accepted second-year students focusing on Micro practice in mental health, preferring to train more advanced students committed to the populations those agencies served. There was also a lot less complaining among the second-year students as they dove into the kind of work they wanted to do at a field placement they researched and chose for themselves.

Anna tells me in more detail how the Collective works. Fifteen students and several licensed clinical social workers who hold senior positions at the VA meet once a week in the afternoon for four and a half hours. One man in particular (whom I will call Bruno) is in charge of the group, and Anna assumes I have heard of his reputation for being provocative and piercingly insightful. I have. Many students are put off by Bruno's eccentricity at first, but most come to appreciate the method in his madness. (Tess first thought Bruno was too "in-your-face"

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but they eventually they established a close mentoring relationship as described in her sixth

quarter interview.) Anna says it can be chaotic in the Collective sometimes, because the leader

Bruno challenges everyone so much on a personal and professional level. Still, Anna likes that

the leader creates "a learning environment that pushes [the field education] so much further."

Anna goes on to describe the structure of the Collective. In the first half of the meeting,

the group focuses on a clinical skill such as treatment planning, case management, reflecting and

paraphrasing, or identifying feelings. Often they do role-plays in which one of the instructing

social workers acts as the client while a student acts as the therapist. They role-play a therapy

session until the social worker feels the students has achieved a particular clinical skill.

For example, yesterday the skill was self-disclosure, Anna says. First they discussed the

common understanding of self-disclosure as the therapist revealing something factual about

themselves or their life history. But self-disclosure also includes the disclosure of the therapist's

authentic feelings in the "here-and-now" in relation to the client, such as expressing concern or

happiness for them. These interactions are videotaped and the group watches and reflects on

what happened between the student and their "client." Smaller group interactions among the

students are also videotaped and reviewed by the entire group.

In several weeks, students will perform a twenty-minute role-play of a therapeutic

interview in front of the Collective. In this role play they are supposed to demonstrate several

therapeutic skills. This is also videotaped and reflected on by the group. Anna says she is

"petrified" at the prospect of it. (Tess was not; she barely mentioned it.) I ask Anna what

petrifies her most.

> Just being me. It's so hard. So many of these role-plays are so forced. OK, you
> learn a skill. Go do it. A couple of times, especially this [self-disclosure of]

feelings one…I was talking and I thought, "What the hell. This would not come out of my mouth with a regular client. This sounds so scripted. It's not me. These are not the words I would use."

So yesterday I really tried to take more time and actually see the person in front of me as a client. That's the other thing. You're looking at the person as someone who is evaluating you…so that shifts your dialogue as well. Yesterday I was really trying harder to see that person as a client and actually say what *I* would say. That's what I worry about.

You're trying to incorporate [the skill], but you want to be yourself. I don't want to not be myself and then do stuff that I wouldn't normally do. That's what I'm most worried about.

Anna observes that students can demonstrate the same clinical skills in a variety of personalized ways. Sometimes students recognize that they already perform the skill being taught, but they were not aware of it or they did not have a name for it. Anna says these exercises have expanded her awareness of how she actually works with clients.

Anna has also learned ways of expressing her feelings with clients. For example, in the self-disclosure exercise, students were supposed to tell their "client" that they were concerned about them. Anna told her client she was concerned about her but added specific reasons why. The social worker acting as the client pointed out that Anna was diluting her expression of concern by intellectualizing it. She wanted Anna to share her feelings of concern and "then stop," Anna laughs. Anna says it took a few attempts to do this in a way that felt authentic in the context of the role-play, she says, but she did "get there."

I ask Anna about her actual work with clients in the board-and-care facility at the VA. She tells me when she got there, she realized "there wasn't a whole lot of structure," but that "totally worked" for her.

I really liked being in their environment and having my office in their environment. I didn't have to be in my office. I could go to all the TV rooms and just hang out for awhile to start meeting people and start interacting with people. Just establish to relationships and make my face known in that building. In doing that, it quickly transpired that I started getting clients.

Right now, Anna is seeing four clients in individual therapy. One of them she sees twice a week, and they take walks on the VA campus to get him out of his room. So far, Anna chuckles, he does not talk much ("it's like pulling teeth" she says) but he appears to enjoy the walk. Two other clients do not want therapy but they need help with other things, so she does case management with them. Anna describes how one of these veterans approached her for help. He walked into her office and angrily said a social worker could not help him. Anna asked what he needed help with, and he asked her if she was dumb and walked out. Anna laughs. "It was okay though. I went and told him I was there if he needed me." Eventually he came back.

It turned out he needed help doing the paperwork for his passport renewal. They completed the documents together, then Anna called the passport agency for him. She made the phone call because he often got belligerent and they hung up on him, she explains. After his passport was renewed, the man came to Anna's office with a picture of his son to show her. "Now we definitely have a relationship," she smiles.

In addition to individual clients, Anna tells me about two therapy groups she co-facilitates with another new intern and her field supervisor. Both groups are new, and Anna notes they began with the practice principle, "Start Where the Client Is At." They called the first one "Be an Educator," hoping the veterans would come and educate them about their experiences being a veteran. Anna points out that if a group sounds intimidating, they won't come. "These guys

know the purpose of group," Anna observes. "They've been around the block…they [know] stuff is going to come up, but they don't want to come to [something called] a depression group."

Several veterans came and spent a few meetings sharing their experiences. Some were proud, but others did not want to remember their time in active service. One man talked about his disillusionment with the military. Anna explains:

> He had saved lives and his recognition was what they call an "Attaboy." It was just a little piece of paper that said good job.
>
> Then] his niece made him a poster that said, "My uncle is a hero." He hung it right above his bed. He said, "I know self-esteem is supposed to come from within, but that was something else."

Anna and the other intern asked the men if they thought self-esteem was an important topic. They did, and a consensus was reached to shift to focus of the group to that. They decided to call the group "Shoot the Breeze," which is a common Navy phrase, Anna learned.

The second group is a phototherapy group organized around the idea of identity. The veterans take self-portraits and a few other photographs of things in their environment that are meaningful to them. They talk about what they like and don't like about the photos with the group. That lends safety to the process, Anna notes, because they can talk about the photos rather than speaking directly about themselves. (The interns and the field supervisor will also do the portraits; they won't disclose as much, Anna says, but they will "put themselves out there a little bit" to hopefully make the veterans feel more comfortable.)

Identity is an interesting issue with these veterans, Anna says. Some want to be veterans and some wish they were civilians. The veterans will do another self-portrait before the group at the end of the year. They have discussed doing a public showing of the portraits in order to make

a connection with the larger social community around the VA and perhaps stimulate a "shift in consciousness" among civilians about who they are.

I ask Anna about meeting the veterans in this residential setting. If she is hanging out in a TV room and strikes up a conversation, does she wonder what their diagnosis is? Anna says she does, but that she actually likes to meet a person before looking at their chart. The chart is helpful, she shrugs, "but sometimes it's not:"

> Sometimes it's just a bunch of information, but it's not what we're [concerned with] right now. Sometimes it's better if I can make my own interpretation versus reading what's there and going in with an interpretation.

Anna thinks she got this approach from working with the women in the supported living facility when she was in college. She explains:

> Some of the women just hated the diagnosis. They were so stuck on: "That's what's in my chart, but that's [not right]." They had such an extreme aversion to the chart, and they would go on and on about the chart....and the whole labeling process can be very negative if it's not done right. It got to a point where [I thought]: "Who in the hell cares what's in the chart? Let's just stop this!"

"It's important to know the diagnosis," Anna acknowledges, but she points out that comments in the client's chart reflect the relationship that the previous therapist had with the client, and the next therapist's relationship with the client may be different. So "you don't want to go in with a whole concept of who the person is" based on the chart, she says.

Anna wishes more of her professors self-disclosed about their "own personal style and sense of self and how that is incorporated" in their work with clients. She wants to hear more about the professor's "professional use of self and mistakes [they made] along the way" in developing their professional use of self." She gives the example of her *Micro D Practice*

professor, whom she thinks is "brilliant." Anna says her disclosures of being in the room with

clients are extremely helpful, but other professors "rarely take it to that level." She explains that

in class:

> We were talking about family therapy. She uses a lot of case examples from her own practice. I know a lot of other professors use case examples, but they don't express their own vulnerability. She will say: "This is how I was feeling. This is what was going on with me because of [my past experience or personal anxieties], so this is what I said to the client."
>
> Whereas other professors have just said, "This is what was going on with the client." They are not identifying what was going on with themselves...they don't say, "This is what [the client's situation] kicked up for me." They don't take it to that level where we as students can say, "Oh thank God, that happened to me too and that is how I felt."

I ask Anna about the Learning Agreement that all students fill out when they began their

field placements; essentially students write what they want to learn in their field placement. She

chuckles, recalling that when she filled it out, a woman at the VA said that student Learning

Agreements are like their own treatment plans. Anna is not too impressed with the form. She

thinks taking to her field supervisor was more valuable. He presented her with a more

challenging question, she tells me: "How will you know you have learned something when you

leave here?" Anna says that question has stuck with her. She assumes she will know because

she will have more skills and hopefully feel more confident, but the question goes beyond that,

she feels. Anna says she is still thinking about it.

Anna says one of the questions on the Learning Agreement was about how the student

planned on developing their professional use of self. "I put self-awareness all over that thing,"

Anna says. She recalls the moment last year when she realized she was "in the room" with her

client. From that she learned to "pay attention to what is going on with you otherwise you'll just dismiss" what is actually happening between yourself and a client:

> Until you really start questioning...or becoming aware of your reaction to the other person or your counter-transference, then there's not going be any shift. You're just going to keep on being comfortable...you're just going through the motions, almost.

Anna remarks she wants to develop more self-awareness - and skills of self-awareness - this year. She tries to explain why, but it is difficult to put into words. The following is a paraphrasing of what Anna tries to explain: the more aware she is of herself and her reactions while she is with a client, the more she can be genuinely present in the relationship. This effort to be genuinely present - attentive to one's own emotions while also attempting to openly receive and understand another's plight and expressions - marks a shift in a way of being in the relationship: she is now making an active effort hear and connect with the client in order to understand what the client is trying to convey to her or achieve in their lives. This is what Tess calls "tuning in," and what Lily calls "really listening," and what Anna means when she contrasts this way of being with "going through the motions." Anna remarks: "It gets trippy if you think about it for too long." I agree with Anna, but at the same time there is something in this relational orientation that is as old as the hills.

Anna believes she has pitched herself into a considerable development of self-awareness at the VA. As she talks more about her experiences with her field supervisor and in the Graduate Collective, and I begin to understand what she means by saying her field learning "has been magnified by a factor of ten."

In her field supervision sessions (one of which I observed at the end of the year), Anna's field supervisor (whom I will call Sam) encourages her to reflect on her feelings and actions. As noted earlier, Sam's style was to ask why, and why again. Anna gives an example of a time a client came to her and described a complicated problem he was having. Anna related many elements of their interaction to Sam, but he picked up the moment when the client asked Anna what the solution to his problem was and Anna froze, feeling "a little panic inside." She eventually got things "flowing again," but her heart was racing. Sam wanted to know what happened there. He asked what Anna thought the client wanted from her. Anna said he wanted a solution, and she didn't have a solution. Sam asked why Anna thought that made her anxious. Because she didn't have a solution, Anna repeated. "So you feel like you have to have a solution?" Sam asked. "Ohhh," said Anna, "yes." Sam asked what it meant if she didn't have a solution. Anna said it meant she couldn't help him. Sam continued, which means what? Anna responded, "Well, then what am I doing here?" and finally groaned, "Okay, I get it! It's okay if I don't always have the answer."

Thankfully, Anna tells me, she has a level of comfort with Sam that allows her to joke with him that sometimes she is too exhausted to follow out his line of questioning. Anna can say, "I'm so tired of having to identify emotion emotion emotion all week in the Collective - it's driving me nuts - can't you please just tell me what you are getting at?"

Anna chuckles, "Because here's Bruno...what is he trying to do to us? It felt like such a game at first." Anna says it was all about affect, affect, affect: Bruno would shout, "No, no, no, you're going in your head, get into the feeling!" She says at first the students were like deer staring into headlights, but in quick succession Bruno provoked them into participation. Anna's

provocation came when she made a comment about a (role-played) client's anger. Bruno asked

Anna what she was feeling and she said, "I don't get this. I don't get where I'm supposed to be."

He observed, "You draw attention to yourself, but when I ask you a question you put up a wall."

Anna says her jaw dropped. "Am I off-base?" asked Bruno. "No," said Anna. "I do that. I do

that in relationships. It takes me awhile to establish relationships with people." (It seems her

professional relationships with clients are an exception to this.)

Anna says after this exchange she decided to share more of herself in the Collective. The

exchange made her realize she was trying to "figure out what was happening so hard that she

was basically protecting [her]self from engaging in the whole process." Anna admitted that

sometimes she ventured a comment just to see what would happen in "the game;" she was

convinced she was rightly throwing "random" switches just to see how the whole thing worked.

One time Bruno pointedly ignored her and she thought, even though she actually verbally

participated, "He still got me. No matter what I'm still contemplating" the nature of the game.

Anna says she realized this kept her from connecting with her true feelings and sharing them

with the group.

Anna pauses. Going deeper and discussing this in field supervision, Anna realized how

she felt in the group:

> I did not want to consider that I actually cared what other people thought of me.
> Because I have this thing; I like to be independent. The idea of dependency is
> very scary to me. I don't like that feeling. So the way I was protecting myself
> was to [analyze] the group versus actually being a part of the group.

Anna smiles. At the next meeting of the Collective, she "actually shared that insight with everybody," she tells me. Bruno "kind of smiled at me" in his gruff way, she says, and Anna told the group: "So I think I'm ready to really play the game rather than analyzing it."

I ask Anna curiously, "So do you feel the Collective a safe space?" Yes and no, Anna replies thoughtfully. She did research on this kind of learning environment, and says it is supposed to be chaotic: "It's supposed to kick up anxiety so we start thinking differently." Anna remarks she is "trying to make it a safe place." Regardless of whether it is or not, one thing Anna knows, she says, is that she "want[s] to be real in there."

Anna and I have run out of time, so I thank her for sharing her experiences and we pack up our things and head off to class. Anna moves with an inspired energy. I chuckle to myself as we settle into our seats in the *Advanced Research in Mental Health* course; it seems Anna has indeed pitched herself into a kind of developmental bonanza in her second-year field placement.

Fourth Quarter Interview: Tess

As soon as Tess arrives I know something is wrong. She forces a smile and sits neatly. I ask how she is, and she responds, "I'm okay," as if someone is holding a gun to her back. As she speaks, her delivery is carefully calibrated and her voice is high and her breathing shallow. She is having "an interesting experience" adjusting to her new clinical role, she says. It is not what she expected, and she finds it "very anxiety-provoking."

Tess's second-year field placement is at the university's Student Psychological Center. It is housed in a beautiful new building with state-of-the-art office technology (e.g., audio recording that works at the touch of a button on the wall and ergonomically designed furniture).

Each student intern has their own private office, again, an unusual circumstance in social work agencies. Working with the college population was Tess's first choice, her "dream job." She has been at the Center for two weeks, and done five intakes with students seeking help.

Three of them went badly, Tess says. One client refused to see her because she was a student. The two other clients were "interpersonally very uncomfortable in the room, fairly hostile, and fairly irritable." They were not mandated clients, they came voluntarily, so Tess was not expecting that. "It has raised a lot of anxiety," she says, "as in, what if I'm not any good at this? What if I can't do this? What if my interactions with clients are driving them away?" One client was so irritated by the structured intake that he openly criticized it and walked out. Tess told him he could schedule an appointment with another clinician. "Not everyone is the best fit for everyone," she says unhappily.

I ask Tess to explain the structured intake. The students fill out several forms in the waiting room when they arrive. Once they get to her office, Tess must ask immediately if they agree to be tape-recorded. Then she asks them to sign a consent form informing them she is a student in training. Tess then goes over the forms they filled out in the waiting room about why they are there. Then she administers a questionnaire required by the World Health Organization (WHO) that assesses substance use among college students seeking psychological services. The WHO provides the Center with some funding, Tess explains, so their questionnaire is implemented at each student's first appointment, regardless of the reason the student sought help. The WHO questionnaire can take anywhere from five to twenty minutes depending on the students' reported substance use. After this, Tess can put the clipboard aside if she wants.

At first, the forms calmed Tess's anxiety because they gave her a structure, she tells me. Later in the interview, she reflects that the structured intake is "not great for relationship building," and reflects: "The Center does have a lot of its own agenda mixed in."

However, Tess says she tends to "fixate on blaming [her]self," and these uncomfortable intakes are no exception. She frowns. "I'm feeling obliterated," she says. "It has drawn out some insecurities, and I am feeling them very prominently in my role." Tess confesses she does a lot of "self-talk" to manage her anxiety. She reminds herself she is still in a learning process and cannot expect to handle every client the way a seasoned clinician would. She should not personalize it, because that's not the best way to handle it, she tells herself. Tess's voice is shaking.

I ask Tess if she has talked to her field supervisors about this (she has two with whom she meets separately). She hesitates, saying she shared some her anxiety, but not all of it. She is unsure of the difference between sharing anxiety in a professional way with a supervisor, versus sharing anxiety in a more personal way with a therapist.

Tess tells me about a meeting with one of her supervisors in which they listened to the audiotape of one of her difficult intakes. At several points, the supervisor asked Tess what she could have done differently. It was good supervision, Tess says, but "she was not interested in empathizing with me." There was no reassurance that as a neophyte therapist, some awkwardness is normal. That was on Friday, Tess says, and she spent the weekend feeling "hideous." It took her until Tuesday to convince herself that over time she could still develop the skills needed to be a competent therapist.

Tess says there is an attitude in the field of social work that exerts undue pressure on the students to be brilliant therapists naturally:

> I hate it when people say it's a calling. Or you have these traits that allow you to do this work. That you have it in you when you come into the field, and that you just need to develop it. I think to a certain degree we have that attitude - like we're born this way.
>
> So I'm trying to talk myself out of that, saying, "Well, maybe you're born with it, or maybe as a child or a young adult you developed wanting to work with people, but that doesn't mean that you know how to do therapy. That you were *born* with those skills. But it is a skill set that you can develop."

Tess shakes her head. With the college student population, she did not think to put on emotional armor the way she did when working with pregnant teens, whose hostility she was told to expect. The veterans at her last internship were generally cooperative, she adds, despite the hostile environments they experienced themselves. The college students' hostility threw her, and she is struggling with her "sense of competence and confidence." Tess describes one of the two difficult client sessions in more detail, explaining the more she tried to empathize, the more the client withdrew. As she speaks, her breathing becomes more shallow, and she begins to sound more panicked.

Hoping to steer us into calmer waters for a moment, I ask Tess what initially interested her in working with college students. She laughs and pauses. From a psychopathology standpoint, she thinks it is interesting that symptoms of mental illness often emerge during these years, and she has read early intervention can help mitigate the course of illness. From an Eriksonian developmental standpoint, she thinks college students are in an interesting process of identity formation and differentiation from their family of origin. They are asking questions such as, how am I going to live my life? What kind of person am I? What are my goals? What kinds

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of relationships am I going to build? These issues can emerge at any point in the life cycle, she acknowledges, but they are particularly salient at this time. She also felt college students would be verbal, intelligent, and generally motivated in therapy - factors that typically predict a good therapeutic outcome.

I ask Tess how she imagined helping the students. If students are beginning to experience mood difficulties such as depression or anxiety, she would like to help them identify any contributing biological factors, and/or if their difficulties seem to be psychodynamic or situational in nature, she would like to help the students explore and change any maladaptive behavior patterns. She describes one of her veteran clients who lived with bipolar disorder for thirty years before he was diagnosed. Early intervention could have prevented some of the suffering and chaos that he and his family endured.

Tess returns to issues of identity, speaking thoughtfully. She would like to help students "solidify" their identity in a way that allows them to grow and lead meaningful, productive, and happy lives. That would be successful work with this population, she says. People at this age are often "in the throes of trying to make sense of what went on in their household" when they grew up, she points out. Without intervention, they may not deal with the past in a constructive way:

> Instead of…finding some kind of peace or healing…they pursue a career that makes them miserable, because they're following some role in their family that leads them down a less productive and less happy path. Or they start a pattern of negative relationships or negative substance use or various things.

> I think anywhere along the line there are turning points. It's not like if you don't get it right in your early twenties, then you're doomed forever. But I do think this period offers a lot of flexibility. It's much easier to change your path now than when you're forty with two kids and a mortgage and you're ten years into a

career….Not that everyone turns into the nuclear family, but this is a nice time to make decisions about what's going to be a good life for you.

I hear the echoes of Tess's own struggles as she talks: managing her anxiety, sorting through the difficulties of her childhood, and confusion about her career choice and identity as a social worker. Tess is now twenty-three years old, not much older than her clients. I ask her if she feels she went through this kind of developmental process during college. She furrows her brow.

> I went into college - I went into high school - with too rigid an idea of who I was and what I needed to do with my life. Although I think I ended up in the right place, I do wish I had come into it in a bit more flexible and open-minded way. I think my identity decisions happened earlier than they should have. So when I think of the client I really want to work with, they're much more open-minded and flexible than I was at this time.
>
> [My] experience living in the peer-counseling center and being a part of that community was pretty important for me, and did play role in solidifying who I was and what kind of environment I thrived in and what kind of work I wanted to do.

I think about Tess feeling she had "solidified" her identity in college. In this interview, she uses the metaphors of being shattered and obliterated.

Tess continues to discuss her role living at the peer-counseling center at her college. She reflects that it was a parental role in many ways. She and three other managers kept the household running. Not only did they oversee the work of thirty-five other students, they did the grocery shopping, made the meals, took the trash out, vacuumed, and called the plumber. They also kept the center funded. It was meaningful and productive work, she says. We helped each other and we helped our clients. She felt capable. "That felt really excellent," she tells me.

But doing first-contact crisis counseling is very different than being a therapist, Tess

observes. Tess and the other peer counselors answered crisis calls and met with students on a

drop-in basis, but they always referred them to other resources for help. "It was nothing like the

process of an ongoing therapy relationship."

Tess shifts in her seat. She is not looking forward to her supervision meeting tomorrow.

They will be listening to the tape of Tess's second uncomfortable intake. "It's so difficult to hear

yourself stumble…I just feel a little deflated." She shakes her head.

> I don't know that I've done the most wonderful job managing my anxiety. I mean
> I'm here, I'm fine….It's not like I'm broken by it. But I have found it very
> overwhelming, and it has taken a lot of self-talk to keep coming back to, "I'm a
> beginning therapist. I'm learning these skills."…But I have to keep saying it over
> and over, and when I stop saying it, I just get this sinking feeling. Like I bombed
> a test.

> …My gut instinct or my natural way of talking to myself is, "Well, you're clearly
> not very good at this, and you're probably never going to be a good therapist, and
> maybe you picked wrong." It is critical, harsh self-talk…[and] that's very much
> how I deal with myself. So this is probably very important learning for me
> personally. But it's hard. I haven't felt great about myself or my work. That's
> not a good feeling to walk around with.

I ask Tess when she started seeing clients. "Two weeks ago," she laughs, "so maybe it's a

little premature." But in two more weeks she will have more than double the number of clients.

Her eyes widen in a panic only half-mocked. "I really wish I could press pause and have ten

more therapy sessions for myself."

It helps Tess to think about the process she went through last year. She reminds herself

that it was uncomfortable, but she learned. She reflects on her process, saying she will use a

metaphor from cognitive psychology:

When you are incorporating new things into your schema, at first, everything that you thought you knew, you no longer know. It all gets broken to pieces, but you can't incorporate anything new until that has happened. You can't bring a new piece into a whole. You have to make space for it. But that process is very disruptive.

…I came into last year whole, but then it was shattered by all of this newness, and social work identity issues, and my clinical role issues, and various other things. And it took nine months to put the pieces back together. I'm taking on even more this year, so of course I should have to go through something like that again.

Tess also feels lonely as the only social work intern in the Student Psychological Center this year. Usually there are two or three. Her supervisors (social workers themselves) were also disappointed, knowing social work interns give each other important support during the training process. The other six interns are Ph. D. students in counseling or clinical psychology. They work five days a week as opposed to Tess's three, and they have their own group meetings and outreach activities. Tess does not feel part of that group, but says they are friendly to her, if a bit formal. Thus, there are no interns at her placement with whom she feels comfortable sharing her anxiety and doubts.

This brings us back to the question of sharing her anxiety with her field supervisors. Tess is aware that she is an anxious person, and works on managing her "disordered anxiety" in her own personal therapy. She is comfortable with that fact, she says, and freely talks about it with friends and family.

It's part of who I am, and that's fine. [But] it's always a little scary for me when I'm in a supervision situation where acknowledging anxiety is an important part of the supervision, but I don't want to bring my pathological anxiety into the room. That's for me to deal with…it's just very difficult for me to discern where that line is.

Tess pauses, and gets excited. She nods to herself, affirming an insight.

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Okay, that's good information. I wasn't aware of – so yes, there is some concern there to what degree my personal anxiety would flood my work. Or how that would impact how other people would think of me in a professional role.

Among my peers here, where there is a relationship, we are all very open about what our stuff is. I don't have that concern here [in the program] as much, but I'm in a new environment now, and I'm not so sure what the norms are…I still don't quite know my supervisors and what's cool and what's not cool. It is a little difficult to gauge when it's normal to want to go in and say, "I'm anxious." Or when [I should] save it for therapy.

Tess admits that if she discloses too much of her anxiety, she fears her supervisors will think she is not capable of being a therapist. When a client is hostile, she says, it makes her anxiety go through the roof. But she wonders: when is anxiety an important issue of counter-transference to raise in supervision rather than being her own personal issue to manage? It's all blending together right now, Tess says, and it's all uncomfortable. (She explains she uses the term counter-transference in a general rather than Freudian sense; that is, she sees it as her emotional reactions to the client sitting in front of her and/or the issues they are discussing.) I sit and puzzle through her explanation, beginning to understand why Tess engaged in self-talk to reassure herself. Indeed, other students I interviewed were anxious at this point in their training, but could more readily attribute it to being a new therapist rather than to a counter-transference reaction to the client or a "personal issue."

Tess tells me about a moment she had last week. She was sitting alone in her office thinking, "I feel awful. If I go home this way, I will have a terrible night." She wondered if she should knock on her supervisor's door to discuss how she was feeling. "Is this a supervisor moment?" Tess asked out loud. Only the clock ticked. Tess decided it was not. Instead she went home, watched three episodes of her favorite television sitcom, and called a friend. Tess says

afterward she felt much better, but it was very confusing. "I mean," she laughs, "in what other field is there more of a blurring of the personal and the professional?"

Tess muses there must be people who come into social work "who are the most psychologically well-adjusted people." But a lot of us are anxious, she remarks, including herself. She says:

> It's really hard to sort out. In the context of a professional [therapeutic] relationships, what are normal professional emotions? What are your own exaggerated personal emotions?

At this point I can't help but observe that "wrestling with these issues this year" will probably make her "a really good supervisor." Tess takes a deep breath and says, "I hope so." She adds, "That's one way that I deal with uncomfortable emotions is to think, 'Well, this serves an adaptive purpose.' This will have a good outcome." Tess remarks again that it is a confusing role, but guesses that is what makes for "a lifetime of interesting work." She then laughs and says she should have gone into accounting, where there is less "ambiguity."

I ask Tess what she looks forward to this year. Good supervision, she says immediately. She already feels the quality of her supervision is far beyond what she experienced last year. There are four clinical social workers at the Center, all with different strengths and styles, Tess notes. She is quite pleased to learn from all of them. She will get a lot of attention as the only social work intern. However, that means there is nowhere to hide, Tess says. (This reminds me that she admitted she hid at her previous field placement.) Her supervisors will listen to every minute of therapy she does when they review her tape-recorded sessions. "It's scary...if I am really horrific at this, it will come through."

By the time she graduates, Tess says:

I would like to feel whole again. I'd like to have that integration. An identity that I'm comfortable with. Not a student posing as a therapist, but like a therapist… [I'd like] a sense that I could do this, that I'm not just a fraud.

I would also like to have the satisfaction of feeling like I helped some people. That they left therapy with me maybe a little bit better off than when they went in. That would be a good feeling.

Tess guesses she will see eighty clients by the end of the year, including eleven long-term clients. She is still happy that she has come to embrace the specialization of clinical social work within the larger field. This has dramatically changed her experience for the better, she says. She believes the program socializes students to "think like a social worker," but adds, "there are many different ways to think like a social worker." She would want to tell herself at the beginning of last year: "Just hang in there." This year looks like another wild ride; maybe even more so.

I'm not just getting an education. It's this whole experience. [At Princeton]…my classes were just classes. Whereas this is a whole personality-impacting-building experience.

Tess pauses. She says that "how she is living [her] life has occupied a lot of her thoughts" in the last year and a half.   She remarks that she was "always the A student, the good kid...my values lined up very well with authority in high school and largely in college." She pauses, and I keep listening.

Rebelling against the authority of the social work program has been kind of fun, she says. Tess tells me she spoke with the leader of the Graduate Collective (Bruno) about this at the end of last year. Uncharacteristically, Tess skipped the Graduate Collective meetings a few times. That "was really irresponsible," she remarks. However, Bruno pointed out to her that "we all

have darker shadow energies, and that I'm pretty out of touch with that stuff usually." Skipping the Collective was "part of her process" Tess explains. She was angry about having a supervisor that she felt was less than helpful and not a role model, and that is how she expressed it at the time.

Tess says she is "developing a bit of a defiance streak...and that's new. It's new territory." There was defiance in skipping the Collective meetings, she observes. In addition:

> I'm definitely having a little bit of defiance with the [social work] department. As in: "You can have your ideas, but they are not necessarily going to impact mine. I'm going to be instrumental in defining my own social work role and screw you if you don't like it."

Tess pauses. Maybe now, while she is in the program, it would be a "fun time" to explore her "dark side," she says. I chuckle, thinking this interview ended up in a very different place from where it began.

<center>***</center>

In our next fifth quarter interview, Tess and I discuss the family sculpture that she presented in the *Micro D Practice* course (for a description of her presentation, see the fourth quarter class descriptions). I include our conversation about Tess's family sculpture here, because it took place in the fourth quarter, just a few weeks after our meeting above.

As discussed earlier, Tess chose to do this assignment, and she volunteered to go first. Many were moved and surprised by what unfolded, including myself. I ask Tess what this experience was like for her. She said it was "amazing." Because she went first, she had no idea what to expect, and she also was surprised by what happened during the exercise.

Tess laughs and adds that while she is not "airy-fairy" type, the universe did seem to work in a mysterious way that day. "I have significant relationship problems with my Dad," she reminds me. After classes on the day of her family sculpture which featured her father, Tess and a group of social work students met at a local bar for their regular happy hour. Tess looked across the room and saw her father walk in the door. She had not spoken to him in five months. It was nightmarish, she tells me, but she slipped out a back door and was certain he did not see her.

> Then a few days later he sent me a very angry email. Basically threatening me. He called me emotionally and intellectually dishonest and immature, and said that if I didn't re-engage with him now, that was it. So kind of threatening. Which is a whole different story, and I will have time to talk about that in therapy. *[Laughter.]* Those are on-going issues for me.

"Wow," I say, and Tess nods.

It was interesting to do the family sculpture, she says. She knew she was going out on a limb, but says "the times I've learned the most were the times when I have stepped out there on that limb to see what happens."

It was a lot of personal information to share, Tess acknowledges, but she felt the class was a "safe place" for that. She knew many students in the class well (meaning they already knew much of her family history), and the others she still felt she could trust. Plus, for most of the social work students, Tess observes, "there are some things in our family lives that will always feel a bit off." Tess also figured, what better way to learn about how to do family therapy than to use a engage in an exercise herself with a model of family therapy? She adds, "And I am glad I did."

(Tess does remark, however, that engaging in all the family therapy material in the fourth quarter was "poignant and uncomfortable," and by the time she wrote the final family paper she "felt so familied out." She laughs that she "was ready to move across the country and live in a cave." But although it was hard to bring complex family struggles into the classroom, Tess says, "it also made the material that much more real.")

I ask Tess what was "amazing" about doing the family sculpture. She says there were a few things. First was "the process of trying to tune into each family member and understand what was really going on for them." Tess says to set up her family members in their typical physical postures was easy, but to then to stand next to them and "try to understand the family dynamics" took things to a "deeper level...[to] what is going on within and between the different family members." Some of this she knew, and some of this she tried to figure out as she went around to each family member.

It was the first time that Tess had tuned into her family members in that way, she says, imagining what each was feeling at the time in their lives. What was amazing to Tess was that she felt she could do it. The exercise was set up in such a way that she "could stand there and it was accessible" to her. Tess felt like she was in the room with her family members, and she felt like she could imagine the interrelations felt among them. Some family members were harder to tune into than others, she adds (e.g., her father), but it was "a new of understanding what went on in her family."

Another thing that amazed Tess was the shift that took place, she says. The professor asked Tess if there was a shift she could make in the family sculpture that might change the picture. Tess moved her grandmother from an angry and judgmental stance at the head of the

dining room table and instead stood her behind Tess's seated father with her hands on his shoulders. This shift created the "cascading effect" she refers to below. All of the family members' physical postures shifted in that moment as their relationships and feelings changed. The sculpture took a different shape; the family picture changed. That was amazing, Tess says:

> Because sometimes when we think about our families...it all seems so chaotic and hard to fix. I think that's why a lot of people leave their families and never come back. They think, how could this ever work?
>
> But then you see that one small change to meet a particular need in the family can have this cascading effect.

However, what impressed Tess the most about the exercise was the impromptu inclusion of her grandmother. Tess only included her because the professor asked her if anyone else belonged in the sculpture of Tess's family dinner at that time in their lives. Her grandmother lived hours away and "was not a regular guest at the table...but when [the professor] asked, it felt like she should be there." Tess "never really anticipated that," so it was "a huge surprise" how significant a role her grandmother ended up playing in her family sculpture dynamics. When the shift in the sculpture occurred, Tess remarks: "That felt really new to me."

"The sad thing is, that's not possible," Tess says. "She's not alive, and that's the way she raised him, so that's done." Still, Tess observes:

> It felt like a new way of understanding [my father]. And how that intergenerational process works, and how those strengths or deficits get passed on in any family, and specifically in mine.

I ask Tess if she thinks her father could address his relationship with his mother on a symbolic level in a kind of healing way; and if so, could that still initiate a kind of cascading effect? Tess believes that is possible on "a theoretical level," but she does not know if her father

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is willing to do that, or interested in doing that, or if he even thinks he needs to or thinks it is possible to do that. "Right," I laugh.

Tess pauses thoughtfully. It was a great exercise to sculpt a moment from the past, Tess thinks, because "it was still helpful and and even healing...to watch that process" play out in her own family sculpture, and, from a more removed perspective, to recognize that making a shift in one part of a family system may affect the whole system. Tess was glad to learn that was a possible means of family therapy intervention, and to understand how working with a family system may differ from working with an individual.

Fourth Quarter Interview: Lily

Lily and I meet in December, at the end of the fourth quarter. I have seen Lily in classes for a few months now, but this is the first time we have really caught up. First she tells me about her summer. In June, she went back to Michigan visit her parents and sister. When Lily returned, she struggled with painful stomach problems for two weeks. Her doctor said it was anxiety-related.

When Lily felt better, she began a summer job working as a substitute teacher at a juvenile detention center for teenage girls, a sister institution to the center for teenage boys she taught at previously (discussed in our first interview). Despite being a substitute, Lily worked most days for the rest of the summer. She loved working with the girls, although she planned on spending more time relaxing at the beach, she laughs. At the end of the summer, she and her husband moved to an apartment halfway between Los Angeles and San Diego (where they used

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to live and where her husband still works). "Now we can live together," she smiles, rather than Lily spending her weeknights in student housing in Los Angeles.

I ask Lily how her sister is doing. That's what her anxiety at the beginning of the summer was about, she sighs. Her eighteen-year-old sister Sarah was in an outpatient drug rehabilitation program last spring, but she left the program early, saying she felt better. Sarah did remain sober but her behavior was still troubling. It "was the opposite" of how she was before. Lily says it seemed Sarah was trying to absorb her bipolar diagnosis. She stayed home all day, not talking to anyone and acting very childlike. She also shaved her head for some reason, Lily says. When Lily saw her in the beginning of the summer, it was distressing. But her parents were encouraged that Sarah was no longer drinking or doing drugs, and they encouraged her to simply relax and get better, saying they were "going to completely take care of her."

Over the summer Sarah remained sober, "so it was good," remarks Lily, and the family hoped the bipolar diagnosis was incorrect. When Sarah got a job and signed up for college classes, her parents were hopeful Sarah was "coming out of it," and things would get better for her. When Lily spoke to Sarah on the phone, she sounded much better.

Lily visited her family again at the beginning of the fall quarter, eager to see her sister on the road to recovery. "But it was horrible," she says. Sarah was drinking and using drugs again, and she went out all the time. She was also hearing voices, Lily says, her voice filling with sorrow. Her parents had not told Lily because they did not want her to worry while she was in the Master's program. That was nice, but "there was a lot of denial," Lily says. She told her parents they "needed to take charge of the situation" and she tells me "a lot of stuff went down." Lily did research to find Sarah another rehabilitation program, this time an in-patient facility in

Northern California. After a lot of resistance Sarah finally agreed to go, but Lily says it took a toll on their relationship.

In the beginning Sarah was the most notorious trouble-maker in the facility and almost got kicked out: "Wherever she goes she has to be the worst person there…she has this bad-assed quality about her," Lily explains. However, by the end Sarah was a staff favorite, and they said she improved a great deal. "It really helped," Lily says. It seemed to Lily her sister had a good therapist who "broke through her walls and walls of defenses and her games." Lily and her parents were relieved. Lily found Sarah a long-term sober living facility in Los Angeles.

Even though the facility nearer to Lily's home, Lily tells me she is now "taking a step back." Previously she was "obsessed" with finding the "perfect" placements for Sarah, staying up late after doing her schoolwork and internship work this quarter to find facilities that had everything Sarah needed, but were affordable, because her parents were using their modest retirement savings to pay for the treatment.

Lily drove Sarah from the airport to the long-term facility, but she has not seen her sister since because the residents are rarely allowed visitors. Lily will visit her for the first time next week. Lily says she is feeling good about things with her sister now, which is "weird" for her:

> I'm starting to realize that I can't control her, and her problem is not my problem. And when she actually takes responsibility for herself that feels a lot better, obviously.
>
> But it is scary, too. Because then it depends on *her,* and I don't [know what she is going to do]. A part of me is really scared, because if she relapses, how am I going to react? My moods and my life just goes up and down with her.
>
> But I'm going to therapy quite a bit, and my therapist is really good. She helps me a lot…[she helps me see that] it's a boundary issue, really. I guess. *[Laughter.] I* really need family therapy. I need my own identity. I'm just too into their lives, so we talk a lot about what else defines me.

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Lily laughs, appreciating the irony that she is training to be a family therapist. She says she is "really grateful for this program right now," because it helps her understand and deal with Sarah's struggles. Lily believes the bipolar diagnosis is correct: "it was reconfirmed" in the fall based on Sarah's behavior and symptoms. Going back to work and school probably triggered Sarah into a manic episode with some psychosis. Lily tells me she is reading the literature on bipolar disorder with "a whole different understanding." She can assess and relate to the studies she reads for class in a deeper way now. Everyone is here for a reason, Lily observes, big or small, and that reason "helps you [make] all this information make sense to you."

I ask Lily if she can say something more about this. She pauses thoughtfully and responds: "It seems everyone has something they struggle with, I guess I would say." All people have issues they struggle with, she says, but Lily feels:

> The people here are more aware of their issues, and they are people who solve them in their own lives, or at least [try]. Most of the people I hang out with are aware of their issues. When there is somebody not like that, I know everybody else talks about them. Not trash talk, but: "It's so interesting that she's in this program, because she doesn't seem too aware that her mother's a control freak," for example.

Lily and her friends notice when others seem unaware of their (even common) issues "probably because most of us have spent our entire lives thinking [about our issues]," she laughs.

I mention the popular notion that mental health professionals choose their careers because they are "wounded healers;" meaning they have a history of trouble and pain themselves. I ask Lily what she think about that. Lily is familiar with the stereotype, but thinks it is shallow. There is "more to it than that," she believes:

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I feel like they oversimplify it. Or maybe they don't mean to, but the language oversimplifies it. I don't think it's like: I'm enmeshed, I'm a caretaker, let me become a social worker.

…I've always wanted to do something to care for other people, but it could have been through the field of social justice, because that's the idea of change. Changing the world somehow, making it better. I've always been interested in change and helping people change...or helping them react to things in a better way for themselves.

Lily says it may sound strange, but she thinks personality is a more determining factor in wanting to help people than a particular event, like her sister's difficulties. "It's not, 'I was an orphan, and that's why I'm here,' [because] some people would deal with that differently," she points out. Not everyone who has lost a family member in a fire becomes a fire-fighter. "I feel like it's *me*…it's my personality," Lily says again.

Lily also points out that when she applied to the program, things with her sister had not escalated to where they are now: "I thought she was just rebellious." In her application essay, Lily wrote about troubles and dysfunctions in her extended family and being depressed herself as a teenager. But again, Lily says, she is the kind of person who thinks about things too hard, so as she thought about her experiences, she became interested in helping others deal with those kinds of challenges as well. In addition, she became fascinated with social justice in college. The fact that social work integrates these interests and Lily found herself in this program was a happy "accident" as far as Lily is concerned; it was not only her past troubles and certainly not the social work profession itself that drew her to the program: it was her own desire to help people and effect change from within the context of her experiences.

As Lily speaks, I am reminded of psychoanalyst Robert Coles' *The Call of Service: A Witness to Idealism* (1993) in which he cautions against "pathologizing" a person's desire to help

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others or promote social justice. What kind of world would we live in, he asks in effect, if all persons' impulses and actions to help others were merely seen "as evidence of denial, as a rationalization or a maneuver of a beleaguered ego trying to mobilize various mechanisms of defense (p. 8)" against their own private pain? Not only would it rob a person of conscious and willful intention, it would undermine the existence of a social and human "moral energy (p. *xxiii*)." Additionally, Coles points out, not everyone reacts with idealism to past misfortune (and most of us have some), so perhaps we ought to be appreciative when they do. Coles relates his mentor Anna Freud's opinion on the subject:

> If a childhood of pain and hurt...can in adulthood result in a relaxed and effective idealism that exacts no harmful, self-defeating penalties, no strenuous punishment from others or from the idealist, then she was ready to clap her hands and say and enthusiastic, admiring hurrah (p. 204).

Lily points out it is not so much that past or present troubles drew her to a helping profession, but what she herself chose to do with these experiences. In Lily's opinion, the program is giving her the education and training she needs to better understand her own experiences and the experiences of others with similar - but not the same - troubles so she can differentiate her own experiences and help others more effectively. As the social work professor who was also a psychological anthropologist told me: "They come in emic, and we give them etic."

Lily suddenly grins self-consciously and tells me she often looks at the other Micro students and wonders if she would go to them as a client. I ask Lily what she is looking for, and she widens her eyes. "I'm really picky [about] my therapists" she says, "I've had really bad experiences."

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Lily thinks most of her peers in the program know how to be empathetic, which is her first consideration. Beyond that, she looks for someone can be "a real agent of change." None of us are there yet, Lily says, "because none of us know enough yet." But the potential to effect or facilitate change in a client has to be there, in her opinion. In addition to skill, that takes passion and hope, she says. Lily also observes that many people turn to social workers and other mental health professionals as a last resort. Their individual, family or community circumstances may be desperate and they really need help. If someone is mandated to undergo counseling for domestic violence, for example, that counselor better be good, Lily insists, and the program and the social policies that make that counseling possible also better be good. It takes commitment to change families' lives for the better on both Micro and Macro levels, Lily says.

I ask Lily about her second-year field placement. Lily says she really likes it. It is a well-established, well-funded agency in Hollywood that has been serving families since the 1920's. Today, they mostly serve families referred to them by the Los Angeles County of Department of Child and Family Services (DCFS). These clients do not have to pay. Other clients are self-referred, and they pay on a sliding-scale according to what they can afford. The staff works together in teams – case managers, therapists, interns, in-home counselors, and supervisors. "Everybody seems to genuinely want to help," Lily says. (I visited Lily there at the end of the year, and it indeed seemed a warm, professional, and successful agency.)

Lily is impressed with her supervisor. At first she was intimidated: "You feel like he can just analyze the hell out of you." Lily found that he is a "really nice guy," however. When they discuss her clients, he quickly picks up on things and puts a name to them. Lily knows the concepts he raises from her academic courses, but with his help she is now better able to

recognize them in action with clients. He is also very direct, she says, which helps her

understand how to be direct with clients herself. Last year, her fear of being direct with clients

was an aspect of her professional style that frustrated her (her old field supervisor said she was

not assertive enough). Lily now feels more comfortable pointing out "the process or…what's

going on in the room" with her clients. Her new field supervisor is a good role model in this

respect.

Lily is also appreciating the importance of self-awareness in her professional use of self

on a more ordinary level, not related to her own personal issues, but to more universal

experiences like age and gender role negotiations. "You have to be self-aware to be in this

profession," she says flatly. "In order to really empathize, you have to be able to connect to

yourself." She gives an example of sitting with an eleven-year-old girl. The first thing Lily does

is connect back to how she felt when she was eleven. Not only might she find ways to connect

with the girl's experiences now, Lily can also be mindful about any assumptions she might make

based on her own experiences. All the theory and intervention comes after that, Lily says.

Lily tells another story about a client whose husband wants her to iron his shirts. Lily

remarks her initial impulse was to empower her client from a feminist perspective, but then she

thought about how her own husband wants her to take care of his laundry, and Lily does even

though she finds it annoying because he takes out the trash and changes the oil in the car. This is

not what Lily envisioned as a feminist in college, but there it is. So Lily joked with her client

about how men often have an aversion to laundry in order to normalize the situation, because

that seemed to be what her client needed in the moment. Lily says the older she gets, the more

she sees shades of gray, and the more open her mind becomes. She "notice[s] that growth most

vividly" in reacting to her clients. Lily says she is now curious about what she is currently close-minded about how it will shift in the future.

Something else sticks in Lily's mind, and she wants to talk about it. It was a remark her field supervisor made about the agency in their first meeting. "We're really big on boundaries here," he told her. Lily first thought she must have done something inappropriate to elicit that comment, but later realized that boundaries are a sensitive issue for her, and it was more likely he was indeed speaking about the agency. While working there, she has observed very healthy relationship boundaries among the staff. "It is a very secure place to work," she tells me. Everyone is friendly and respectful, and office politics are at a minimum. Lily believes the lack of cliques and interpersonal frictions typical of many work settings allow the staff to focus on the clients.

But Lily reflects on how her field supervisor's remark about boundaries impacted her. Lily feels she is a needy person at times, and noticed that she immediately wondered if she had acted needy or was somehow "in his space." Lily's remarks reminded me of her recollection in our second interview that she was needy with her father when she was a child, and he "needed his space" from her. Lily laughs about the irony of her thinking his comment about boundaries was "about her" when in fact it was not. According to one interpretation of the theory, she says, her assumption would indicate she in fact has poor boundaries.

I tell Lily I think the concept of boundaries is fascinating. "Isn't it?" she asks, her eyes lighting up. Boundaries are not material things, nor necessarily explicitly articulated between persons, but "boundaries show up in all types of theories in one way or another," Lily says. As discussed in class, having particular kinds of interpersonal boundaries seem to be a way of

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managing relationships between one's self and others, more or less consciously. The negotiation

of boundaries is also a way of managing relationships between families, communities, and

groups, as discussed in the *Micro Practice C* course description.

Lily finds the definition of boundaries in Murray Bowen's family systems theory helpful

(Bowen 1985/2004). For Bowen, having healthy interpersonal boundaries primarily means

being psychologically differentiated (or individuated, in others' terminology) from those you are

closest to, especially family members and your spouse. Paradoxically, only through individual

differentiation can one truly connect to others in a healthy way, according to the theory. In

Bowen's view, a healthy boundary demarcates where one person ends and the other begins,

particularly emotionally. The opposite of being differentiated is being enmeshed. Lily thinks she

is enmeshed with her family – particularly her sister, as she has mentioned several times over the

course of our interviews. Ideally, a healthy boundary is permeable but respectful of another's

individuality and protective of one's own.

"It's funny for me," Lily says, "because I'm starting to notice my own boundaries, and

whatever that means to me." She reflects that when she felt too needy or "involved" with others

in the past, she would abruptly stop that behavior, and sometimes she cut off the relationship.

Doing that felt odd and cold, but she did not know how to find a middle ground. But now, Lily

observes:

> I'm starting to figure out some sort of in-between place, instead of jumping from
> one [end of the] continuum to the other [end] that really wasn't me anyway. It
> was just me trying to fix something. But you can't fix that way.

Lily has given a great deal of thought to the concept of boundaries within families of

different cultural backgrounds, hers included. In her application to the social work program, she

wrote about "practically" living with her extended Pakistani family of ten people in a one-bedroom apartment in New York when she was a young child. (She spent the night at her parents' house in the same neighborhood, but stayed with her extended family all day.) It was confusing when anyone in her family saw a counselor or therapist, because the counselor would either accept their living arrangements as "totally normal" for them and ignore the issue, or view their living arrangements as "totally abnormal" and decide that was the family's main problem. "It was hard to be seen as a separate individual" with either of those approaches," Lily says. Most therapists could not see the individual within the context of an unfamiliar culture, she explains. They simply did not have the experience to assess familial norms and dysfunctions and how they may relate to individual functioning. For these reasons, Lily was initially skeptical about family systems theory. However, she says:

> I really think the family systems model could apply to everyone if it's done skillfully enough...I'm starting to formulate an idea about these things….The more I learn about it, even the American model of it…I do think [a family systems approach] is universal.

Lily believes that boundaries between persons and within families are important social and psychological realities that are variously negotiated in all cultures. By applying family systems theory and its foundational concept of boundaries "skillfully enough," Lily means that a therapist must recognize the normative boundaries in a given culture. In addition, a therapist must go "deeper than that," Lily says. A therapist must assess how individual persons feel about particular practices common to their cultural environment(s). For example, in some settings, it may be a cultural norm for parents and children to sleep in the same bed, she remarks. While

many families practice that arrangement with little conflict, it may cause problems for another family.

How boundaries are negotiated within families should be assessed carefully, Lily continues. Sometimes people use "culture" to justify their views of appropriate boundaries, she notes. She describes a client of hers, a teenage boy of Latin American heritage, whose mother is upset that he yearns for more independence from her. She tells him it is not "in their culture" for him to go out on his own at his age. "I don't think that's true," Lily says, believing that if the mother "really sat and thought" about the issue, she might come to the same conclusion.

Lily says if she wanted to move to another country, she is sure her parents would tell her it was not "in their culture" for children to leave their parents. But Lily's parents left their own homes and parents thousands of miles behind them when they came to America. I smile, recalling the common anthropological observation that what people say they do as participants in a given culture is often different from what they actually they do.

I mention to Lily another anthropological observation that may be relevant to the social and psychological concept of boundaries between persons: the distinction between sociocentric and egocentric cultures. I tell her that traditionally Eastern cultures were once described as sociocentric, or focused on the family and community, while Western cultures were once described as more egocentric, or focused on the individual. More recently, anthropologists have challenged that dichotomy as simplistic, saying persons in both the East and West can be both individually and group-focused, no matter what culturally salient ideal may appear to dominate in particular settings. Lily nods, framing both these orientations as universal human needs that may be actualized in different ways. "Like the TV show *Friends,*" she laughs. In the television

fiction, that group of American friends appears to have no boundaries and is clearly enmeshed, she points out. Lily says, "They're always up in each other's faces. If that was your family, that would be wrong somehow. But because they are friends, that's okay."

Returning to the topic of Lily's field placement, she tells me one thing she is dissatisfied with is the brief nature of short-term treatment. Often the families referred by the Department of Child and Family Services (DCFS) are in crisis, and the agency helps resolve the crisis and makes the family more comfortable, but then "we send them on their way because we don't have time" to fully explore and strengthen the family system and their functioning in the environment. Lily finds that frustrating. "These are real people," she says.

She also complains the program gives a mixed message. On one hand, seeing a social worker is often a final resort for people in desperate need, as she mentioned. On the other hand, the program teaches that "just listening," and "just being there," can be enough. Lily disagrees that is enough. "What if that client were my sister?" she asks. Lily wants more skills to effect change. Still, she acknowledges:

> You have to listen….I might be blaming this program too much, because I can understand the logic in teaching that first. Because…the rest of the [theoretical or skill-based practice] really doesn't work if you're not actually listening - it's just fruitless.

Lily understands the MSW program needs to teach the foundations of social work such as listening, but Lily thinks field placements should bear the responsibility of teaching more specific therapeutic skills, and so far, hers have not. She expects to learn more skills after she graduates, in the two years of supervised practice that is required before becoming a licensed clinical social worker. Ideally she would like to find a mentor, and she looks forward to

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participating in continuing education classes and workshops. Lily says she wants to better

herself professionally, adding that will include working on herself as well. "I do feel it's

related," she remarks:

> I feel the more proficient I get in my personal life, the more proficient I can be
> professionally. I feel that people who are really good professionally - it's not as if
> they don't have personal problems - but I feel they really work on them.
>
> ...I want to be genuine with my clients. I'm trying to tell my clients [to work on
> themselves], so I want to make sure that I'm doing that too.

Our time is almost up, so I thank Lily for the interview and tell her how interesting it is to

talk with her. Lily hesitates to get up, and says she has a question for me. "Sure," I say. Lily

wants to know how I stay "connected to the anthropology part" of myself as I conduct this study:

"because usually you really have to be *in* something to feel connected to it, and keep thinking

like it," she says. Lily asks me: "Are you ever afraid of getting brainwashed by us?" I pause.

"That's really interesting," I say. "The first thing I think about is that my anthropology

department is right here in Los Angeles. I don't go there a lot now, but it always feels present."

I also did not leave my familiar surroundings to do my fieldwork. I tell Lily I have friends who

have gone away to Brazil and China to do extended fieldwork, and their experience was

different.

But how do anthropologists go into the field and not lose themselves, Lily still wants to

know. She is certain that she would lose herself, she tells me: "If I went to China I would so

easily just marry some Chinese guy and just live there." Lily seems anxious and in need of some

kind of assurance. She also seems genuinely interested, because issues of identity and

boundaries have been a source of perplexity for her.

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I acknowledge that anthropologists are warned not to "go native," and sometimes that happens. However, some degree of going native can be an informative part of the process of understanding an unfamiliar way of life. There is typically a period of readjustment when someone returns from the field, I explain, and some experience a kind of reverse culture shock. But from what I have seen, I tell her, most people eventually manage just fine.

Lily still looks worried. When she was young, she tells me, "Anytime I would travel anywhere I would become that place…I usually wouldn't readjust. I'd just change and become a whole different person." She would even start to talk in the accent of the people she had met. Lily shakes her head. She says anthropology sounds like an interesting field, but does not understand how "you could do that, how you totally become somebody *else* and then come back and reflect on it."

I tell Lily I don't feel the field experience "so much as becoming somebody *else,* but I do feel I have changed and grown and learned things that have affected the way I think through participating in the program, and I think that happens when any anthropologist does their fieldwork." Lily comments that the anthropology program must "teach the students really well how to think that way." They certainly teach us we have to come back and write a dissertation about what we experienced, I tell her with a laugh, and that goal can organize how you feel and think about the things you experience.

After a pause, Lily says that an anthropologist in an unfamiliar land must be thinking about being there in a professional way. "Right," I say, "so there is a structure to it." Lily observes, "Those are some serious boundaries right there," implying the professional role is a place to think from, a way to reflect on the experience. I nod.

Lily's brow is still furrowed, however, and she makes no moves to wrap up the conversation. Feeling Lily is concerned about how easily she seemed to enact different identities in the past, I add that having some "personal fluidity" and empathy (defined by Lily as making the effort to "really listen") can help the anthropologist connect and identify with the people they are trying to understand. There is probably a dance, I say, between "being open and able to take in where you're at," and knowing that you will have to leave and reflect on the experience from your own personal and professional point of view. But if you didn't have that kind of personal fluidity in the field, I tell Lily, it could be hard to grasp the emic perspective which would make it hard to be an anthropologist who can reflect on it later. "Right," she says. I add, "But the bottom line is, you have a job and a role and a structure in the field."

I think both Lily and I are aware that we were not simply discussing the anthropological endeavor. We were also speaking about Lily's own endeavor to be a therapist with her clients. She smiles and seems satisfied for the time being. I smile too, and cannot help but feel moved by her sincere effort to "work on her issues," as she puts it. I also feel slightly guilty for perhaps engaging in some ego-supportive therapy, wondering if that was properly within the boundaries of the person-centered interview. As we head off to class, I realize I look forward to seeing how Lily's exploration of her identity and boundaries and her (resultant) genuine professional use of self will unfold over the rest of the year.

Fourth Quarter Summary of Interviews:

This quarter, Anna, Tess, and Lily return to the social work program knowing their experience will be intense. Anna immediately experiences a significant shift in her field

supervision for the better, saying she is getting the "whole experience" of training now, noting

her awareness of how she works with clients is growing exponentially, as is her commitment to

being authentic in her interactions with clients. Tess is admittedly terrified early in the quarter.

She fears her initial awkward intakes with clients indicate she is not "cut out" to be a therapist,

and realizes that because her sessions with clients will be tape-recorded and reviewed by her

supervisors "there is nowhere to hide." Lily is impressed with her supervisor, though it seems

her supervision this year will be less intense than Anna's or Tess's. Lily discusses the importance

of self-awareness on many levels while sitting with a client, and continues to work on

boundaries, particularly with respect to issues of identity.

In terms of interacting with models, Anna's training emphasizes self-awareness, relational

skills and the importance of emotions more than any one intellectual model of interpreting

clients, and Anna commits herself to these emphases. Tess seems to understand that an

intellectual apprehension of therapeutic models does not necessarily translate into being able to

establish a rapport with clients, but she gains a tremendous insight into family dynamics in doing

the "family sculpture" exercise in class. Lily appreciates that beyond whatever model one uses,

the important thing to learn is how to be "a real agent of change" in the therapeutic relationship.

As far as their individual development at this point in the program, Anna realizes she

fears being truly present with others in the student Collective, and decides to make a change

from distancing herself from the group process to jumping in and sharing more of her

spontaneous emotions to see what happens. Again, Anna says she wants to "be real in there."

Tess feels "obliterated," and wants to feel "whole again" by the end of the year. She calls her

training a "whole personality-impacting-building experience." She wonders if she should share

her anxiety with her supervisors, or save it for her own personal therapy. Tess also observes that while she is in the program, it may be a good time to explore her "dark side." Lily faces emotional challenges in dealing with her sister's illness, but tries to incorporate this into her professional development, and now looks at the question, "why are you really here?" with an unblinking commitment.

Fifth Quarter: Changing Patterns and Taking Help

This was another difficult quarter for many students, and emotions ran high. However, challenges in students' work with clients often led to the most significant breakthroughs in their development as social workers so far. By virtue of the fact that termination with clients and with the program itself loomed on the horizon, there was a growing sense of urgency that obstacles in the way of students' effective practice must be overcome. Students pushed their own professional development and took more ownership of their individual process. Many changed in a fundamental way, and many "took help" from their supervisors in this process of change. As Robinson described it, "Every student in his own individual terms must experience this process of change and growth in himself" (1949/1978: 327) and each who commits themselves "discovers that he can 'come through' this struggle with a gain rather than a loss of self" (ibid.: 338).

Still, in taking help and making changes in their behavior in order to render more skillful service to their clients (Robinson notes that this process "resembles therapy in results only to the extent that the laws of personality change and growth are basic in both processes [ibid.: 334]), students did not feel they had completed their growth; for in making these changes, students also realized that growth is a life-long process if one chooses that path. By the end of this quarter, most students I interviewed felt their ability and awareness of how to connect with clients and rely on the "real relationship" to facilitate the client's inherent impulse toward growth had improved significantly. Their experience of taking help, including their resistances, provided a fundamental basis for understanding the potential experiences of their clients.

Students enjoyed their courses this quarter. They no longer complained that the program underestimated their abilities; instead they were intellectually challenged and invigorated, and many felt they were finally learning what they came here to learn academically.

Many students took electives in their final two quarters. For this reason, I describe fewer courses, but in more detail. These courses give a vivid and fascinating picture of the field of social work and social work practice, and may particularly interest the reader who wishes to understand how social work might differ from other mental health professions. Below are descriptions of the fifth quarter courses: *Mental Health Policy; Advanced Practice in Mental Health Settings;* and *Child and Adolescent Psychopathology.*

FIFTH QUARTER CLASSES:

Mental Health Policy

This course was cross-listed in the departments of social work and public policy, and taken mostly by those students and a handful of public health, clinical psychology and medical students. This was a fascinating course whose content goes far beyond the scope of this dissertation. However, it was a significant learning experience for the social work students that must be reviewed, albeit briefly. Through an analysis of the history of mental health policy in the Unites States, students further contextualized the experiences of their clients struggling with mental health issues. A focus on current mental health policy also deepened students' awareness of their clients' dynamic experiences of care within their social setting from the Person-in-Environment perspective.

The course traced the history of mental health policy in the United States (and particularly California) from its beginnings in the early 1800's to the 2004 passage of the Mental Health Services Act (MHSA) in California. Much class time was spent considering how the MHSA would impact the the provision of mental health services in various settings. I will begin by briefly describing this current policy, as it was a frame of reference throughout the class.

By a slim majority in 2004, California residents voted in favor of state Proposition 63 which instituted an additional 1% income tax on individuals whose personal income exceeded one million dollars in order to fund new and expanded mental health services at the county level. The MHSA instituted sweeping changes in mental health policy that if successful could influence policy in other states, the professor noted.

A core objective of the MHSA was to create Full-Service Partnerships (FSP's), or community health centers modeled on Assertive Community Treatment (ACT) programs and The Village, a community health center based in the city of Long Beach. (This was a field placement that I visited, and it was referenced frequently by students whose first- or second-year field placements were at The Village). These full service models of care use a philosophy captured in the mantra "Whatever It Takes" and proved to be an "evidence-based practice (or EBP)" among those diagnosed with severe mental illness in significantly reducing hospitalizations, homelessness and encounters with the criminal justice system, and in improving health, quality of life, and employment and education rates (Scheffler et al., 2010). The professor tells the students that the design of the MHSA was also greatly influenced by the National Alliance for the Mentally Ill (NAMI), a powerful consumer advocacy group composed primarily of family members of those diagnosed with (mostly chronic and severe) mental illness. The goal of the MHSA is to support clients' in "resiliency, recovery, and wellness."

The MHSA became law as the course began this quarter, and the Act's ambitious policies and goals were just beginning to have an impact. There were county agency reorganizations (met with grumblings and resistance) and new financial stipends for social work students (met with nothing less than joy). "It's a free-for-all out there right now," the professor said on the first day of class. "There is more money to hire more people to help create new programs, agencies are taking staff from other agencies, and everyone is looking to California to see what we will do and how it will turn out."

The professor had extensive community and clinical experience, and maintained a private practice in addition to teaching. She specialized in community mental health and domestic

violence. Her lived experience of implementing mental health policy over several decades in

California gave students valuable insight into how policy works (or does not) on the ground, and

how cycles of expanding or cutting services for the mentally ill tended to repeat in accord with

economic and political conditions, particularly at the federal level:

> You will see these trends cycle around and around across your careers. The more restrictive the political climate, the more restrictive the treatment. The more expansive the political climate, the more expansive the treatment.

The professor began each class with current news items in the *Los Angeles Times*

regarding mental health policy. For example, on the first day of class, a federal judge had

ordered Los Angeles County to to provider better and faster services to children in foster care.

The professor also began each class reminding the students that at the end of the quarter, in small

groups, they would spend a day touring the Twin Towers Jail in downtown Los Angeles. This

LA county jail housed the largest mental health facility in the country. By the time the professor

had reminded them of the tours for the fourth time, the students realized she anticipated the visit

would have a profound impact.

Also on the first day of class, students went around the room once again and noted which

populations they wanted to work with and what public policy issues interested or concerned them

in relation to those populations. I noted students' articulation of their goals had become quite

sophisticated but no less passionate than during their first quarter.

The professor tells the students the definition of mental illness is "important and tricky,"

because policies either explicitly or implicitly depend upon this definition. It changes frequently,

she says, and "right now we are having a hard time with the 'mental' part." The brain disease

model has gained currency, she noted, eclipsing the psychoanalytic model of previous

generations. "As social workers," she said, "we look at the environment. That's the core of social work. Our core values come from this root. This is different from psychiatrists and psychologists."[28]

One biomedical definition of mental illness is "a form of deviant behavior [that] arises from some dysfunction in the person, some aspect of his or her mind or body that is not functioning as it should" (Mechanic, 1999, p. 12; this article was a course reading). In other words, a person with mental illness exhibits behavior that is not justified by external circumstances, and "makes no sense to the [lay] observer (ibid.)." A person in the midst of a psychotic episode could certainly meet this definition.

However, many persons seek mental health services for problems in their lives that do not meet this definition, the professor observed, such as adults and children experiencing trauma or bereavement. "So are they mentally ill or not?" she asks. In terms of public policy, should they be eligible for treatment or not? Does it make sense to include these conditions - as well as anxiety, depression, personality disorders and schizophrenia - under the same umbrella of "mental illness," particularly mental illness defined as a biomedical "disease?" Answers to these questions have historically shaped public policy regarding mental heath services.

The professor advises the students to consider from whose perspective policy is formulated: what are the values, beliefs and interests that influence policy? What ideologies are in play? Questions that cause tension across many academic fields and within society are: who is to blame for mental illness? How do we explain it? Can it be helped or prevented? If so, how?

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[28] In this, the professor pointed out what appeared to be missing in Tanya Luhrmann's ethnography of the education and training of psychiatric residents (Luhrmann, 2000). American psychiatry, as Luhrmann described it at the time, was of "two minds" about mental illness: the biomedical and the psychodynamic perspectives. In contrast, social work, as well as psychological and medical anthropology, had a "third mind:" the social and environmental perspective.

She also tells students to consider for whom mental health policy is written. Sometimes it is written for those with mental illness to provide services or protect their civil rights, and sometimes it is written for the safety of the public, as when states attempt to legislate mandatory treatment for persons diagnosed with mental illness and a history of violence.

Another question the professor poses from the standpoint of those who make legislative decisions about mental health policy is: "What is society's obligation to the mentally ill?" This is the public policy frame on mental illness. This question is also invoked by Luhrmann (2000) when she asserts: "Our society needs to make a practical decision about how much care we owe someone (p. 292)" who struggles with a mental illness. Much of this course was a review of the decisions made over time regarding the provision of mental health services by politicians and citizens in the United States at both federal and state levels using processes of legislation and advocacy.

In short, the professor said, opinions differ about society's obligation to the mentally ill. Political, economic, and sociological trends play a role. Things change, and things remain the same. Recently, the biomedical model has helped to convince federal law-makers that people deserved parity in mental health coverage from their insurance companies. Those who criticize the biomedical model for creating stigmatizing labels and less-than-scientifically based "disorders" (such as those specified the DSM) may have valid points, but find themselves in an awkward position when suffering persons are keen to have health insurance companies pay for their psychotherapy and psychotropic medications. After all, these are remedies that have proven effective in reducing their pain and improving or restoring their social and family functioning and productivity in work.

In terms of mental health policy regarding chronic and severe forms of mental illness, the professor tells the class that in the era of the Community Mental Health Services Act of 1954 and the Community Mental Health Centers Act of 1963, mental health practitioners were optimistic that even chronic and severe forms of schizophrenia could be prevented and cured. "Recovery meant cure," she said, "but we were overly optimistic." When the country's resources were tapped during the Vietnam War, President Richard Nixon cut all federal funding for mental health programs, leaving the issue up to the states. After commissioning a study, President Jimmy Carter reinstated funding for mental health services through the 1980 Mental Health Systems Act, but in 1981, through the OMNIBUS Budget Reconciliation Act, President Ronald Reagan repealed this measure and cut federal expenditures for mental health services by 25% and cut funding for preventative services entirely. "A cloud of doom settled on us," said the professor, referring to community- and agency-based practitioners. President Reagan also made it more difficult for those with mental disabilities to receive Supplemental Security Income (SSI) via Social Security, but had to retract this when rates of homelessness and poverty increased dramatically, said the professor. During the 1990's, efforts were made to require insurance companies to cover the cost of mental health care, culminating in the passage of the Mental Health Parity Act (MHPA) signed into law by President Bill Clinton in 1996.

Today, the idea of recovery is central to the creation and expansion of community-based full service partnerships as mandated by the 2004 Mental Health Services Act (MHSA) in California, but recovery - even with its attendant institutionalized emphases on hope and empowerment and success as defined by the individual client - no longer means cure, said the professor. She turned and wrote on the board: "Recovery = coping." This particular

revitalization of the term recovery emerged in the context of a biomedical view of (severe) mental illness that often carries a "connotation of hopelessness, that you are your illness, and that you will never recover," explained the professor.

One topic that received much discussion in this course was the lack of health insurance for the poor and unemployed. As I write, what is now known as ObamaCare (or the Affordable Care Act, a bill signed into law by President Barack Obama in 2010) was intended to provide healthcare for all Americans at an affordable cost, but this legislation is being bitterly fought in unprecedented ways by Republican members of the U.S. House of Representatives, and many Republican states are refusing to implement the law. It remains to be seen if this plan for equal and affordable access to healthcare will be achieved for the nation; but polls indicate the majority of American citizens are currently in favor of it. (From a mental health perspective, one aspect of Obamacare - that young persons may remain covered by their parents' health insurance until the age of twenty-six - was hugely appreciated by this group because young people often do not have health insurance, yet people who begin to experience symptoms of schizophrenia often do so between the ages of nineteen and twenty-five.)

The professor asked the students how public mental health policies have impacted their lives. One student responded, "A lot of us are in social work because mental health policy failed in our lives. Another said laws regarding confidentiality meant he could not talk about his day at work like other people. "No one wants to hear it anyway," another student laughed. One student complained that she does more paperwork than counseling in her agency run by the Department of Mental Health because her agency is must report data to the county who must report data to the state. Another says her agency is reeling from the changes the MHSA has imposed. Another

student says her agency only takes Medical clients, and another says her agency is only covered to treat certain diagnoses, but workers hate turning away people because they don't "meet criteria" for a diagnosis despite clearly needing help.

A student observes: "Because of mandatory reporting laws, parents sometimes pull their kids from treatment if they disclose their parent has hit them. We try to build trust with a child, but we have to report that and tell the parent, and that's what happens. It's horrible."

Another student said that in her school setting, a child must be "severely emotionally disturbed" (SED) in order to get services, meaning they must meet criteria for a disorder and their functioning must be significantly impaired. "So if we improve their functioning," she says, they no longer qualify for services, even though they need them to deal with on-going problems in the home."

A student working in a hospital setting said that while the policy of 72-hour holds was meant to respect patients' rights, a lot of family members were unhappy with this because they felt their family member needed more help. In a later class session students learned the origin of the 72-hour hold was the 1967 Lanteman-Petris-Short Act (LPS), also known as Section 5150 of the California Welfare and Institutions Code. It was intended to prevent the inappropriate, indefinite, and involuntary commitment of persons to mental health facilities, and guarantee they retained all their ordinary rights as a citizen with the exception of being held involuntarily for 72 hours. Persons can be taken to a hospital for evaluation and treatment by police or at the recommendation qualified clinician only if they are deemed to be a danger to themselves or others, or if they are gravely disabled. Previous to this, the professor noted, a man could say,

"Lock up my wife, she's crazy," and it would be done. "This was a form of domestic violence back then," said the professor.

When parity laws passed in 1996, health insurance companies were concerned with long-term costs and limited the number of counseling sessions people could receive, the professor told the students. This is another was policy affects clinical social work. "So now a part of our job is advocating for more sessions if necessary," she observed, "but there needs to be a medical reason." The professor explains "the idea is people should do personal growth on own dime; talking about your childhood is not a medical problem."

During another class session, a guest speaker discussed children's mental health policy. Having to explain what you do with children and families in a way that can be quantified for the purposes of program evaluation for policy-makers can be difficult, she said. The Department of Mental Health (DMH) has prescribed goals like symptom reduction, which means having a goal of reducing the number of times a child cries, has "sad thoughts," or gets in trouble at school per week, she said. "When we treat families, we try to look at family goals, like getting kids on sports team, which may require money for uniforms and equipment, but would improve family functioning overall, and probably lead to symptom reduction in the child. Families can buy into this more than simply the DMH goals of symptom reduction." The speaker says she is a strong believer in treating the whole family system, and in taking the ecological or PIE perspective to consider the families' relations with their community, churches, police, and schools.

The guest speaker also tells the students that children in the public welfare system do the worst in this country. "There should be public shame about this," she said. She explains there are a lot of efforts to turn this around. "These kids should be able to get housing, higher

education and jobs when they come of age," she said. She also adds that Scandinavia has the best public child welfare systems in this regard.

The guest speaker told the students that new policy dictates that any work done with kids in foster care has to use evidence-based-treatments like cognitive-behavioral therapy. "It's not enough to say your approach is "eclectic" anymore," she says, "because that does not say what you did that helped the child get better. So we have to articulate everything we did, because our methods are being evaluated." The professor grins at the speaker and says, "It was the *relationship,*" and the speaker laughs and sighs: "Yes, it was the *relationship.* And that is where we are right now - and that is where we have been." In her experience, she said:

> Many children have anxiety about what is going on in the home. If a caring adult does not step in to reduce this anxiety, it may turn into depression or one of the disruptive disorders. But kids are very resilient if given help. They can bounce back from trauma and other things going on in the home if they have at least one caring relationship with an adult…if more kids got treatment, it could prevent further problems. Unfortunately, most kids who come to the attention of DCFS [the Department of Child and Family Services] do not get treatment.

The professor concludes the class by saying she is clinically-oriented but interested in policy because she has seen the profound impact policy has on people's lives. "You are going to have to deal with policy in your careers, no way around it," she says. The students nod: they get the picture.

Micro F: Advanced Practice in Mental Health Settings

This course was an intensive practice class that focused on social work with adults with chronic and severe mental illness, also described by the professor as "pervasive and persistent" mental illness. Most students specializing in mental health took this class. The professor had

extensive experience in the field; he was a practicing clinician and formerly held a top position at a large county mental health facility in California. He also taught in the university's Department of Psychiatry.

The professor was well aware that this cohort's experience of the first-year *Psychopathology* class was rocky. This course was several cuts above that class, and the students were quite pleased with it. The course readings were extensive and excellent (state-of-the-art research articles pulled from top journals), and the syllabus provided a detailed overview of the course. Excerpts from this overview (written by the professor for this particular class) are worth including here, as they situate the reader in an education and training approach to working with adults struggling with the most burdensome forms of mental illness from a social work perspective.

The course overview begins:

> Over the past fifteen years there has been a change in our understanding of mental illness. Following the "decade of the brain," the pendulum of etiology has shifted toward a biological rather than a psychosocial explanation for the onset of the most serious mental illnesses. This was also the case in the early and pre-Freudian eras. However, biological explanations have not altered the prominence of psychosocial factors that can ameliorate or exacerbate the course of a mental illness.

> During this period, there has been an emergence of outcome data that has influenced how social workers intervene with this population. Evidence points to the usefulness of social learning and cognitive based interventions as tools in assisting those suffering from debilitating illnesses. The importance of working with families has been repeatedly demonstrated. Intensive case management and community based services have emerged as powerful intervention strategies. Support for the integration of substance abuse and mental health services have reduced the fragmentation present in systems of care.

> Also during this period, the consumer movement has influenced the way social workers view individuals with mental illness. Culture, ethnicity, gender, and race are critical variables that must be considered for practice to be relevant and

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effective. Within these considerations, the importance of establishing a meaningful partnership with clients has come to the forefront of contemporary thinking.

The overview goes on to describe what students can expect to gain from the course:

> An objective of this course includes providing the student with a historical and contemporary perspective of social work practice with individuals who have serious mental illness. For example, social workers have consistently been sensitive to the importance of the relationship and partnership with clients. This necessitates a comprehensive understanding of the more serious mental illnesses and the inner experiences of clients that are influenced by the illness. Assisting clients to manage the fragmentation of services is fundamental to our practice.

> An additional objective is to familiarize students with state-of-the-art, evidence-based interventions. These include cognitive-behavioral interventions for those suffering from schizophrenia, interpersonal psychotherapy for depressed clients, and an array of family interventions. Also, preparing students for agency-based practice in mental health settings will be stressed. To this end, a conceptual base for differentiating the roles of the various professionals on the interdisciplinary team will be explored.

> The net effect of exposure to these concepts will be a practitioner with a solid foundation for social work practice in mental health settings that is both state-of-the-art and embedded in a historical perspective.[29]

This course was keen to educate and train the students to appreciate the primacy of relationships in treating persons with severe mental illness from the social worker-client relationship, to family relationships, and to the clients' relationships within their social environment in the context of culture, gender, ethnic and racial dynamics not simply because that

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[29] Interestingly, understanding "the inner experiences of clients" was explored through explicit discussions of the phenomenology of severe forms of mental illness. One student highly recommend the "Hearing Voices" curriculum used in her field placement, which included a day wearing headphones that played a simulated recording of "voices," or the kinds of auditory hallucinations that persons diagnosed with severe psychiatric disorders often endure. The student said this exercise gave her a radical appreciation of her clients' experiences. (The recording was designed by Patricia Deegan, a doctor of clinical psychology whom experiences hearing voices herself. For more information on the "Hearing Voices" curriculum, see the National Empowerment Center, Inc. website: power2u.org.)

is a traditional social work value; but because practicing with this appreciation of the importance of relationships and the associated particular professional use of self as cultivated by this program has proven to be a successful evidence-based practice.

The first day of class reviewed the recovery model of treatment for severe forms of mental illness promoted by the 2004 Mental Health Services Act (MHSA). This was a comprehensive form of evidence-based treatment now familiar to the students. The professor explains that from an internal perspective, the model emphasizes hope, healing, empowerment, and connection. From an external perspective, the model emphasizes human rights, a positive culture of healing, and recovery-oriented services. The professor tells the students: "This is a model, not truth. It's open for discussion."

One student responds: "I want to believe it, but my discouragement is real." The teacher asks how the student deals with this feeling, and the student replies, "I take baby steps, keep small goals with clients in mind." A student who worked at the Village, a recovery model exemplar, says peer support and trading client recovery stories kept hope alive among the workers. Another student wants to know if having "false hope" is dangerous. The professor says yes, false hope can "lead to disappointment on both sides, and to worker burnout." He stresses the importance of assessing persons' capabilities. He observes there are two poles of affect regarding clients' recovery: hopelessness and burnout, and "a Pollyanna-ish idea that clients will walk off into the sunset." The trick, he tells them, is to "maintain hope while being grounded in fact, not fantasy."

The professor reminds the students that recovery does not mean cure, but there are aspects of healing that emerge among members of recovery-model centers such as decreased

symptoms and decreased stress. The client - or "member" of the recovery center as they are often called - begins to take more control over their illness, he notes, and begins to define themselves as separate from the illness. He also adds flatly that schizophrenia is a biological illness.

Another student who works at the Village gave an example of the empowerment approach:

> One of our members wanted to become a brain surgeon. We helped him explore that. The most important part of that project was the relationship. He adjusted his goals himself as we went. Our job is to be cheerleaders.

The professor responds:

> You cannot take yourself out of the picture, no matter what model you are using. You are right, the relationship is the key issue. It's the relationship that is the most powerful. If client feels you accept and support them as they are, versus how they were or should be, it can be very helpful to them.

These comments lead to a discussion of students' professional use of self, and issues of professional boundaries in particular. "Boundary issues are different in this setting," says the professor. "The idea is 'adult-to-adult relationships.' It is okay, even preferred, to relax some boundaries." One student remarks that The Village is like a "professionalized ideal family." The professor wants to know how this "surrogate family" approach influences her professional use of self. The students says, "It's an art form. You find yourself morphing roles all day long, from working with different clients to working with the other social workers, psychologists and psychiatrists. But the casual and supportive interaction is therapeutic and useful to clients. We do a lot of hugging. Many of the members do appreciate that." Another student remarks, "We

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follow the principle of harm reduction, so we'll go have a beer with a member if that keeps them from prostituting themselves for crack."

The professor notes that in traditional psychoanalysis, boundaries were strict in order to elicit the client's counter-transference. He observes this was the first comprehensive psychosocial model of treatment, but in terms of boundaries, "we are now at the other end of the spectrum," he says. "The British call it 'befriending.' The question is, how far do you go?"

He goes on:

> You are all now in the process of developing your professional identities and your professional use of self, and you are developing these with clients on the ground. In an effort to connect, how much of yourselves do you share? What's public record can be easy to talk about.
>
> For older practitioners, these client interactions seem natural. Five years post-Master's degree, your professional use of self becomes more integrated, a part of your personality, it becomes more fluid. You can be yourself and it feels natural. But you will have boundaries. You will not go on a date with a client. There may be different boundaries in different work settings, but it will become natural. Watching older professionals, it may seem casual, but it is not. It's just gotten fluid, second nature.

Students remark that an advantage to working in a recovery-model setting with an open-floor plan and community lounges is the opportunity to see more experienced clinicians work with clients. "It's not such a mystery wondering what's going on behind closed office doors," says one. Just as educational, says another, is watching members/clients who are also on the staff as peer counselors.

Another interesting discussion revolved around the stigma of mental illness and how it may impact clients and their family members. An estimated fifty million people will experience a so-called mental "disorder" at some point, the professor says, a third more Americans than

those who experience cardiovascular disease, but only a quarter of them will seek help. At least

some of the reason is the social shame about it (and resultant denial in some cases). Clients may

feel demoralized, he said, and many don't want to walk into a mental health facility and be

identified with "that group." Family members may be hesitant to seek even psycho-educational

much less therapeutic support. But keep in mind the whole family may feel the social stigma,

says the professor, and "it can lower everyone's self-esteem." He makes the point that in this

sense, as in many others, "there is no separation between Micro and Macro in the real world."

In fact, in his previous work at a county mental health center, they did educational

campaigns for landlords and employers to help combat stigmatization in order to help their

clients gain housing and employment. A student says at The Village, "We tell landlords to call us

if there is a problem, and we will do crisis management." This comes from the organizations's

principle that housing is a human right, she says.

Homelessness was another class discussion. The professor discussed current causes of

homelessness such as deinstitutionalization; our current political and economic context that has

an inadequate safety net; inadequate healthcare; a lack of affordable housing, a lack of family or

social support, and a lack of employment and resultant poverty. Risk factors for homelessness

included a history of foster care (which often indicated a history of trauma and abuse),

attachment problems, mental illness, and substance abuse. The professor wanted to know if the

students "were clear about how they felt about substance abuse." He urges them to explore their

feelings and examine any counter-transferences they may have based on their own lives. He says

there is a theory that people who abuse substances are not only biologically addicted, but self-

medicating.

One student tells a story about a young homeless woman who has been coming into her field agency for two years. She is a previous foster care youth, and two years is the longest she has ever known anyone. Starting with attachment theory and being a secure base for clients like this is a no-brainer, students say.

Another class addressed crisis intervention (including suicidality, violence, and sudden death) and social worker burnout. The day started with the professor telling students that self-care was very important: "get your sleep and remember you need to eat." He tells students that when they have a client who is suicidal, they must watch out for their own reactions such as anger, irritation and hate; fear, hopelessness and helplessness; and having rescue fantasies. These are normal reactions, the professor said, and awareness of them is key. The more aware you are, the less likely you are to act out through avoidance, giving your feelings of helplessness to the client, over-reaction and rescue fantasies.

Half of practitioners who have a client commit suicide experience symptoms of PTSD (post-traumatic stress disorder), the professor says. He goes over the details of what happens after a client suicide – legal, practical, and emotional. "It's awful," he says. He goes through coping strategies. I see students taking notes conscientiously, and giving each other looks that say, "I hope this never happens." Students were also told that working with persons who have experienced trauma can lead to secondary PTSD in the worker. (In fact, I learned later that a graduate from this cohort who did nothing but intake at a trauma center reported that after a few weeks, she changed into her pajamas as soon as she got home and silently watched TV until she fell asleep. Her husband gently asked her to look for another job.)

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The professor asked the students if they knew what the symptoms of burnout were. They called them out immediately. ("Right at your fingertips!" the professor laughed.) The students mentioned not wanting to go to work, working too much, irritability, apathy, feeling overwhelmed, not listening, referring clients out excessively, all of your clients seeming to blur, being late, forgetting appointments, an increase in alcohol or drug use, social withdrawal, and numbing. They spoke of gallows humor as a coping strategy. The professor says burnout can be a cultural phenomenon in an agency - from the top down, there is burnout.

Prevention of burnout included joining a professional peer supervision group, something mentioned frequently by many professors during the program. Also joining the NASW (National Association of Social Workers) was advised. Vary your activities at work, the professor said, and give and take support at the office. The transition from work to home is very important, said the teacher. Listen to music, books on tape, go to the gym or a yoga class before going home, he advised. Have a life outside of work. Keep multiple roles: engage with your friends, family, pursue your hobbies. Take breaks during day, and take vacations: "Don't be proud of accruing vacation and sick days," the professor said, "Be your own best therapist."

Another class discussed the influence of culture, class, ethnicity, gender and race on mental illness. Lower socio-economic status and mental illness are correlated, says the professor. Increasingly, research suggests poverty may predispose a person to experience mental illness, not simply that mental illness causes a person to fall down the socio-economic ladder, although this happens too. Women have higher rates of depression, anxiety, and borderline personality disorder, and it has been suggested this may be a result of higher rates of trauma and sexual abuse.

African Americans are diagnosed with mental illness more frequently than whites. This must be looked at closely, says the professor, because historically there has been a pattern of misdiagnosis among African Americans, particularly with regard to schizophrenia. African-Americans also experience more PTSD in the military than whites, possibly due to more exposure to the war zone. When working with African-American clients, the professor advises, review their records carefully and skeptically.

The professor also discusses an assigned article that advanced the notion of "cultural mistrust" (Whaley 2001). The author argues that African-Americans and Native-Americans have a historically-situated mistrust of white American culture due to being treated as less-than-fully human or less-than-civilized caste-like minorities in this country. This same mistrust is not as prevalent among Asian-Americans and Hispanic-Americans, immigrant groups often more immediately connected to cultural groups and settings outside of the United States. The professor advises the students to approach the issue of race sensitively and directly. This is rarely comfortable, he says, but it is important to ask a client if they feel uncomfortable telling you about themselves or their situation because of your race or ethnicity.

The professor remarks, "To the extent we live in a racist, stereotyped-filled society, we are racist and stereotyped-filled as a result....we have to be aware of that." One student says:

> I taught in an all-black high school for years, and the students were great critical thinkers about race and racism. They were used to thinking about things on so many levels. When I taught at a mixed high school with more white immigrants, the students did not get to that level.

"So it was not difficult to go there, to talk about race, even though you were white?" asks the professor. The student said, "Not once we established rapport, no."

The professor discusses some characteristics of cultural groups in terms of what to watch out for clinically (refugees from Central America, Cambodia, Laos, and Vietnam may have histories of trauma due to political violence, for example). The professor says neurasthenia is a common diagnosis in China, codified in the ICD 10 (International Classification of Disease, volume 10). He says follow this diagnosis and see if it makes sense to label their symptoms through our American diagnostic system (the DSM) if you need to for agency or insurance purposes. The professor makes the point that the cultural competency literatures often lump people together in unhelpful ways. "You cannot assume anything," he says. "Find out from your clients themselves what their stories and points of view are. You have to be an ethnographer."

In a similar vein, the professor discusses the "culture-bound syndromes" described in the DSM, but says "this is not truth, it is an attempt; and it not always as good as we would like it to be." If students encounter what appears to be a culture-bound syndrome, the teacher advises it could make sense to work with a person's cultural beliefs; if symptoms occur within the context of cultural beliefs, a solution may also come from that context.

Major diagnostic categories were discussed over the next several classes: schizophrenia, major depressive disorder, bi-polar disorder, personality disorders, and the common phenomenon of dual (or more) diagnoses, including the co-occurring diagnosis of substance abuse. In addition to discussing the phenomenological aspects of these disorders, students brought in examples from working with clients in their field agencies.

One student said working with an eleven-year-old diagnosed with bipolar disorder (her father also had this diagnosis) was difficult. When she started to become manic, the student said, the girl "was hilarious and it seemed she finally felt good, but then her mood got out of control."

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Her mother has a hard time discipling her daughter: what was rule-breaking behavior that merited discipline, and what was the illness, for which the girl cannot be blamed? The girl insists she does not mean to be "bad." Another student remarks the teenagers in juvenile hall diagnosed with anti-social personality disorder "feel different than the other kids. They have no remorse."

Finally, the professor discusses several methods of brief treatment, all evidence-based practices (e.g., cognitive-behavioral therapy, supportive therapy, interpersonal therapy for depression). These treatments have gained in popularity in recent years, particularly in agency-based settings. The professor tells the students there are pro's and cons to brief treatment approaches. He tells the students there can be great power in setting a time limit. He gives an example of working with a woman diagnosed with with borderline personality disorder: "She cried tears of gratitude when I said in the last session, 'Great, we achieved our goals.' She said it was the first time anyone said she could go."

He also says that cognitive-behavioral therapy can be very helpful for persons diagnosed with schizophrenia, particularly if the diagnosis is recent. You want to bolster the self-observing ego, says the professor; you want them to to be able to identify any voices they hear as a part of an illness. It can be helpful, he says, to "record part of a session in which they are hearing voices, then play it back for them later so they can hear there were no voices."

The professor notes that no matter what form of brief treatment they may use according to preference or as prescribed by their agency, the students use their skills of empathy to get a sense of where their client is coming from and to "tune in" to the client:

> That's hard to teach. You are all struggling with this now – how to tune in
> without losing a sense of self. Usually when you tune in, it is with other family

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members or in intimate relationships. Now you are using this "tuning in" thing with clients. That's where a lot of your anxiety comes from - what do I do with my clients, the responsibility. You are trying to have your own intimate connection with clients while at the same time trying to maintain professional boundaries and a professional sense of self. This is really at the root of your anxiety now as students moving into this role.

Picking up on the professor's use of the term empathy, one student commented: "We can think we're empathizing but we're really not." Others agreed with this observation. As noted throughout this dissertation, empathy was both central and suspect in the students' view. It was important to "get" where the client was at so they could "Start Where the Client is At." In this, the skills of empathy were myriad and complex (and included the skills of the professional use of self such as self-awareness and genuineness). However, believing that empathy meant achieving a complete understanding a client's situation or feeling the same constellation of emotions the client felt was seen as leading to trouble. In fact, one social work joke ran as follows: "If you put yourself in someone else's shoes, what are they going walk in?" Social workers were more likely to use the metaphor of "walking with" others.

The students discuss having rescue fantasies and feelings of loss during termination with clients in brief treatment therapy. "Sometimes we need to feel our clients are doing better for ourselves," the professor notes, "that's what we want to get out of it." This is understandable, he says: "That is our job description and our motivation for being in the field." The professor also observes that in brief treatment, students may see some regression in clients toward the end, but "this is natural - they still won't be where they were in the beginning." The professor laughs. "I hate to say it," he says, "but you have to trust the process." There was low laughter and some nods among the students in response to the oft-repeated mantra. I looked around the room, and

most seemed to have made peace with it. They had recently voted as a cohort to put "Trust the Process" on the back of their class T-shirt. I did not see the impatient confusion the mantra had elicited in the beginning of the program, but a more sober understanding.

The professor concluded the final day of class by asking students for feedback on the course. The students were positive. They liked the readings, they liked the class on cultural influences on the experience of mental illness. They also said it should be a two-quarter class. The research article format was informative, many said, but it could be expanded. Many said a narrative approach to understanding the experiences of their clients would be helpful; they suggested a least a reading list of novels, biographies, and memoirs.

Child and Adolescent Psychopathology

This course focused on developmental psychopathology among children and adolescents, with particular emphasis on the assessment of child and adolescent behavior within their families, schools, and other social environments. This was not a practice course, but rather a course meant to expose students to the dizzying array of models and assessment tools used to evaluate children and adolescents, and to acquaint students with the actual resources in their local communities for the treatment of problems. My review of this course is brief, as much of the material was informative rather than explicitly focused on the students' professional use of self with clients. The practice course for working with children and adolescents was taught in the following quarter, and students were encouraged to bring their written case histories from their field placements into that course for more collaborative and treatment-focused discussion.

The professor of this course, a clinician with thirty-five years of experience in working with children and adolescents, also discussed interviewing and observing children and their families in clinical contexts, their homes, and in their schools.

Students were taught how to recognize and label problems for purposes of treatment and intervention, but this practical activity was prefaced by the professor's comments:

> We struggle as social workers to label a kid. This is a healthy discomfort as long as it does not get in the way of learning about assessment and diagnosis. If you have too much trouble with labeling, it is hard to advocate for the resources that may help these kids. It will be hard to see the differences between kids, and hard to teach parents how they might help their child.

This class was straightforward and well-liked by the students, although many repeatedly sighed it was too much work, a sentiment that reflected of the content of the work as much as the amount. Indeed, the course material was copious, intending to provide students with diagnostic tools and research articles for current as well as future reference, but it was also emotionally taxing. Learning about the suffering of children was not pleasant for anyone, although it was helpful for their work. Every week, students reviewed actual case histories of troubled children provided by the professor and the students from their field placements. The class was large (taken by students specializing in mental health as well as public child welfare), and unfortunately there was little time for class discussion. On afternoons when the course material was particularly difficult, as when the effects of abuse and trauma were discussed, I saw many students walk out at the end of class in a kind of daze into the dark, heading silently for the university's parking structures or bus stops to go home. There was no heading for happy hours after these classes.

As with many courses in the social work program, classes not only evoked emotion with regard to the class material at hand, but called up emotions in students in relation to their own lives. Students understood by now they were expected to "process" these emotions in order not to project them onto their clients or their clients' situations. After one three-hour class on a cold and dark February evening, I gave a student a ride home. She told me about her own experience with the Department of Child and Family Services (DCFS) in Los Angeles. A social worker almost removed her and her siblings from their home when she was eight years old. "I'm glad they didn't," she said, "because your family is your blood, you know? But sometimes I think - maybe they should have."

I include a lengthy quotation from the professor on the first day of class, as these remarks situate the students' work with children and adolscents specifically as social workers:

> This is not a DSM class. This is a class about understanding the child developmentally in their community, and understanding what a child might encounter in terms of difficulties in their lives. It is about what resides in the family, what resides in the community, and what is in the mix between the two.
>
> You all have different backgrounds. As social workers, we all have to come together to sing the same tune, play on the same team, speak the same language, so that we have common tools and ways of understanding what goes on with children across many settings.
>
> We assess, diagnose, and we advocate. When we assess children and families, remember it is always evolving, both on the ground and in theory in the mental health fields. So we try to get in the right ballpark, not hit a bull's-eye. There is no bull's-eye in diagnosis, necessarily.
>
> Seventy-five percent of kids in protective services have diagnosable emotional problems. Only ten to fifteen percent get diagnosed and in treatment. If in protective services, they have seen or experienced trauma and an attachment disruption. The DSM is woefully inadequate regarding attachment disorders. Children we see may also have poor nutrition and may have been exposed to drugs or alcohol in utero.

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All situations have their facets. Parents' behavior at home links to children's behavior at school. School might effect children's behavior at home. Be mindful of which facet you were exposed to first. When and where we step in as social workers frames how we see the family and the problem.

"And we're off," the professor smiled. She first grounds the students in social work's most basic assessment tool, the Person-In-Environment (PIE) perspective. She draws this now familiar symbol on the board - a figure of concentric circles indicating the client in the center circle surrounded by progressively larger layers that indicate the person's family, community, and other contexts including state and nation and says:

> You've all chosen to be part of a profession that looks at persons in context. We say PIE, or biopsychosocial. It is false to make these things discrete, but we do it for academic purposes – to better understand what is happening with people.
>
> Of course, *everything* is biological. We are always moving molecules. Development is biological. It's triggered on the inside and on the outside, internally and externally. You can't really separate biology, psychology, and the environment.

In terms of practicalities regarding assessment, the professor has several tips. She tells them never use diagnostic terminology in the narrative case write-up. Use the words people you have spoken with used with regard to the client - the parents, teachers, other community members or caregivers, the child themselves. She tells the students the most important to thing remember from this class is that "the definitive guide for what's going on with the child is the child herself" in all of her expressions and behavior.

In the last class, the professor reviewed the many types of developmental difficulties and disorders of childhood the course has covered, from separation anxiety, to conduct disorders, to childhood depression. She acknowledges that "what we see most, of course, is trauma." She reminds the students that "trauma-based experiences and memories do not go away, and that is

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not the goal. They are seared like a tattoo." The mind and body has a powerful response to trauma, she says, often dissociating the experience in order to live through it. Children especially need help to make sense of things that are too big for them to make sense of alone. If they don't get this kind of help, one part of themselves may function normally, while another part is working to keep the trauma separate. "They must be able to make a story out of these experiences, and a caring adult can help them do that. If a trauma is not integrated, a similar situation can call it up, and disrupt the here-and-now."

One student raises her hand and admits she is very discouraged by a client whose case seems hopeless. She asks the professor if all cases are "treatable." The professor pauses. "As a therapist, and maybe in an insane kind of way, I think everything treatable," she says. "Hang in there. Let's talk about your case next quarter."

FIFTH QUARTER INTERVIEWS: *Anna, Tess, and Lily*

Fifth Quarter: Anna

Anna arrives in a good mood. She stayed up late finishing a paper about the book *American Dream*: *Three Women, Ten Kids, and a Nation's Drive to End Welfare* written by New York Times journalist and two-time Pulitzer prize-finalist Jason DeParle. The paper was for an advanced graduate seminar in social welfare seminar, a Macro course for mostly doctoral students. Anna found the book fascinating, and she wants to talk about it. One thing she realized is that "economic inequality is always political and always moral." Every election cycle, the agendas of political parties shape policy, she says, and economic, healthcare and education policies for the poor in the United States are always a "huge problem." Anna tells me the historical continuity between the share-cropping system the current welfare system as DeParle traced it was quite eye-opening for her. The idea is you give people just enough to survive, she explains, but not enough quality resources to move beyond that.

On a different moral level, Anna continues, America's traditional Protestant work ethic and focus on the individual maintain that if you work hard, you should be able to make ends meet and be "morally sound," but that is not the reality given the minimum wage at this time. "It's not enough to make it," Anna says, but if a mother goes on welfare so she can take care of her children, she "loses moral credibility." Anna said she was shocked DeParle noted that when there was an excess of money when welfare rolls dropped, it was given to corporations instead of helping the poor. DeParle's artistry in the book, Anna explains, was showing that alongside all the recent political maneuvering to structure the public welfare system, the women and their

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children that he follows (whose ancestors were trapped in slavery and the share-cropping system) are still "just trying to survive" decade after decade.

Anna took only one other course this quarter, *Cognitive-Behavioral Therapy,* or *CBT.*[30] Anna believes CBT is a good tool if a client wants to solve problems without dwelling too much on the past. It's about moving forward and setting a new agenda, she says, and it works for a lot of people. It is not her favorite clinical approach, she says, because she is more "intrigued by the analytic dynamic" of exploring a client's past as it may relate to the present. However, Anna is curious to see what the CBT approach might yield over the quarter. The students are required to try out the major techniques on themselves, so Anna is keeping a daily journal of her "automatic thoughts" and she is identifying her "core beliefs." Anna grins, "So we'll see where that goes." The timing of the course correlates well with a CBT therapy group she and several other students from the graduate student Collective are now piloting at the VA, she tells me.

I ask Anna about her video-taped twenty minute role-play of a client interview that she performed in front of the Collective last quarter. "How did it go?" I ask. Anna groans, "It was totally anxiety-provoking." It was a twenty minute role-play "and a forty minute critique," she says, and she felt pummeled with difficult questions. For the first time I have a glimpse of Anna unglued.

Anna tells me that not only was she extremely uncomfortable during the role-play itself, she became physically overwhelmed with anxiety during the critique when Bruno, the leader of the Collective, pressed her on why she avoided asking her client particular questions. He asked:

> "Why didn't you go here? When this happened, why didn't you go there? What are you afraid of?"

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[30] This was the only course I was unable to observe.

Anna continues:

> It was really intense and I started getting emotional. And for me, that vulnerability was totally awful. I was just trying to hold it in, and I wasn't being that responsive because I was going to break down if I did [respond]. I felt like, "Okay, yeah, I hear what you're saying. Let me out of here." It was a pretty intense experience.

> It was funny because afterwards my field supervisor was going to walk me out and I said, "Oh, I'm going to go to the bathroom." Because I was thinking, I want to get away. I'm going to wash my face. I don't want him to see me. He waited for me and I thought, "Oh, no. Just go, go."

> [Later in] supervision…I got a lot of feedback from my field supervisor about what I thought was going on with me, and a lot of analytical perspective on my past and where that fear of vulnerability would have come from, and [where] the anxiety associated with taking those risks and being on the spot like that [would have come from].

It was difficult to imagine Anna, the self-described fighter that I typically saw, being vulnerable and overwhelmed. Anna says she spent two days wondering: "Wow, what just happened?" She pauses. I ask if she wants to say more about what she thinks happened.

"It was just this horrible experience," she nods. Anna was terrified to be judged by her field supervisor and Bruno on her clinical skills. When the interview started, Anna was already feeling upset by the news that her sister was moving to another state for a new job. They were close and this was a loss. During the interview, Anna second-guessed her every move and every word, and she was acutely aware of her shaky performance. She just wanted to be genuine and authentic, she says, but worrying about demonstrating her therapeutic skills made it impossible. As the interview went on, her anxiety got worse and worse. She wanted to say, "Oh my God, can we just stop the whole damn thing?" Anna says that being "that vulnerable was not okay with me."

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Anna was finally able to reflect on her experience with her supervisor two days later in their field supervision session. As she reflected on the experience, she noted that being vulnerable reminded her of being judged by friends for "acting out" (as she understands it now through therapy; Anna began drinking a lot and "dating dangerous boys") after her father was diagnosed with schizophrenia. It was then she became wary of trusting people and developed strict personal boundaries, feeling "you can't just let anyone in." Anna also traced her fear of vulnerability to her father at that time, to his terrified and helpless decompensation. Anna also explored the idea that her overwhelming anxiety while being critiqued was rooted in anticipating the worst that could happen if she was vulnerable. Much of it was related to her father "and his vulnerability and being sick." Anna's field supervisor helped her play out her own ultimate fears of being vulnerable:

> The fear is, if you are that vulnerable you become dependent, and in the extreme you die....Because if you're vulnerable, you're weak. If you're weak, you can't get by, if you can't get by, you can't do things for yourself. At some point you lose everything. You're not strong enough to make it.

I ask Anna if this is similar to what happened with her father. She replies:

> Yes, in some ways. Definitely. He was vulnerable, he was dependent, and it just got to the point where he was so small in his life. If you're not doing anything for yourself, and you're just going day-by-day doing nothing, then you're kind of dead. There's no purpose there.

> ...If you allow yourself to be vulnerable, it's a weakness, the way that I perceive it. It's a weakness....You slide out of the picture.

That does sound scary, I observe with a note of alarm, and she chuckles. It was awful when it was happening, Anna nods, but the recognitions that she had vulnerability, and that vulnerability was something she "was trying not to have," were "eye-opening." She continues:

When I realized how scared I am of being vulnerable, [I also realized] "Okay, you *are* vulnerable." I have to accept that. I think that was part of the whole process. Yes, I am vulnerable, but that doesn't mean I'm incompetent. It doesn't mean that I'm dependent on other people. But I do have vulnerabilities. I think that was one of the things that I had to understand and accept. It's okay to be vulnerable. It's not the end of the world.

Anna adds that a few weeks after "this big realization," which she now jokes feels rather obvious, she noticed that her fear of vulnerability again made her anxious and influenced her behavior with a client. "How could I forget after all that processing and realization?" she exclaimed with her field supervisor. But of course this fear of vulnerability that has been a part her functioning for years will come back up, Anna remarks. But now that she is aware of this pattern, she says, she can better recognize it when it occurs. This gives her some breathing room to reflect, to have different feelings, and make different choices. She now watches out for her defenses against feeling vulnerable as part of her process of observing herself in action with clients.

A few weeks later, Anna did another role-play interview in front of the Collective. She and her field supervisor agreed she "had to overcome this intense anxiety," she says, so she did the exercise again. It went well. She shifted her expectations of herself, Anna explains. She shook off the idea that she must give an amazing performance in order to prove to everyone - herself included - that she could be a good therapist. That helped, she says.

I ask Anna if any of her professors this quarter disclosed anxiety about being a good psychotherapist as she was hoping they would. Anna nods. The professor of the *CBT* course shared her "automatic negative thoughts" related to not being good enough, she says. Anna has realized there is no single way to be a good clinical social worker (assuming adherence to the

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National Association of Social Workers' *Code of Ethics*). She observes that each student has individual skills they are growing into, and different styles work for different students. "Your approach can be good enough," she says. "The idea is to become effective with your own experience and your strengths as a clinician."

Anna pauses and adds that students "really need to hear other people's experiences and how they have used those experiences in their approach" because it gives a good perspective on one's own developing professional use of self, and how this developmental process works.

Anna also says the Collective emphasizes having "an awareness of your schemas" that come from the environment as discussed in the *Cross-Cultural Awareness* course. She tells me about a recent role-play the instructors presented. It was the first session between a therapist and a female client who had just ended an abusive relationship with a man. After a few minutes of dialogue, the Collective facilitator quickly went around the room asking each student to state their feelings about the client. The role-play continued, and client reveals she is now in a relationship with a woman. Again the facilitator quickly went around the room, asking how the students felt about the client now. The role-play goes on, and the client says her new girlfriend has always been a lesbian but this is the client's first experience in a gay relationship. Again, students were quickly asked to state their feelings toward their client and her new girlfriend.

The lesson, Anna explains, is that as a therapist you need to be acutely aware of your schemas. How do you feel or think about people in abusive relationships? Gay relationships? Open relationships? What about inter-racial marriage? Adoption? Illegal immigration? Alcohol use? Drug use? Divorce? This exercise vividly revealed that "unexamined schemas will shift your therapeutic approach." That's what the Collective is about, Anna says. Again the pedagogy

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of pointing out how students' social schemas affect their client relationships moves an understanding of the therapeutic relationship beyond the dyad of intersubjectivity. Not only are the therapist and client participating in their relationship, but larger social and cultural influences are present in the relationship too.

The Collective teaches something else, says Anna, and this lesson was brought home during Anna's role-play critique. When Bruno asked why she "didn't go there" with the client, and "what was she afraid of," he was referring to the fact that Anna was not asking the client about their feelings. I remember that in Anna's third quarter interview, she explained she was wary of "assuming" the feelings of an adult client. She told a story about a therapist suggesting she was "about to cry" as she spoke to him, when Anna genuinely was not. Anna did not want to make the same mistake, so she avoided asking clients directly about their emotions, fearing if she was wrong she might alienate the client (and be a bad therapist to boot, was her implication).

However, in the Collective, the instructors encourage students to directly explore clients' feelings. In fact, they demonstrate a particular kind role-play that encourages students to imagine what their clients might be feeling. In this exercise, there are three characters: the therapist, the client, and an emotional alter ego of the client that expresses "what the client is ultimately feeling." During the role-play, the alter ego sits next to the client. When the therapist asks the client how he felt when he got in a fight with his father, the client might give an intellectualized response while his alter ego might say, "I felt scared and abandoned."

This exercise "gets the students thinking," Anna says, about the emotions that may underlie a client's dialogue. When listening to a client, you can start to imagine the client's emotional alter ego in your head, she explains. "There are a lot of spinning plates," she admits,

laughing. Importantly, especially given Anna's concerns, the point is not to have a correct

interpretation, but to explore the client's possible feelings. For example, you might ask the client

who fought with his father if he felt scared or abandoned. Anna says she is learning it is

important to "take those risks" because it may be helpful to the client to name or recognize their

feelings. In addressing feelings, Anna says, she has now learned "you are pushing the process,

you are getting deeper a lot faster."

Becoming comfortable with this process is a huge change for her, Anna tells me. It all

goes back to being vulnerable, she says. Anna did not ask her clients about their feelings

because she did not want to assume anything and make a mistake; that would mean she was a

bad therapist. However, Anna has learned that at times, the therapeutic process is more about

emotion than cognition, and it is important to get to a client's emotions. She tells me Bruno

often says to the group, "Stop being so damn cognitive, stick with the feeling, get to the feeling.

What are you scared of, what's going on?"

Anna talks more about allowing herself to be vulnerable in the Collective this quarter and

"really participating" in the group. It has been great training, she tells me. The more she

participates, the more she "hear[s] what comes out of [her] mouth." She gives an example from

a discussion of how people use different defenses against intimacy. The instructors did a role

play in which the therapist asked the client to imagine telling his mother that he still loved her

despite her intolerance of his racially different wife. When the students were asked to state their

feelings about this, Anna told the group she was thinking, "Don't say it unless you mean it." She

heard herself and started laughing. "Holy hell," she said. Anna realized she just used her own

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defense against intimacy, which was to put conditions on people before she would "let them in [or] have a relationship with her."

> The more that you get aware, the more that you realize - here's what you use, here's your history, and when you're listening to a client's dialogue here's what you're thinking. Right there, that's your defense *you* use in a relationship.

Anna adds some ethnographic context:

> Some people in the Collective don't go there at all. That's kind of hard, because some of us are getting more and more invested and some of us are pulling further out. So that's kind of a weird experience. Sometimes people are just not getting it at all. The people that *are* getting it can hear what they are saying and [get interested in it, as in:] "Huh, oh look at that."

I ask Anna what she means by "going there." She guesses she means letting go, being vulnerable or self-revealing in the group in order to learn. Anna is just starting to realize how far she has come since the beginning of the year. At that time, she did not share her feelings or experiences; instead, she took pot shots at the process. Now she has "invested herself" in the Collective, she says, even more than some of her peers.

I ask Anna if she wants to add anything to our fifth quarter interview; anything else about the program or this point in her education. She says the Collective has enriched her educational experience by a factor of twenty (this is up from the factor of ten she mentioned in our previous interview). Her anxiety about participating in the group has lessened significantly. Anna tells me she is finally getting it: "I am getting the purpose of the Collective and why I am there." She sees the importance of digging deeper for emotion. She sees the importance of examining "what is going on" with her when sitting with a client. She reflects on a time when a client got emotional:

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I told them they didn't have to convey everything to me right now if they didn't want to. Was that because of *me*, or because I realized it was the client's boundary? Was it to protect me? Or was I protecting the client? Where is that coming from? So that experience has been amazing.

With the help of her field supervisor, Anna is also coming to recognize that one of her biggest strengths is her ability to connect with clients. For an intern, Anna has formed and maintained an unusual number of client relationships in her field placement. Anna acknowledges she is popular among the veterans in the residential building with a relieved smile:

…my ability to connect with clients…is a particular skill that I have. I can connect with these clients even while I'm fumbling through the therapeutic skills…at least they're going come back because we do have this connective-ness. They do believe that I'm there to help them and that I respect them.

…[My supervisor] helped me really identify…how I actually do it…this has been a skill, this is something I have learned, [these are] the steps that I take in order to connect. It's not just some miraculous thing where I just connect with someone. No. There is a process to it and there is something I've learned behind it.

Anna and I have run out of time, so I thank her for sharing all her experiences. Anna promises to tell me more about her process of connecting with clients in our final interview.

Fifth Quarter Interview: Tess

Tess and I open our water bottles and settle in at the small conference room table. She looks happy; her face is open and relaxed. I ask her how it is going. "Better than it was," she chuckles.

Tess says she has finally adjusted to her field placement at the Student Psychological Center. She comments that it is very different from her first-year placement, where she only had a few clients all year. Tess has seen dozens of clients already, including intakes and short-term

clients (up to ten sessions), and she has currently has five long-term clients. She has gotten used to the intense pace of the Student Psychological Center, and she is learning a lot from her field supervision.

Tess recalls that she was panicked at the beginning of last quarter, but says her anxiety has lessened. She feels more comfortable with her inexperience. She relates a story about a client with a history of extensive therapy who told her immediately he wanted to see someone with more experience. Tess said, great, I'll refer you. This is a very different reaction than she had at the beginning of the year, when she thought she must have made a mistake in her interaction with the client, or worse, that she was just "not cut out" to be a therapist. Now Tess laughs: "I'm not at the place in my training where I am ready for a client who is going to be that critical of my work....someday I'll be comfortable with a client who has already had years of cognitive-behavioral therapy, but I don't think today's the day. I'm just attempting it for the first time." Tess also says that now when she does an intake and finds herself thinking: "Oh God, I don't want to work with this client. I'm scared. I don't know how to do it," she thinks, "Okay. That means I should work with them." Tess laughs easily at this. Both of these examples mark a significant change in attitude from last quarter when Tess told herself: "You better be good at this."

"It's been interesting to analyze the Macro aspect" of mental health services for college students, Tess tells me. The Student Psychological Center is swamped with clients, and due to a recent suicide at another university in California, the center is getting more funding for more clinicians. Tess says they may place clinicians in student dormitories. Considering both Macro and Micro aspects of her work, Tess implements the Center's structured intakes differently now.

Rather than feeling she is acting as an arm of the Student Psychological Center or the larger organizations behind the various forms she must administer at the beginning of every intake session, Tess makes an effort to align with the client as they go through the forms. In a more "collaborative" manner she indicates that the forms must be done, but understands it can be annoying for the client to sit through all that before they get a chance to really talk about why the client is there.[31]

I recall that Tess said she felt "obliterated" at the beginning of last quarter. "I did, I really did!" she exclaims, again with good humor. "Any shred of confidence that I had about knowing how to do this work, or what this work meant, or *myself* in this work - I felt like I was starting at square one. At *before* square one."

She mentions one of her field supervisors (whom I will call Mary), and says her supervision "has been amazing...I have learned so much." However, Mary "does not cushion her criticism." When listening to the audiotapes of her sessions with clients, Tess says Mary does not give typical feedback like "you said 'um' too much," or "you missed an important point that you need to go back and assess." Rather, Tess explains, "she gives feedback about me and how I am with other people." In their first supervision session Mary said to Tess:

> I noticed you used professional jargon to distance yourself from your client...You seemed pedantic to me.

Tess says, "It cut right to the core." She admits:

> I tend to be a little more formal in the way that I talk. I do use jargon sometimes. It's not like I have to use a big word to look smart, but when I talk naturally it is not very casual.

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[31]For a discussion of social workers' tendency to align with their client rather than their employing organization to a greater degree than other professionals in medicine, law, education, nursing, see Forsyth & Danisiewicz 1985.

Tess tried to protest:

> I said Mary, "Just so you know, this is not something I am doing just because I am nervous. That's how I talk." And Mary said, "Okay, how can you talk in a way that still feels authentic but might stretch your range? Find the most casual speech you are comfortable with.

Sometimes Mary would shut off the audiotape and instruct Tess to re-word what she had just said to a client in more casual language. Tess learned a lot from this. Tess also admits that she began to hear that her language was "off-putting" to her clients. As they listened to more sessions, Tess says "it was clear" that her use of jargon and big words "played into a lack of rapport" between herself and the client. Tess noticed the clients "did not want to hear me talk...and if you can't build rapport, they're not coming back."

One reason Tess felt obliterated initially was that she was afraid this manner of speaking was "just the way she was." She sighs "it was really hard to hear" that how she spoke "prevented [her] from connecting to or helping a client." Tess walked out of that supervision session "feeling empty" and telling herself: "I'm pedantic, I use big words to separate myself from other people. I'm never going to connect to my clients."

I ask Tess if she was feeling "this is who I am," then how did she feel about changing her language? Did she feel like she could be other ways, too? "That has been such a big part of this," Tess responds:

> I want to be authentically me...when I'm with a client. Because if I'm not me in the most superficial way - like how I'm speaking - then how in the world am I going to tune into how I might be feeling and how the other person is feeling?

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But as Tess listened to more of her audiotaped client sessions with her field supervisor, she began to recognize that maybe her use of jargon and pedantic manner was not entirely who she was after all:

> It was true...[that] when I get nervous I do get pedantic. I'll talk more and I'll do a lot more explaining and repeating. I feel like it is in service of the client in the moment, but then as I looked into it, it's not. It's in the service of me calming my anxiety.
>
> Everything Mary said was right on. But maybe that's what was hardest about it. She would tell me I was pedantic and then we would sit for forty-five minutes and listen to a tape of me being pedantic. *[Laughter.]* And I would want to melt into the floor, you know?

I remember Tess saying that in this field placement, there would be "nowhere to hide." It seems she was right. Tess says the hectic pace of the Student Psychological Center turned out to be saving grace because she was able to take her field supervisor's criticism and use it right away in session after session. Tess began to "expand," she says, and found more casual ways to talk with her clients. She began to use herself differently in the room. Tess describes this as an "ah-hah" experience:

> My field supervisor is really big on the professional use of self. And that's something that I had read and heard about, and I thought, "What the heck is that?" But there's so much to it. And it is different for everyone.

Once Tess was able to relax her use of jargon with clients, she found more of them came back to her. She then turned her attention to becoming more "affectively present" with a client. She is beginning to understand it is not enough to "just be there analytically." Tess says she is still trying to figure it out:

I'm trying to understand what's going on underneath it all. It feels really new and challenging, but I'll sit there talking to a person and I will really try to check in with what's going on [emotionally] with them.

Tess tells me about one of her long-term clients. She is a law school student (whom I will call Jennifer). She sought services because she had a lot of anxiety and irritability. Tess describes her as "unbelievably accomplished and motivated" and "very cognitive." Jennifer says she loves her boyfriend and wants to marry him, but "anytime he chews or breathes it annoys her." (Tess and I have a good laugh about this.)

She and Jennifer can talk about this intellectually, Tess says, and explore all the why's and wherefore's of Jennifer's irritability. "She can stay in her head and I can certainly stay in my head and this can go in indefinitely," Tess points out. But it might helpful for Jennifer to connect to deeper feelings, Tess says, and Jennifer is having a hard time doing that on her own. Somehow, Tess says, there has to be a way to "deepen the feeling," as her field supervisor said. "I have to be present in more than just my head...in order to start tuning into what Jennifer is feeling," Tess observes, "then maybe I can help Jennifer tune into what she is feeling herself."

Tess says this is a different practice of empathy than she has ever understood before: "If a client does not know what they are feeling, how are you supposed to know?" Tess says she would think this is impossible, "except that all of the supervisors whom I think very highly of [say] that good work is tuning into what the client can't tune into, and helping them feel" those feelings. Tess laughs helplessly:

> But how do you do that? And that's what I mean by saying I'm trying to work with affect. I almost imagine it [has to happen] in my body.
>
> When I listen with my head I can literally hear what the client is saying and understand it and some good work can be done there. But then to do some really

good work, I have to shift it down even further so that I can work from my chest and stomach and feel it on that level too.

And I don't know quite what that means yet, but I totally buy it. *[Laughter.]*

It makes so much sense to me. But it's daunting. And it's bizarre and abstract. I'm sitting here saying that my next professional step is to learn how to work in my chest and stomach. What is that? *[Laughter.]*

I say it does seem to make sense, and Tess continues excitedly:

It makes a *ton* of sense to me. It has opened up something *huge*...it's really exciting that it feels exactly right for what I imagine work as a therapist being. [But] there are no clear steps to learn how to do that. It's the most abstract thing I've ever tried to wrap my mind around.

All of these things like empathy, intersubjectivity, and counter-transference - I understood them on some level but now there is a whole new level to it.

If you can tune into your own affect as you sit with the client, Tess speculates, perhaps "then you can learn to understand how your feelings might bridge the gap between you and the other person." Or something like that, Tess sighs. Sometimes it scares her that she is "missing the intuitive chip," that she will not be able to understand tuning in or achieve it in her work, but she again looks to her field supervisors:

I'm surrounded by therapists who have successfully done this. They have learned to read what is going on in themselves and what is going on with their clients and to work with that. They all talk about it as "fumbling around." It never becomes formulaic. You're always fumbling in the dark [trying to connect to the client's feelings].

Tess tells me that the writings of eminent psychiatrist Irving Yalom are a source of inspiration and comfort for her. She describes one of his books (co-written with Ginny Elkin), *Everyday Gets a Little Closer: A Twice-Told Therapy* (1974), which contains the reflections of both Yalom and a client on their therapeutic interaction over time. Tess appreciates that even

Yalom "fumbles around," and sometimes when Yalom thinks he had a great insight the client felt

he missed the mark. "It's so reassuring," Tess remarks, to see that the therapeutic relationship is

a fumbling process even for an expert therapist who "is able to help people." Even for Yalom,

his "own shit gets in the way," Tess points out (a rather casual use of language for Tess). Being a

therapist will always be "an on-going process," Tess observes:

> It's an on-going process and that's what makes this work exciting. That's
> something to feel good about, not something to feel bad about. [Last quarter] I
> had a little constant pep talk going: "This is a natural part of the process. Just go
> with it and feel good that you are in the process."

I am still curious about how Tess is trying to affectively tune into her clients, so I ask her

more about her working from her chest and her stomach as she described earlier. Is that

something she felt on her own, I asked, or was it mentioned by her field supervisors or in her

reading? Tess says the general idea is not hers alone, and she and her field supervisors talked

about working affectively and relationally. However, Tess explains:

> In trying to figure out what that means, [I tried to find] where in my own body I
> would find that and where I would tune into that. And once when I was assessing
> a client's mood, I [thought], "Wait a minute. Why am I only between my
> shoulders and my forehead? Why is there nothing in any other part of me?"

Tess observes that in her own therapy, if she doesn't feel like getting into the "scary

stuff," she can fill a fifty-minute hour with interesting intellectual talk and "compel therapists to

stay there with me." Her clients often use the same defense of staying in their heads and

intellectualizing. "If I stay up there with them we are never going to move beyond that," Tess

says. Being "really present and really listening" is not just listening for content, Tess says, but

"really experiencing what is going on between us in the room." Tess says it is hard to find the

right words for what she is trying to describe, but in working from her chest and stomach with a client, she is trying to feel "what is happening between us, and within both of us."

Tess gives me an example of how she practiced working from her chest and stomach with her client Jennifer, the law student. Her field supervisor had given Tess the instruction to listen for Jennifer's feelings during the session, noting from their audiotaped interviews that Jennifer seemed good at cutting off her own affect. Tess says she repeated to herself: "Turn your head off, turn your head off, turn your head off." She imagined the light of her head going off and the rest of her body lighting up. Drawing on a presentation on mindfulness meditation for therapists at the Student Psychological Center, Tess slowed her breathing and tried to let any intellectual thoughts go as she became more aware of her body. Tess told herself that if she could tune into Jennifer's feelings just once, that would be okay.

"So I fumbled around a bit and we definitely spent a portion of the session talking cognitively," Tess says. But when Jennifer spoke in a seemingly off-hand way about a fight she had with her boyfriend, Tess started to feel scared and sad. Tess admits it also crossed her mind that is how she would feel if she and her fiancé were breaking up. Tess said to Jennifer, "I wonder if you are really scared this is not going to work out and you are sad at the thought of losing him." That seemed to touch something, Tess said. Tess shrugs and says she does not know if she successfully tuned in, or if she just suggested something rather obvious.

"What happened?" I ask, on the edge of my seat. Jennifer immediately started to cry, Tess said, and they had a good talk about her fears. "No way," I grin. "Yeah," chuckled Tess, "It sounds silly, but it felt great. It was good place to start." Tess adds that she has been practicing ten minutes of mindfulness meditation before each of her client sessions. When she

feels "jumbled up" it really helps "bring her into the room," Tess says. "So I'm not in the future and not in the past and not next door in my supervisor's office and not at home. I'm just there. So when I open the door and invite a client in, I can be as present as possible."

Tess suddenly laughs and says that sometimes she walks out of our interviews feeling she has "consolidated" her experience, and other times wonders, "Did I use complete sentences? Was that rambling? Was I completely incoherent?" I tell Tess I have never left an interview with her thinking she sounded rambling or incoherent. I say it seems she is exploring her experience. "I'm kind of playing," Tess nods. However, I say slyly, I have noticed that she goes back and forth between describing herself with images like "consolidated" and "coherent" versus "shattered" and "obliterated."

Tess nods. She says that "shattered" is the best way to describe how she felt at the beginning of this year. She pauses, then says:

> But I haven't reconsolidated by any means. I like the visualization that I was a glass ball before and it's broken apart. It's all kind of hovering and it still sort of forms a ball. It's not all over the place, but everything is still disconnected.
>
> I'm not a coherent whole right now, both in my work and personally because I think the two are connected. I'm much more open to that stuff than I was. I felt very closed before. I like that maybe I will never completely reassemble all the pieces because I think that could get boring.

I thank Tess for sharing her experiences and reflections this quarter. As Tess noted at the end of last year, each time we meet it seems she is in a dramatically different place. This was the most I had seen Tess commit to using her spontaneous emotional self (however "unconsolidated" she felt) in her professional relationships with clients. As she mentioned, she was just beginning to understand the concept of the professional use of self and make use of this concept in her

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relationships with clients. Having identified this concept with the help of her supervisors, Tess now certainly seemed engaged and interested in developing her professional use of self in personally unprecedented ways.

Fifth Quarter Interview: Lily

Lily arrives with her lunch, apologizing that she rarely has time to eat. She has a heavy workload this quarter, plus family obligations she tells me about later in the interview. She digs into her salad as we discuss the recent spring break. She and her husband celebrated their wedding anniversary, she says. I mention I have not yet heard the story of how they met. "No?" she asks, looking surprised. I shake my head.

"It was semi-arranged," she says, and tells the story with enthusiasm. He was a senior in college and she was a sophomore. Their extended families were friends, and a cousin thought they would get along, so they were introduced. However, he was not the kind of guy she would have pursued, Lily tells me. They were very different. He's studious and nerdy, while she is adventurous. He's an an engineer who studies in his free time, while she likes to go out and considers herself relatively uninhibited. His family of origin is traditional, while Lily admits her family is "kind of crazy and all over the place." Lily says her husband "balances her out."

However, if she could do it all over again, Lily says she would not get married so young. It was difficult, she tells me. She wanted to get married at the time in part because "the idea of a couple sounded really nice," but neither of them "really knew what marriage meant." At first it was "shocking," she says. Soon after the wedding the moved to Massachusetts, leaving her friends and family behind so her husband could go to graduate school at Harvard. Lily had

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trouble finding a job, so she felt her whole identity was being a wife and trying to figure out something to do. She hated when people asked her what she did, because she did not have an answer. In addition, she and her husband seemed to be growing in separate directions. "We were so young," Lily says, "and we were still discovering ourselves."

They finally agreed it would be okay if their marriage did not work out. "That really helped me psychologically," Lily says. It was scarier to feel their marriage had to work. Now they have "more freedom to explore each other." Ultimately, Lily does believe they are "soul mates" but they now have more flexibility in how they see each other, and new aspects of their relationship are emerging.

I ask Lily when she decided to wear a scarf over her hair. She laughs that that her choice was either "really simple or really complicated." When she was a freshman in high school, she explains, she was having a rough time with her parents. They were alarmed that she was interested in boys, and sent her to various mental health professionals as she described in our first meeting. She was depressed, she says, in the throes of adolescent angst and "searching for an identity." Lily joined a religious youth group, and one of the girls wore a scarf over her hair. Lily became intrigued. (Lily's mother did not wear a scarf.) Lily was "having a faith experience otherwise," and she thought wearing a scarf might make her feel "more committed" and help her to be a "better person," she says. She describes the day she wore a scarf for the first time:

> I was nervous about it. I didn't tell anybody I was going to do it. I planned it very carefully. I did it on a Tuesday morning because I was afraid if I did it on a Monday morning the kids would think I'd gotten married over the weekend or something…[but] they still thought that, so that was hard.
>
> My mom saw me in the morning. [I was in] ninth grade so I took the bus still. She saw me, and she didn't say much. We talked about it a little afterwards. I said

yeah, I'm going do this, and she said, okay great - and there was not much talk about it. Later on in years there was more.

I think [my parents] were happy and proud. It began a whole new phase in my life that was slightly easier than what was going on before. Slightly easier…but over the long haul it ended up not being easier. I internalized a lot of things I was externalizing and I ended up doing things in different ways that were not so healthy.

But immediately it was good because I wasn't staying out, I wasn't talking to boys, I wasn't hanging out with people [my parents] didn't like and doing the things they didn't want me to do. I was doing what they wanted me to do. So it worked out really well.

Lily observes that wearing a scarf and becoming more religious and "did the trick…it worked" to put an end to a rough phase of her adolescence. She hastens to add she does not mean to undermine her religious beliefs with that statement, but it was true her quick shift in identity solved many of her problems at the time. Lily shrugs: "And who cares if it was stupid or rigid or overly simple…it did it, and who knows what would have happened to me otherwise."

Lily "continued to build on that identity." She began to wear a plain modest black dress in addition to her scarf at the end of her junior year in high school. "It was just more covering," she explains. She wore the scarf and dress for three years, but stopped wearing the dress when she was a sophomore in college. I ask why. She says, "I don't know," and thinks.

It was during the time she met her husband, she remembers. She feels he had something to do with it. He was "more balanced," in some ways, she recalls. "I don't know," she repeats, "I just started questioning the rigidity of it." Even though she tried to do things that everyone else did, like exercising and going to the beach, she was still limited by the dress. She was also branching out as a person, she says, and she "just didn't like that role anymore." (Doing some quick math in my head, I realize that Lily's decision to stop wearing the fuller Muslim dress was

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a few months after the attacks of September 11th, 2001, but I have no idea whether that influenced her decision or not.)

"It's an interesting question that you asked," Lily says, because she has thought a lot about her choice to wear a scarf over the past couple of months. She continues:

> I've been having a little faith crisis.
>
> I'm more resolved with it now but for a few months I was feeling very distant from my faith…[and] for the past few years I felt like I couldn't relate to anyone else in my faith. And lately I felt like I couldn't really relate to God. My relationship with the actual faith was faltering. I closed myself off to prayer [even though] I [used to] pray a lot. I used to pray five times a day.
>
> For a while I was still praying but not really thinking about it, and then I kind of stopped praying and only prayed a little bit. I did not pray on time. I prayed late. I was very angry and questioning.
>
> I always felt like some part of this is a truth, some part of higher power and divinity and faith – that there is a truth in that.
>
> But I didn't feel like thinking about it too hard. I just got tired of it. With the scarf it was weird. I was getting really tired of it in different ways. I'd find myself wishing that I didn't wear it and that I could just look like everyone else and just do other things and do what everyone else did.
>
> And then I actually went out twice without it. Which is crazy for me because I hadn't done that since I was fourteen. And nobody really knows that at all. My husband does not know I did that at all. He wasn't there. He was out of town. I went out for two whole days without it.

I ask Lily what that was like for her. She responds:

> It was a really weird experience. At first, it was scary because I felt like I was missing something. But then it was very liberating, too. I thought, "Man, I bet I look good." I did my hair. I dressed cute. I was with friends that were very supportive of it. They were friends that were visiting from Michigan, so they were friends I grew up with in high school.

They were a little shocked when I told them I felt like doing it. But they were really supportive. I really wanted them to not take it out of context. They were really good about how they viewed it. So we went out, and we did different things, and I was feeling really happy and free and good.

And the second day, I still felt like that, but a lot of the initial excitement wore off and it became just like wearing it. And then I missed parts of it. And then I decided to stay with it. I don't know how long I'm going to stay with it. But it wasn't that transformative to not wear it. It was initially exciting but I didn't feel any different. It still felt the same.

I don't know. I just feel like it's a big part of me so I don't know if I'm ready to give it up.

I ask Lily if her experience as a Muslim-American changed after 9/11. Lily recalls she was nineteen when it happened, and things definitely changed after that day. However, being subject to attack and discrimination as a Muslim-American since then is now "such a primary experience for her" that it is difficult for her to answer that question, she tells me. It is almost like asking if she feels different being a woman, she says. Lily explains:

That's how I have always experienced the world, through that lens of being an outsider with people saying things and doing things that make me feel like an outsider. 9/11 made it a lot worse. It's now at the forefront [of my experience]. People talk about it and have opinions. I take it very personally, but I never know what to do with it. It's everywhere. And [when people talk about] politics, it's there, it's the elephant in the room.

Lily only gets into political discussions when they take racist turns, she says. I ask Lily about moving from New York City when she was seven years old to a quiet rural middle-class community in Michigan. "It was really shocking," she admits. She spoke mostly Urdu at home, so her English pronunciation was poor. The other kids made fun of her when she spoke, and she "didn't have friends for a long, long time." She knew a few other Muslim girls from the occasional religious services her family attended, but they did not like her. She was still seen as

an outsider. Later in high school, Lily finally became friends with those same girls. Now they all joke about how mean they were to Lily when she was a kid and an adolescent.

I ask Lily if writing her cultural autobiography for the *Cross-Cultural Awareness* course in the second quarter was an interesting experience. She nods:

> That class was really good for me. That [paper] was very emotional in a way…
> [in the same way that] it's hard for me to talk about what happened after 9/11. It
> was…something so traumatic that I had very little affect about it. I never really
> processed it because it was too much to process.

> So in that class I was allowed and forced to sit and think about the everyday
> experiences I have gone through for the past many years, and how they have
> heightened since 9/11. And that was really good for me I because I didn't have to
> ignore it or push it away or not think about it anymore.

Lily discusses times when she was insulted for being Muslim. Just walking down the street, she says, people rudely comment on her appearance or disparage Muslims in general. She explains:

> The first few times it happened, it was really painful and shocking. I had all these
> experiences. I used to come home angry, saying "I can't believe this person said
> this to me," or "How are people like this?" And after awhile, I just became so
> used to it that I [ignored it].

Recently, however, Lily was driving in a parking garage when two women with elementary school-aged children started yelling at her. Apparently they did not approve of her driving. One woman shouted, "Maybe you could see better if you didn't wear that thing," referring to Lily's scarf. Lily did not let it go. She circled back around and said calmly to the women, "It makes me sad that you are raising kids and you think this way." The women told Lily to get away from them. "But I wanted to say it," Lily said.

Lily and I both heard a recent award-winning episode of the radio show *This American Life* called "Shouting Across the Divide" (Episode 322, originally aired 12/15/2006). The story featured a Muslim-American family whose two daughters were harassed in their elementary school. In front of the class, a teacher told one of the girls that she and her sister were not wanted there. The school also circulated a pamphlet about 9/11 that said all Muslims hated Christians. Other students, even previous friends, began to taunt and bully them. The girls became too upset to attend school, and had to be tutored at home. The girls' father fell into a clinical depression, and wanted to leave the United States for the sake of his daughters. The mother made a complaint to the US Department of Justice, who found the school guilty of discrimination. Lily points out that like so many stories told in the social work program, this case illustrated the relevance of social work's Person-in-Environment (PIE) perspective in understanding the nature of this family's difficulties (and triumphs), and the father's so-called "clinical" depression.

Writing her cultural autobiography and understanding social work's PIE perspective benefited her clinical work, Lily tells me. The class made her think about "what [her] clients must go through" as members of minority groups. She now raises questions about clients' social experiences if she senses "something is there." She sees "how applicable it can be" to the therapeutic process to explore the experience and pain of discrimination. Sometimes, she observes, as in her own experience, "shouldering this burden" has become an unexamined part of who clients are, to the extent that a client may not immediately connect the experience of racism (or any other stereotypical discrimination) with feelings of depression or anxiety or confusions

about identity. But both discrimination and the recognition in itself that discrimination may affect one's psychological experience and behavior "can be very traumatic," Lily observes.

That social experience pervades our psychological experience has particular relevance for stigmatized and marginalized populations, Lily points out. Lily explores racial and cultural issues clients in order to explore how they grapple with them, but that is not the only reason she points out "the elephant in the room," she explains. Another good reason is because in her experience, having these frank conversations with clients also strengthens the therapeutic attachment.

Remembering Lily said she had a crisis of faith, I ask Lily if feeling distant from her faith felt like sense of loss. At first she says yes, but then she gets a mischievous look on her face and laughs softly:

> It feels powerful in a way because it feels like [I am] choosing to not care or do something about it. It feels very powerful.
>
> I felt at its whim for a long time. It was as if I was expecting things to go a certain way and they never did. I was expecting to feel a certain way and I didn't.
>
> To take back some control, as in: I don't have to do this, and I don't have to think this way, and I can do whatever I want - that felt really good for awhile. It still feels good. I'm glad I did it and I'm glad a part of me is still thinking that way. I feel that if I decide to explore it more, then I can go into a deeper place with it.
>
> I want [my faith] to be really organic. I don't want it to just be about my identity. I know that's a part of it but I don't want it to be just that. I want to really feel a real connection with God.
>
> I feel that denouncing it in a way for a while allowed me to do that, and to come back with more clarity about it. [Religious faith] was not something that was given to me or done to me…[so I want to] have this dynamic relationship with it where I [have] thought about it and there are some elements of real, genuine connection.

Lily sighs, looking reflective. She continues to explain her developing relationship with

her faith, using the popular social work program term "process," and by now a salient concept

among the students:

> It was an important "process thing" for me to allow myself to be angry with God
> or religion…before I would just stuff it and call it something else. But I really felt
> like I needed to be angry to process things better.

I ask Lily if she has a sense of what she was angry about. Indeed she does. Things with

her sister got "really, really bad," she says. Lily also points out that her crisis of faith and anger

with God occurred after she took the pilgrimage, "which is the opposite of what is supposed to

happen."

Lily suddenly gasps, "I told you about my trip, right?" I shook my head. Lily did the

yearly pilgrimage to Mecca and Medina (*Hajj*) three months ago. She says it was an amazing

spiritual experience. Lily and her husband traveled with a group of Americans from California.

Lily describes her trip in fascinating detail, but I do not include that conversation here because it

is not specifically relevant to the themes of this dissertation. However, Lily's experiences with

her sister are indeed relevant in terms of Lily's development of her professional use of self as a

social worker in the context of the current program, so I will describe what she told me next in

response to why she was angry with God.

Soon after Lily and her husband returned from Mecca, Lily's parents came to Los

Angeles to visit her and her sister Sarah. The sober living facility granted Sarah an afternoon

away, and they all went out as a family. Sarah seemed to be doing well. She was taking college

classes again and said she "wanted to get back on track." Then Sarah had a small relapse in

which she took an overdose of her medication. Then she had a big relapse. Instead of going to

class, she would go on drinking binges. In the facility, she overdosed with more medication, and began "inhaling things in the house, getting drugs into her body any way she could."

The facility kicked Sarah out. Lily took a day off from her field placement to get her and bring her to her own home. Lily hid all the medications and cleaning supplies in her house, because she "did not know what [Sarah] was going to do." Her sister threatened to run away, so Lily stayed with her as much as she could. After a week, her family found Sarah another sober living house. After another week, Sarah went on a heroin binge with a roommate. She was kicked out for three days and disappeared (she claimed Lily was coming to get her, but she never told Lily she was kicked out). She returned to the sober living house on her own but kept using heroin. They finally kicked her out for good. Lily was called again to retrieve her sister. She and her husband picked her up, and they drove around looking for another rehabilitation center. "We were really angry," Lily says, but by the time they finally found a place for her and said good-bye, Lily's anger had dissipated. She told Sarah she loved her, and said she hoped "this works out for you."

A week later Lily got another call that Sarah had run away. She and another girl jumped the fence and had been missing for two days. Lily drove to the facility to get her sister's phone. She called all of Sarah's friends with no luck. The other girl finally returned and said Sarah took off in a car with a "sketchy guy."

Lily's father panicked, she says. Her wanted Lily to look for Sarah, and she did. She took a picture of Sarah around to various shelters. After another week, Sarah's most recent rehabilitation center received a call from Sarah. They told her to come back, but she did not.

Lily and her parents were happy to hear that she was alive, however. By this time, her father had

flown to Los Angeles despite having health problems, and he looked for Sarah too.

The next thing that happened was "really good" because it meant she and her father could

stop looking, Lily says. Her sister was arrested for possession of heroin. She spent a week in

jail, then started eighteen months of probation. She is now back at home in Michigan. Lily takes

a deep breath. She shakes her head.

> She's okay right now, but it was bad. I don't know what happened to her on the street, but I know it was bad. I don't even know how she feels about it because of the way she talks about it right now. I guess it was traumatic because we were talking about [that kind of affective response] today [in class]. She talks about it with no emotion.

> ....So she's sober right now but I don't know what's going to happen. I've kind of stopped caring. I mean I care, but I don't. Because there's no point in having any hope. I feel it's like some terminal illness where you have to accept that this person could die.

> I wouldn't let myself think about that before but now I think she could die just the way you could die with cancer. She might not, she might get better, but the chance that she won't is just as equal or more because - that's just what it is. She's got problems. She's suicidal. So she could do it again and just overdose and be out of our lives forever.

All this is why Lily was angry with God. "That's a lot," I say. Lily nods. After a

moment she tells me this has been good for her professional development. She is learning to "sit

with painful emotions and accept things." She has "an increased empathy for clients" who deal

with loss, she says. Her field supervisor is helping her translate her experience into helping her

clients sit with loss too. Lily says, "It has done a lot."

At the same time, Lily also notes that it is tough for her to use any "solutions-oriented"

approach with clients who are dealing with similar painful circumstances. Lily feels "very

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pessimistic about solutions," but she knows that is part of what she is trying to process. She finds she is more wary of blaming parents when their children have trouble. These feelings are related to how she views her own parents' role in her sister's problems. While her parents certainly made mistakes in interacting with Sarah, Lily feels they were also out of their element in trying to understand and cope with her behavior.

I ask Lily if she still believes the path of becoming a clinical social worker is right for her. She does. She feels overwhelmed at the moment, but she feels good. She likes "helping people through conversation," she says, feeling that endeavor is "very rooted in humanity" and a humanistic perspective. Lily appreciates the fact that many cultures have elders, mentors or religious figures that people rely on for personal guidance and help. A therapist in this culture wants to be that person, she observes. Lily likes that role.

And since she can't help her sister, Lily laughs, she tries to help her own troubled adolescent clients. The humorous and ironic delivery of this statement demonstrates Lily's developed awareness that these psychological dynamics are powerfully present in her professional use of self and will always require some attention.

I ask Lily how things are going in her field placement more generally. It is going well in many ways, she says, but she feels other students are having richer training experiences. This disappointment led Lily to question her decision to work in that agency. She admits location was a factor; it allowed her to live with her husband. She still likes her field supervisor, but he is so busy she does not see him often. She gets little guidance in interacting with her clients. I ask if she makes a treatment plan. She does, but says that process consists of her just thinking about it over the course of the first few sessions with a client. Lily explains she literally just sits and

thinks about where the client is coming from, what their psychosocial issues are, and then outlines what she thinks might be helpful. "It's not like anyone is going to look at my treatment plan," she says ruefully.

On the positive side, Lily has long-term clients, something she wanted. Looking back, she sees growth in her clients, even though there were times she wondered if they were getting anywhere. Lily reminds me that most of her clients are mandatory; they have been referred by the DCFS for counseling. Usually this indicates abuse and/or neglect of the children. I ask Lily about dealing with the emotional content of these families' lives.

"It's really hard," she says. Lily realized in her field supervision that she tries to cope with the painful nature of her clients' problems, particularly young children, by putting up "very rigid boundaries, not getting too involved, not getting too emotional...because it's too much." She recognized this was the same way she handled other areas of her life at times. "So I care," she says, "but I am afraid of caring." Lily is working on that, she tells me, trying to "get through" her use of that coping style.

Lily says working with adolescents is especially difficult, even though that was her population of choice when she started the program. With adolescents, she finds it difficult to effect her rigid boundary defense, because the teens remind her too much of her sister. Instead, Lily feels strongly that it is her responsibility to solve all their problems, and even finds herself believing that she can. Lily's field supervisor has been helpful in this regard. He counsels her to accept that she cannot solve her sister's problems, and neither can she solve her clients' problems. Lily is learning that real change "is all up to the person, and you can just do what you can do. The way things play out are out of your control."

Lily further describes her experience working with adolescents this year, and points out how taking the advice of her field supervisor has been helpful and therapeutic:

> I have a lot of counter-transference. I want to control and I want to be very punitive: "Why didn't you do this, why are you here, stop doing this." But I [also] feel a lot of sympathy, and then when I *don't* act on those impulses [to control and be punitive] I feel it is very, very therapeutic for me. [It is therapeutic] to do the *right thing* as a therapist, to do what my supervisor [suggests]....
>
> [To be] that other person in [the client's] life, that balanced person who doesn't [try to control, but] who is neutral feels so good. It's happened a few times, and it feels really good. So I like that. It's very good for me to be able to that, because I can't do that with my sister.

Our interview draws to a close, and I thank Lily for sharing everything that she did. I am again struck by Lily's effort to organically feel her way through things. Now Lily was sitting with anger and loss, and feeling her way through the meaning of loss in her life with the help of her therapist, her field supervisor and the program in social work - all the while reflecting on how her experiences may inform her professional helping relationships with clients.

Fifth Quarter Summary of Interviews:

This quarter, Anna has a major insight into her fear of vulnerability and her defenses against feeling vulnerable. This recognition causes a shift in her interactions with clients as she observes herself working to protect herself in their interactions. Tess also has a major insight into how she distances and protects herself from clients - and feeling her own feelings - through intellectualization, and this insight also causes a major shift in her interactions with clients. Lily realizes in field supervision that she puts up "rigid boundaries" in order to protect herself from the emotional pain of her clients, while at the same time she longs to save them. Her supervisor

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helps her to understand the responsibility for change and growth is in her clients, and Lily "can just do what she can do" to support their own efforts. This also causes a change in her behavior with clients. These relational shifts occur as a result of the students "taking help" from their supervisors and making unanticipated changes in their behavior in order to be more effective with clients. Again, these shifts are less about an "interpretive drift" into a belief system, and more about how increasing one's self-awareness can lead to changes in subjectivity that may allow the students to serve clients more effectively.

In terms of interacting with therapeutic models, Anna raises the fact that she will apply cognitive-behavioral therapy techniques to herself this quarter as required by her class, but is somewhat skeptical the theory's true usefulness. Anna now realizes the centrality of emotion in clients' lives and in the therapeutic relationship, and allows herself to take more risks in directly inquiring about her clients' emotions. Tess has struck upon the "professional use of self" as a therapeutic tool, and is throwing herself into it whole-heartedly in terms of connecting to her own and her client's emotions. However, she is still wary of using self-disclosure. Lily remarks she is skeptical about "solutions-focused" therapy given her sister's troubles and the troubles she sees among her DCFS-referred clients.

In terms of their individual development, Anna is now "really participating" in the student Collective, and sees tremendous growth in herself as she becomes more aware of her biases, "unexamined schemas," coping mechanisms, and emotions. Anna sees that everyone can have their own therapeutic approach, and the key is developing one's own individual professional use of self. Tess's fears have subsided, and she now sees the potential for growth in being "shattered" again this year, even saying that she "may never completely reassemble all the

pieces again, because that "could get boring." Lily says that striving to be neutral and balanced with clients, particularly adolescents like her sister, versus being anxious, controlling and punitive has been "very therapeutic." Too, Lily allows herself to experience and accept her feelings of loss related to her sister's illness.

Sixth Quarter: "It's All About The Relationship"

In their final quarter, students are encouraged to write papers articulating their beginning professional use of self in their relationships with clients with an understanding that they are now engaged in career-long developmental process. They also complete a final comprehensive exam with two faculty members and a small group of fellow students in which they discuss their approach as social workers. These exercises require students to creatively put together their professional identity for their professors, peers, and most importantly, for themselves. They must discuss their theoretical orientations and preferred practice methods, and their justifications for these. They must discuss what they actually do with clients in a professional capacity and why. In addition to creativity, this process requires synthesis, integration, self-awareness, and ownership of their developing professional selves as social workers.

Again, many students took electives this quarter, so I describe only two courses: the final two practice courses for Micro students specializing in mental health services. Most Micro students specializing in mental health services, the target population of this study, took either one course or the other. These two courses are given a "thick description" (Geertz 1973). This is because these two courses illustrate the culmination of these students' education and training, conveying the maturation and sophistication these students have achieved as beginning professionals. Also, through the pedagogy of case presentations, these courses also vividly convey a sense of students' relationships with clients, and are thus important to this dissertation's aim to describe the social work relationship.

The first final practice course is focused on psychotherapy with families. The second final practice course is also focused on direct work with clients, but emphasizes working effectively with persons whose backgrounds are different from the students'. The following pages will show what the students have learned by now, that the basis of effective social work practice is a genuine and growth-facilitating relationship with each client, whom, like the social workers themselves, are all willful and unique individuals in a process of growth and development in the context of their environment(s). Across differences in backgrounds and in a sea of theoretical approaches and treatment techniques, students learn "It's all about the relationship."

Below are descriptions of the sixth quarter classes: *Micro Practice G: Advanced Practice with Children, Adolescents, and Families*; and *Micro Practice H: Advanced Practice with Diverse Populations.*

SIXTH QUARTER CLASSES:

Micro Practice G: Advanced Practice with Children, Adolescents, and Families

This was a much-anticipated course, one of two final practice courses offered to Micro students specializing in mental health services. While its title suggested practice skills related to child, adolescent and family therapy - truth be told the course was also oriented to individual therapy with adults whose history included being a child, adolescent, and a family member. The professor jokingly called it the "secret psychotherapy class." Students careful not to include the words "private practice" in their program application filled the room. By this time, however, most of these students had made peace with their desire to have a private psychotherapy practice in the context of the field of social work as well as working with vulnerable populations. Like Tess, they now owned clinical social work as a distinct and valuable approach to mental health care no matter what the financial status of their clients. Many were also interested in advocacy and working on a Macro level, and if they did establish a private practice, they saw themselves offering a sliding scale of payment for their services, much like many of their professors.[32]

By the end of the course students were expected to be able to describe their own "integrated theoretical base of practice [and] associated practice methods." Students' theoretical base of practice was expected to vary within a range of ethical social work practice according to each individual student's conscious preferences for theory, technique, and personal style. However, the more basic relational principles involved in students' professional use of self, such as self-awareness (which involved an awareness of others), genuineness, and professional

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[32] In the questionnaire I administered to the cohort at the end of the program, half of the Micro students said they also saw themselves doing Macro work in the future.

boundaries - were expected to be practiced by all students. Through a final course project, each

student would be given the opportunity to creatively consolidate their hard-won individual

professional use of self with the understanding that their professional use of self will always

continue to evolve.[33]

On the first day of class, students entered the classroom, full of "hope and dread" as

psychoanalyst Stephen Mitchell might say (Mitchell 1993). It was a crowded class for such an

intimate seminar, about twenty-five students (eight of these students were interview participants

in my project; four other interview participants took the other final practice class described

below). The professor, familiar by now and loved by many students, stood over her desk

shuffling her papers in a typically disorganized fashion (I sometimes wondered if she meant to

disarm the students with this initial demeanor). One student leaned in and said, *sotto voce,*

"Everybody's freaking out." The professor replied: "Of course. This is the secret

psychotherapy class."

Once everyone found a seat, the professor welcomed them and described the case-

presentation format of the class. Students would present their clinical work with long-term

clients, and share aspects of the work they found difficult. In this sense, as a professor in another

course put it, "case presentations are as much about you and your development of your

professional use of self as the client." The syllabus stated that students were to expect "a critical

analysis of one's own and fellow students' clinical experience" with clients in their field

agencies. Students would get questions and feedback from the professor, guest speakers and

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[33] Students going on to obtain a license as a clinical social worker would typically undergo two more years of field supervision before sitting for the state board examination.

their classmates (whom she encouraged they begin to see as colleagues). The professor said the student-client relationships would "come alive" in the room.

The guest speakers were regular visitors to the course who joined a class session every year. Each would give a talk at the beginning of class and remain to participate in the case presentations. Guests listed on the syllabus included a psychoanalyst, an art therapist, a clinical psychologist, a trauma counselor, a psychiatrist.

The professor described her extensive background, including decades of clinical practice with children, adolescents, and families and being the administrator of a family therapy agency. She reminded the students that if they work with children, they will also work with their adult parents. If they work with adults, these clients were once children themselves and may have children now. No matter which side of adolescence they work on, the professor says, it is always helpful to better understand the other side. She tells them that in her opinion, attachment theory is an essential template for family practice, and Murray Bowen's family systems theory is also very useful. She adds that their clients will ask them if they have children throughout their careers, and indeed having children can inform their practice tremendously, and many therapists feel more comfortable working with families after they have kids.

This course like many others will entail self-directed learning, the professor says, in part because graduation is in ten weeks. At this the students cheer softly. "This class is a transition and a launching pad," the professor nods. "Identify your own goals and objectives, and seek your classmates for consultation. You are moving from student peers to colleagues." They should expect to do in-depth psychodynamic and developmental work in the class, she says, and to thoughtfully consider the ways trauma may influence or break down a person's structures and/

or development. They will also look at specific ways trauma may appear in clinical practice and in persons' lives over time. The students were given a tremendous amount of reading meant to serve as both current and future resources. Finally, the professor explains, this class "is not about [her] having something to say - it is about what happens between all of us" particularly student case presentations are discussed.

Indeed, the level of discussion in this course was sophisticated. In comparison with the Lab seminars of the first year (see Appendix C), I noted that students were less fazed by the horrific or tragic circumstances of their clients, and more able to ask provocative questions of one another that elicited insight and learning. As a group, they also engaged in a reflective process about their identity and purpose as social workers. As Irvin Yalom (with Leszcz, 2005) said of a mature group in a therapeutic process, it was now easy to see the group's cohesion as well as the students' individuation from one another. The students were beginning to sound like professionals. In her final interview, Lily discusses looking around this room and thinking about how much everyone had grown, and how they now shared a professional language.

The professor asked each student to draw a picture or symbol of what they would like to get out of the class, and then another picture or symbol of what they thought they would need to get there. She noted this exercise was to give the students another way into the class, one that bypassed the intellect and raised their wishes and potential resources for achieving them. (This exercise was also a glimpse of a future class on play therapy, which made use of drawing, symbolization, and puppets.) Students drew symbols such as sailing ships, lightbulbs, and mountain climbers. Tess drew a picture that looked like a spiral, saying she hoped to get to the core of the relationship in therapy. She also drew a bowl to indicate she would need to have "an

openness to her own experience." The professor commented that the open bowl was a good symbol of being open yet able to hold things the same time. Tess discusses this imagery in her final interview.

For the remainder of the first class, the students watched a Peabody-Award-winning *Frontline* documentary called "The Lost Children of Rockdale County" (PBS Online and WGBH/*Frontline* 1999), which investigated a syphilis outbreak among fifty young teenagers in an affluent suburb in Georgia in 1996. Over one hundred teens were involved in sex and drug parties at each other's homes after school while their parents were at work and after midnight when their parents were asleep. Girls were often mistreated (most were about thirteen or fourteen), but put up with it rather than be excluded. The parents were apparently unaware all this was happening, and both parents and teens spoke of barely seeing one another due to parents' busy careers. In the aftermath of the syphilis outbreak, the community blamed a few "bad apples" (including seeming to unfairly target an African-American boy, a racial minority in this mostly-white suburb). One local pastor commented that while these young adolescents had material comforts, they did not have an ideological path to follow. Three years later, a few months after the infamous school shooting in Columbine, Colorado there was another school shooting in Rockdale. The documentary revealed that on a systemic level, the community was in trouble.

In the class discussion that followed, students in this class brought the Person-In-Environment perspective to bear in analyzing these teenagers and the disconnections within their families and community. This real-world grounding in the troubles of adolescents and families going through developmental changes in a particular social setting set the table for considering

individual development and family dynamics in the context of their environment for the rest of the course. With this larger framework in mind, the social work students' actual relationships with their clients were explored, with an emphasis on the students' professional use of self as the foundation for achieving an effective and meaningful relationship with their clients. As the course progressed, students began repeating what would become their final mantra, its meaning made salient in part through observing one another's case presentations: "It's All About the Relationship."

The next two classes were co-led by the professor and a guest speaker. The guest speaker was a licensed clinical social worker who also held a Ph. D. in psychoanalysis. He had recently retired after being in private practice for over thirty years. He became interested in the professional or therapeutic use of self in 1972, he told the students. He was a reflective man with a gentle manner and a quirky sense of humor. Perhaps unsurprisingly, he was quite insightful about students' relationships with their clients. The major topic covered in these classes was the professional use of self as a social worker, which included conversations about self-awareness and genuineness, boundaries and self-disclosure, recognizing and working with transference and countertransference, and what the speaker deemed to be the two primary lessons or principles of social work practice. Following this description, I will briefly review comments by other guest speakers and the professor about psychological testing, play therapy, working with trauma, and working on a team with psychiatrists. I will then review four case presentations, including presentations by Tess and Lily.

The guest speaker told the students he searched for and used various techniques of psychotherapy for a long time, and eventually found his experience summed up in a quote from

the 1984 movie *The Adventures of Buckaroo Banzai Across the Eighth Dimension:* "No matter where you go, there you are."

The class laughed. "Your clients know this too," he said. They will naturally have their transferences. "But in addition," he tells the students, "your clients may try to piss you off, please you, or seduce you in one way or another. They try to use your real self." This aspect of the therapeutic relationship always fascinated him, he said.

He continues:

> You all know by now you need to be self-aware. This helps to avoid mistakes and mis-attunements. Getting into therapy for yourself can help you know yourself. Also, if the therapist cannot be himself or herself then neither can the client. If you can't be genuine, they can't be genuine.

He asks how students have become aware of their use of self with clients during the program. One student says that while sitting with a client, "I've learned to ask myself, are you using yourself? How are you using yourself? I didn't always have an answer, but it increased my self-awareness." The speaker nods: "Good - the observing ego, as they say."

The speaker discusses an article students read for class by social worker Eda Goldstein about therapists' self-disclosure (Goldstein 1994). She defines self-disclosure as "the therapist's conscious verbal or behavioral sharing of thoughts, feelings, attitudes, interests, tastes, experiences, or factual information about himself or herself or about significant relationships and activities in the therapist's life (p. 419)." A lengthy paragraph goes on to include a vast array of therapist self-disclosures including office décor, wearing a wedding ring, sharing what restaurants or music or movies they like, experiences of illness and death, how they have handled problems, and how they think about life (ibid.).

The speaker laughs, "Pretty much everything. It's not so much a question of whether or not you self-disclose or use yourself in the relationship, but how." Everything we do is a use of self, he noted, adding "even attempting to be a blank screen is a choice." Freud often revealed himself to his patients, he told the students, although many who followed him believed self-disclosure "contaminated" the transference. Others, such as Carl Rogers, believed that some amount of therapist self-disclosure was essential to establishing a genuine relationship, a relationship where trust can develop, he said. (As described previously, social workers tend to work in this vein, attempting to establish a real relationship with genuine rapport rather than a relationship meant to elicit a client's transference and the subsequent interpretation of that transference.) The speaker also observed that research shows men tend to disclose less, and most therapists tend to disclose more after ten years of practice.

There is a range of self-disclosure, remarked the guest speaker, and "your own style is based on your personality and your accruing practice wisdom. It will also vary with different clients." He reminds the students that "ethically, self-disclosure should have a specific therapeutic intent," and he observes that most therapists feel guilty and ashamed about self-disclosure because it may happen on an intuitive impulse. Then there is anxiety about whether or not it was the right thing to do. Mostly you have to wait and see, he says. In thinking about their self-disclosures, he tells students to consider how a professional peer, lay person, or jury might view their self-disclosure. He also tells them to document self-disclosures in terms of what was said, why, and how.

Clients will also ask you direct questions, the speaker observed. They may ask about your political views, religion, sexual orientation, alcohol and drug use, and your relationships. In

terms of their response, he says: "Each of you will come to your own comfort level." One

student said she worked at the VA with veterans with PTSD, and many of them were against the

war in Iraq. "I have agreed with them that this administration is in trouble," she said. Another

student remarked that she worked at a Catholic agency for pregnant and parenting teens. "When

the Director expressed his enthusiasm for Bush's re-election, the clients were angry and

alienated," she said, adding, "I always wondered about his choice to self-disclose."

The speaker tells the students he had a fourteen-year old client who was sexually abused

by a married man. She asked him early in their sessions if he was married. "Yikes," said a

student. He nodded. "We talked about her question – why did she want to know? What would

it mean to her, how would it feel, if I was? What if I was not?" It can be a good idea to ask

clients what your various potential responses might mean to them. "Responding thoughtfully

like this can bring out helpful information regarding the client's associations and fears."

He pauses thoughtfully, then asks the students what the first lesson of social work is.

"Start Where the Client Is At," they respond, almost in unison. He laughs. "Right," he says.

"And for me," he says, "the second lesson is 'It Depends.'" His point is there is seldom one right

way to interact with all clients.

For example, the speaker says: "Winnicott said sometimes it may be helpful to reveal

your emotion to show the client they have an impact on you. Being unflappable might not be

helpful if the client had deadened, unresponsive parents. On the other hand, clients who have

been traumatized by intrusive and self-obsessed parents may not find your expressive use of self

helpful."

Showing your emotions is another kind of self-disclosure, he says. One client told him she was initially afraid he would never understand her because he was white and middle class and had probably never seen the trouble she had seen. But she told him the emotions on his face revealed that he "cared a lot and probably had difficult childhood experiences himself that gave him the depth to understand her experience." His somewhat unintended use of self gave her a sense of connection and being understood, he said. "Of course I have no idea what she was talking about," he joked, and the class laughed.

The speaker wanted to know if anyone cried with clients. One student said, "When I found out a client's family secret, I teared up. I was worried about it, but it turned out to be positive. I think she thought – oh, she gets it." Another student said, "I always tear up when kids are abused and neglected. I can relate to being treated like a thing." Another said, "I always thought abuse was worse than neglect, but now I see the devastation of neglect. So now I tear up at all of it, but I try to breathe through it."

The speaker tells the students:

> Every therapist is different, like fingerprints are different. The self in "the use of self" is anything in the counter-transference, anything that is present as you sit with a client, your reactions and your reflections on your reactions. Your use of self may be different with different clients. You may be different from hour to hour with different people.

The important thing is making a connection, he says. He gives an example of meeting with a kid for the first time. The child asked him if he knew any good math problems. The speaker said no, and the child said he "must not be too bright." The speaker said he knew some good riddles, and they went through a few. "It helped to establish rapport," the speaker said,

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"which is always the first step. That's not about any particular technique, it's about use of self, knowing yourself, and improvising to make a connection."

Social workers explicitly talk about the use of self more than any other mental health discipline, the speaker says, "more than psychologists, and certainly more than psychiatrists." He points out that Eda Goldstein seems to recommend not using the self unconsciously, "but that seems too much to ask" in his opinion. However, he said:

> Our true beliefs are important. If we believe human beings are sacred, we try to help them reach their sacredness. If we believe people are victims, we will try to rescue them. Our beliefs affect what we do. Our selves are tools beyond technique. My belief is that the goal of therapy is to help the client develop the capacity to *be* freely. To be able to live more freely, less defensively, without being bundled up in defenses. What is your belief?

One student admits she still finds herself wanting to save clients. "Especially kids," another student sighs. The speaker nods and says, "This brings us to a good question." He continues:

> We want to help people as social workers. As a kid, I used to watch the cartoon series *Mighty Mouse*. I loved it when he sang "Here I come to save the day!" *Why* do we want to do this?

Neither the speaker nor the students attempt to answer this question aloud, but students smile. They are now familiar with this question; they are used to examining it and keeping it open. They know the question is important to examine personally, and they know it is also beyond the details of any one of their individual experiences.

"Remember," says the speaker, "We wouldn't be in this profession if we weren't idealistic. If anything, we can hold the hope for clients." The professor grins at the speaker: "Is

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that the third lesson of social work?" she asks. He responds: "It's implicit in the first lesson: 'Start Where the Client Is At.'"

Before turning to the case presentations, I will relate just a few exchanges of interest between other guest speakers, the professor, and the students. All of these exchanges either raised eyebrows, provided insight or consolidated some important aspect of learning how to conduct the social work relationship in the context of the environment.

A clinical psychologist spoke about the use of psychological tests to assess a client's social, cognitive, and behavioral functioning. He was quick to say these tests were simply another way to gather information, not "a magical X-ray." He told the students that "we read different tea leaves" in order to make our best assessment about how to help a client. Some tests are very useful to determine if a learning disability is present, and some tests, like IQ tests, are arguably biased. One student said her client from South Central Los Angeles not familiar with the word "bistro" on a vocabulary test. "Exactly," said the speaker.

When he gives the lengthy "Child Behavior Checklist" to teachers, parents, and children, the speaker tells the students he tries to "read what the teacher, parent or child filling it out is trying to say to him." The teacher may be intent on saying, "I don't want this kid in my class anymore." The parent may be trying to say, "It's not my fault." The child may be saying, "I'm confused, I'm angry, I'm guilty." The speaker pointed out they must be mindful of the intentions of those who use the measures provided. "Never go by just one test," he said, "and remember results are a snapshot of a child at a particular point in time - things do change." Finally, the speaker said some schools administer the least sensitive testing measures because they don't have the funds to pay for services.

During one class session, the course professor spoke about using puppets with clients. Each student chose a puppet from a large box. Once on hands, students began to interact with them immediately, if quietly. "Boys and men love the gorilla puppets," the professor told the students, "and men especially love them in couples therapy." She said kids will often pick the lion for the therapist - but not the biggest lion, because that disrupts the therapeutic process. Instead they pick the medium lion. The professor said that if students see a potentially villainous female puppet in a store, grab it: "There aren't enough wicked female puppets out there, and you will need them for play therapy." She recommends Ursula, the giant half-octopus, half-human sea witch from Disney's *The Little Mermaid.*

Using puppets "facilitates the expression of vulnerable states of emotion such as sadness, fear, aggression, and intimacy and affection." Puppet work can help create a symbolic "third space" of character interaction, the professor says. "Negotiating this third space is therapy," she notes. Using puppets also "creates a pull on us to be younger," she says, "so it can be a good way to explore and process what happened at an earlier age."

In another class session a doctoral student in social work discussed working with traumatized clients. She currently worked with victims of political torture. She told the class that psychological torture causes more problems than physical torture alone. The intent of psychological torture is to dehumanize a person, to destroy the coherence of their personality and their assumptive world. Torturers aim to overwhelm and disintegrate the ego, to destroy a person's relationship with their body and with other persons. "This is the opposite of what we try to do in therapy," she says.

The speaker tells a story of a severely tortured woman from West Africa who sought asylum in the United States. Upon arrival, the woman described herself as having spiritual (or "energy") problems and "being in mourning." She said she was "sad like a dry field." The doctoral student says she "still gets a funny feeling in her stomach" when she repeats that phrase "because I remember her face when she said it." The first thing to do for victims of trauma is establish a sense of safety, she told the class. At her non-profit agency they help victims reconnect to their bodies and emotions, and form dependable routines and attachments. Group work with other survivors is helpful, she says. It is also crucial they "integrate their torture experience into a life narrative" and bolster their systems of belief.

The students want to know how the speaker personally copes with working with victims of trauma. The doctoral student says she processes the material immediately with her mentor after an interview. "I get it out," she says. "We do have to protect ourselves from secondary trauma." Still, she explains her counter-transference with the woman she described previously:

> I wanted to make her feel better so I could feel better. I wanted to know people could go through horrific experiences and be okay. I needed that.

The students nod. It seemed many appreciated and shared these sentiments (and indeed, Lily makes similar comments in her final interview). A student asked what she has learned in her work. The speaker responded, "I have learned survivors are in pain, but not necessarily fragile." She tells the class she is wary of "wandering intellectually into the larger picture of why torture happens, why people are trained to do it, and how laws may be broken with impunity." She shakes her head. "If I go there," she says, "I fear I would feel completely helpless."

The professor reminds the students:

> Remember, like different fingerprints, each person will respond to trauma differently. It is idiosyncratic in many ways. You can say to a client, tell me what you need to, what makes sense to you for our work together. I don't have a great need to know everything unless that is helpful to you, but I do have a need to help you put it together.

A psychiatrist came to the class for a session to discuss social workers and psychiatrists working together on a team. He stated up front that he believed that the best course of treatment always included therapy, not simply medication. He maintained a private practice. When a student told him she was recently jarred when a client told her they had just been diagnosed with bipolar disorder after a brief consultation with a psychiatrist, he said:

> That rankles me. I can't imagine being able to make a bipolar diagnosis in fifteen minutes. Ask the psychiatrist, "What led you to this diagnosis?" Approach it like an ally. Say, "Let me know what you saw, so I can explain it to the client." Many psychiatrists may not invite you into the game, but you are on the team, so you can play. Your input as the therapist is invaluable.

One student asked if he believed that someday advanced medications would be the sole answer to depression and anxiety. The psychiatrist said no. "That puts patients in passive and dependent position," he said, "and doesn't highlight the client's ability to create change themselves." Therapy can do something different than medication, he said. It can put the client in charge of their own lives. "It's like your T-shirt," he smiled, indicating the class T-shirt two students wore that day: "Trust the process."

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I turn now to a few case presentations (names and some details have been changed to protect the confidentiality of the students and the clients). My aim in relating these presentations is to give the reader a visceral experience of the students' relationships with their clients. This

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was the experience in the classroom; the relationships did indeed "come alive" as the professor said they would. Pedagogically, this was very useful to the students. Whereas one's own use of self was sometimes hard to appreciate because it was impossible to get away from, other students' use of self appeared quite plain.

In short, what students experienced in witnessing the case presentations was not just a tale of a generic therapist and a detailed interpretation of a client, but an individuated, unique and vulnerable therapist with a particular history and approach and their attempt to help an equally complex person who comes to them in need. In the case presentations, students witnessed the ensuing relationship between the two persons, from establishing rapport to working on the client's problems to saying good-bye. From the social work perspective, the relationship was was the vehicle for the client's growth. The relationship was, as one professor noted in an earlier class, an intimate partnership that both parties knew would come to an end. Both the depth and limitation gave the relationship a particular tenor and possibility.   Each gave something to and took away something from the interaction. (This kind of bounded, intimate encounter between strangers is nothing new in fiction; it often serves to "change" characters as well as flesh out a cultural world.)

The following case presentations each feature a relationship that was meaningful to the student and the client; each wanted a change to occur in the client's life, and each emerged changed by the other. This change occurred because of and beyond the boundaries of the professional relationship. Throughout, it was apparent the student's conscious and unconscious use of themselves affected the interaction (and not always for good). The students' developing ability to recognize and manage their individual use of self to help the client was the focus of

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class discussion. First, I will review two cases presented by two men in the class, and second, I will review cases presented by Tess and Lily. Comments from other students that reveal their relationships with clients will also be included.

The first case was presented by Michael. Michael was a perceptive young man in his mid-twenties from the East Coast. I knew from his cultural autobiography that his relationship with his father was distant. He was close to his physician mother, and had no siblings. Michael's client Jim was an African-American man in his fifties diagnosed with severe depression and anxiety. Jim was also from the East Coast, and held a Master's degree in finance. Ten months prior to treatment, Jim lost his job of twenty years working for the federal government after a new boss downsized his department.

Michael saw Jim weekly for eight months in an out-patient psychiatric clinic through a physician referral. Michael says he presents this case because he thought he failed to engage Jim on a "deeper level." Jim came to his first session severely underweight, lacking income to buy food. Although Jim could not sleep, he spent a lot of time in bed consumed with resentment toward the boss who "let him go." Although Jim wanted a new job, all he talked about was his old job, Michael said. Jim rarely smiled and never laughed, and spoke seemingly endlessly in a monotone voice about seemingly trivial topics. Michael told the class he found Jim both "endearing and frustrating." In order to better understand and address his severe depression, Michael asked about his family background and lack of current social relationships, but Jim always dismissed the questions, saying it was "useless to dig up that stuff." Michael says Jim mentioned basketball one day, and he jumped on it. It turned out they were both avid fans. "We connected on that," he said, "and therapy progressed a bit." Michael found out that Jim never

knew his biological father, and his mother was schizophrenic. He had no siblings, and said he always preferred to be alone because "people were stressful." That's all Michael learned about Jim's childhood, he said.

Michael tells the class that one day he asked Jim if he ever thought about having children. Jim said, "I have a son, and I do not want to talk about it." Michael said, "I could tell he was getting emotionally flooded, so I stopped." Here Michael pauses, getting emotional himself. He sighs and takes a moment. It was clear to the class that Michael was not just feeling Jim's unexpressed emotion (as one view of empathy might suggest), nor simply feeling any counter-transference that he may have in relation to being estranged from his own father. Michael was also feeling his own personal compassion for Jim. In that moment it was plain that Michael had a relationship with Jim, that he cared about him. Jim did eventually secure another job.

"Jim always acted distant despite his continuous talk," Michael said, "but in our last session, he said he wanted to keep in touch with me, and my..." here Michael pauses again, and the professor says, "heart broke." Michael nodded:

> My heart broke and dropped to the floor. He said he wanted to know how I was doing in my development. And I shared *nothing* with him in six months.

The professor said immediately, with murmurs of agreement from the guest speaker:

> Yes you did. You shared all of it. Your hopes, frustrations, and dreams. It was all in the room. And you weren't schizophrenic like his mom. And you didn't reject him like his dad. You were solid as a rock.

Michael sighed. He thought Jim said he wanted to keep in touch in order to avoid saying good-bye. A student asked, "Did he say good-bye?" Michael paused. "Yes," he said. He told the class he stood in his office door as Jim walked down the hall, and before Jim disappeared

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around the corner he turned and waved. "I have to go to work," Jim said. The professor and the

guest speaker smiled. "That's a success," said the professor, "He came in wanting another job,

and he left saying he had to go to work."

Spencer presented another case. Spencer was an interview participant in this project, and

has been mentioned previously. He initially said he wanted to work with kids who were "ready

to go there," to do real psychodynamic work, and found himself impatient with quiet kids. It

gave him pause, however, to recall that when he was a child he only wanted to sit silently with a

therapist after his father died from a very prolonged illness. Spencer's client was a ten-year-old

boy preciously diagnosed with Oppositional Defiant Disorder and Expressive Language Disorder

(the professor says it sounded like his ability to express himself was that of a five-to-seven year

old). Spencer calls him Ethan.

Ethan's father left the family when Ethan was five. His mother was diagnosed with

Narcissistic Personality Disorder. She was often angry, and admitted she had difficulty

controlling her temper with Ethan. "She was very intimidating, not at all maternal, and spoke

like a machine gun," said Spencer. Ethan was referred to counseling after head-butting his

mother (this made the professor and students chuckle in a kind of gallows humor). Ethan's

mother did not like the fact that Spencer was an intern, and demanded that when their treatment

was over that Ethan see a licensed therapist. This made Spencer feel like a "lame duck," a

phrase that seemed to echo other instances when Spencer said he felt "doomed." He tells the

class that all he and Ethan did for months was play kickball in a grassy field on the agency

grounds, and Spencer would say to his field supervisor: "I'm going to school for this?" Frank

was almost certain he was not "getting anywhere" with Ethan, and still wonders if he accomplished enough with him.

Spencer said the boy's problems seemed to be around hearing "no" at home and at school, so he let him dominate their kickball games. Eventually Spencer surrendered himself to the activity, saying he decided to "shut off the talkative, inquisitive psychotherapist part of [his] brain and meet Ethan where he was." Spencer said he was able to then "join him in play" in earnest, supporting his kickball moves and engaging him with a few of his own. In their second-to-last session, when Spencer reminded him (as he had done for weeks) that treatment would be ending soon, Ethan ran inside to Spencer's office and gathered all the cushions off the couch and barricaded himself. He would not talk despite Spencer's repeated attempts to draw him out. In their final session, Ethan made the same barricade on the couch, but this time he invited Spencer into his shelter to play with toy action figures. Spencer said he was surprised by Ethan's behavior in the last two sessions, and realized the boy felt an attachment to him. Spencer gave Ethan a cartoon drawing of them kicking the ball back and forth in the afternoon sun as a good-bye card, and Ethan seemed to like it, pocketing it after staring at it for awhile.

One student said Spencer's affection for the boy was palpable. Spencer said, "He was a good kid. I hope his mother agrees to family therapy someday." Spencer admitted to being a pretty verbal guy himself, and he was surprised he and Ethan developed an attachment with so few words. The guest speaker that day, the doctoral student who worked with trauma victims, said it was quite something when "you realize how important the relationship is, when you see its value." Spencer responded:

> Yes. What makes or breaks the treatment is the relationship. I did recognize that. We get all these models, these theories and treatment techniques. Then we get

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reality. We get a client. And we scale back. We scale back our ideas about being a great and clever therapist. The real relationship is very valuable.

"Do you think you achieved something even though you felt like a lame duck in the beginning?" asked a student. "Yes," said Spencer. "I think I was able to be a positive male figure and a non-judgmental, emotionally secure base for seven months. At least this gave him a respite from all the chaos at home. That has to be something for a kid. His behavior also improved at school for whatever reason."

Tess presented the case of Fiona, an Irish-American college student battling depression and anxiety who spent most sessions with Tess telling her stories of romantic intrigue involving herself and her friends. (Tess discusses Fiona in our interviews.) Tess was disappointed with her work with Fiona; she feared their sessions were "shallow" and "unproductive." Tess seems bemused that upon termination, Fiona said she was very satisfied with their therapy and was sad the relationship was ending. Tess tells the class that she wants to look more closely at this relationship because she gave it "insufficient attention" in field supervision, due to having a "very heavy case load with some high-risk cases." Tess initially felt she and Fiona could "do very rich work together," and hoped presenting the case would help her understand why it turned out to be less than she had hoped.

One of the first things Tess noted about Fiona was that on paper, her problems seemed more severe than her presentation. Due to the detailed paperwork required on intake at Tess's field placement, Tess knew that Fiona not only struggled with cancer as an adolescent and depression and anxiety as a teenager, but that her mother was an admitted alcoholic but resigned herself to it rather than seeking help. When Fiona's cancer was discovered, her father told Fiona

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not to cry or express fear because she would cause her mother to "fall apart." Fiona was the oldest of three girls, and it was up to her to care for her two younger siblings, even when she underwent chemotherapy. Presently, Fiona complained of depression, anxiety, panic attacks, severe headaches and a variety of other somatic complaints.

However, Fiona's presentation was "cheery," said Tess. She always arrived fashionably dressed, hair and make-up perfect, armed with colorful stories of her dramatic social life. However, many of her stories ended with Fiona saying she did not feel truly close to any of her friends or dating partners. Tess started to feel discouraged in their sessions, and suggested they meet every other week. Tess felt that Fiona was not willing to engage in deeper work, preferring instead to create social drama as a distraction. Fiona admitted to this at one point, but continued in the same vein. Tess was confused about how to connect with her.

The professor notes, "With parentified kids, you bump up against their hollowness." Tess sighed: "That's how it felt, exactly." One student wanted to know what it felt like for Tess in terms of their age difference, which in reality was only a couple of years. Tess responded that she felt much older than Fiona, that the girl in front of her seemed like a child. Tess seemed visibly pained at this. "On one hand, I wanted to nurture," she said, "on the other, I wanted to confront. In the end, I did not confront."

The professor said gently that it seemed unusual for Tess to spread out sessions with a client, and wondered if Tess wanted to create distance with her. Tess responded that she felt "really guilty" about that. "But you remained engaged, you maintained the relationship," said the professor. She continued:

> This was a rich case, a good one to present and explore with your peers. The frustration and confusion is part of the richness.

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The ideal is that we get clients who are verbal and willing to bare their souls. They use the work in therapy to change their lives. Like you all would as clients.

But parentified kids can wear a mask, and may use you as a mirror for that mask. It can be hard to sit with that. You get tired. Parentified kids who also somaticize are especially difficult, because when you open that empathic connection, you feel the pain.

I looked at Tess. Satisfaction was dawning on her face. She smiled and gave the professor a nod; this made sense to her. The fact that Tess felt parentified herself contributed to the "richness" of the case as the professor put it, and explained the simultaneous discomfort, compassion, and almost intolerable impatience Tess felt in sitting with another parentified child. Looking around the room, and noting the "ah-hah" expressions on the other students' faces, it seemed Tess was not alone in finding it difficult to sit with parentified children. The time the professor spent on this discussion seemed to indicate she knew this as well.

Also, the professor noted in reference to Fiona's somatic complaints and her anxiety about her health: "Fear of death in our clients is often a fear of living."

The last case presentation I will relate was Lily's. Lily's client was a fourteen-year-old boy who had experienced multiple traumas as a child, including the murder of his biological father when he was three and rape by an older man when he was nine. She called him Marco. Marco's mother seemed "spacey," and there was reason to believe she was addicted to pain medication. She also had physically abusive boyfriend. Marco and his family came to the attention of Lily's agency when the Department of Child and Family Services (DCFS) referred them for counseling after a teacher reported suspicions of child abuse. Marco's mother came to only one session, however, and denied the allegations of abuse. However, she told Lily that Marco ruined her life when he was born. If it was not for Marco, she said, she would have been

a successful actress. Marco continued to make her life miserable, she said, by disrespecting her boyfriend and "creating drama" when there was none.

Marco cried during that entire session. This was the only time Lily saw him cry. Normally, Lily said, he was quite insightful and talkative about his experiences, and considered himself traumatized by his past, although he rarely showed any sadness or other expressions of loss. One day, Marco called Lily at her agency and said "in a panicky voice" that he had a terrible exchange with his mother's boyfriend the previous night. Lily had time to see him that afternoon, so they moved up his next appointment. Once there, Marco related what happened. His mother's boyfriend became angry when Marco brought home a paper with a "B" grade, and screamed that Marco was a weak and disgusting person just like his biological father. When Marco walked out of the house speechless, his mother yelled after him to come back and apologize to her boyfriend for walking away. Lily said she teared up and expressed her sorrow that Marco was having these experiences.

It was then that Marco disclosed to Lily that he believed that everyone had a spirit guide. He had read several books on the subject, and even consulted a psychic who agreed with him. Marco told Lily that he had never told anyone what he was about to tell her for fear they would think he was crazy, but he had a spiritual guide that helped him through these trying events. She was a chubby woman in her forties named Maria who was funny and relaxed. She spoke to him when he felt sad or angry, telling him he was strong and meant for better things. Marco said he felt Maria's presence only occasionally, but he could feel her presence during their sessions.

Lily told the class: "I put on my best 'I completely believe you and am open to listening' voice and face. I told him this was a new concept for me, but I was very interested in learning

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more about it - which I was," she laughed. Lily and Marco spent spent several sessions

"exploring his beliefs and what they meant to him." Because they seemed to bring him solace

and inspiration (and did not appear psychotic or delusional, a potential concern she raised with

her field supervisor), Lily viewed his beliefs and his relationship with Maria as a coping

mechanism and a strength.

In our interviews, Lily expressed how important her own spiritual exploration was to her.

She also reflected on her turn toward the spiritual as an adolescent as a coping mechanism in

part. In this, the relationship between Marco and Lily seemed particularly opportune for both.

Lily was able to see this behavior in a young man and reflect on it in a clinical context, and

Marco was able to explore his previously secret beliefs with a supportive person who was truly

interested in how his spiritual experiences functioned for him in the context of his challenging

home life.

Lily maintained a concern about Marco's emotional expression, however. As their

treatment drew to a close, Marco again appeared to distance himself from his feelings, and he

missed his last two sessions. Lily left messages on his voicemail hoping that he would come in,

but he did not respond. A student wondered if he could not bear another loss, and the professor

reminded Lily that teenagers often skip termination sessions. Lily says she hoped the

relationship they built would help him see the value of expressing his emotions with others in his

life, and to achieve "some sort of acceptance of his very painful family situation" as he moved

through adolescence.

My intent in relating these case presentations was to illustrate the students' final mantra,

"It's All About the Relationship." Students saw in this course that the real relationship matters,

even while the real relationship evokes different particular meanings for the therapist and client. Importantly, the real relationship involves the students' reflective and creative professional use of self as developed by the students and facilitated by the social work education. The reader may more fully appreciate this fact as it emerges in the case presentations of Lily and Tess, given the person-centered interview material presented.

Ultimately, individually, ideally and culturally, the underlying essence of the social work relationship is found in its intention, that a relative stranger may make a particularized professional effort to help another in need. How this cultural fact and educational process relates to Edward Sapir's assertion that "the true locus of culture is in the interactions of specific individuals and, on the subjective side, in the world of meanings which each one of these individuals may unconsciously abstract for himself from his participation in these interactions (Sapir 1932/1949: 515)" will be discussed further in the conclusion with respect to several interrelated dimensions of psychocultural theory in anthropology. These dimensions include changes in subjectivity, the creation and use of cultural models, the development of personality in cultural settings, and the question of will.

Micro Practice H: Advanced Practice with Diverse Populations

This was the second final practice class offered to Micro students specializing in mental health services. (As noted above, four of my interview participants took this course while eight of them took the above course.) This course built on the second quarter course *Cross-Cultural Awareness* and sought to deepen students' knowledge and skills related to practice strategies when working with diverse populations. This course was similar in effect to the above advanced

practice course in that it returned full circle to many basic concepts introduced in the first quarter

Micro practice course including self-awareness (which entailed the awareness of others),

genuineness, and starting where the client is at. However, by their final quarter in the program

students understood more fully the meaning of these concepts. This meaning was accrued

through the arduous process of the development of their individual professional use of self. In

short, students recognized by the end of the program that everything they would come to value as

effective in social work practice was told to them in their first practice class, but engaging in the

program's educational process for themselves was the only way to "connect the dots from the

inside out for themselves" as one professor noted, and create ownership of their individual

identity and preferred theories and methods of practice as a social worker.[34]

The course was co-taught by two professors. One was a clinician and researcher

specializing in at-risk juvenile populations with a Ph. D. from a prestigious school of social

work, and the other was a medical social worker with extensive experience managing and

training other medical social workers in a large university hospital. (Many Micro students

specializing in medical social work also took this course.) The team style of the professors was

easy-going and interactive, and much of the course involved thoughtful class discussions of

student case presentations.

This course differed from the course above in its emphasis on working effectively with

clients whose backgrounds differed from the social worker. The syllabus noted that working

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[34] Some students (including Tess) said this process should have been made more transparent from the beginning, rather than obscured or made enigmatic by the mantra "Trust the Process." In some ways this may be easier said than done, in part because the process differs in content for many students, as the interviews in this dissertation illustrate. That said, conveying the history and theoretical origins of this training process early in the program may be useful for students.

effectively with a rich diversity of clients is "one of the most challenging aspects of social work practice." The course perspective on working with diversity was also conveyed:

> Social work practice is almost always cross-cultural in the broadest sense as very few clients are of the same ethnicity, race, gender, class, sexual orientation, age, able-ness, or religion as their social worker. Social workers have an obligation to learn about the culture(s) of the clients they serve, and effective practice must reflect an understanding of the interconnectivity of culture and behavior.

> Yet simply acquiring information on different cultures and identities is inadequate preparation for cross-cultural practice; there are too many diverse cultures and lifestyles to provide meaningful content on all the various people that a social worker is likely to encounter.

> Hence, this advanced course will present several frameworks for critical thinking around multicultural practice within the lens of social work's values and ethics.

Among other things, students in this course were expected to continue to "deepen their understanding of their own social and cultural identities" and to recognize how their backgrounds and beliefs may serve as lenses through which they view their clients, possibly inhibiting a full appreciation of their clients' worlds and goals if left unexamined. Students were also expected to consider various theories of oppression (e.g., economic, racial, and gender) in order to better understand and empower clients who may suffer the effects of ideological, systemic, or institutionalized discrimination that could impinge on their self-worth and ability to achieve practical goals (i.e., the relatively normative goals valued in American society such as health, a good education, fair employment, the ability to house and raise a family in a safe setting).

In addition to articles and a textbook that presented theoretical frameworks for working with cultural minorities, oppressed groups, and vulnerable or at-risk populations, students were required to read the book *The Spirit Catches You and You Fall Down: A Hmong Child, Her*

American Doctors, and the Collision of Two Cultures by literary journalist Anne Fadiman

(1997). This was an account of one hospital's treatment of a young Hmong girl from Laos with

epilepsy. Readers familiar with this book may appreciate the crucial necessity of understanding

a client's (or patient's) cultural heritage and resources when attempting to intervene in their lives

(and bodies) in order to help them solve a particular problem. This example of the importance of

culturally sensitive practice was greatly valued by the students, and in the last class they urged

the professor to keep it on the syllabus for future cohorts.

The intent of this course was to guide students in a practice approach that allowed this

kind of deep and thoughtful cultural understanding of the client to bloom and inform their social

work intervention. In this course description, I will review class exchanges that illustrate

students' learning in this regard. I will also include three student case presentations that

highlight the clinical value of culturally sensitive practice with clients. Anna presented the case

of her client Philip in this class, but I do not include it here because the case is well-represented

in her final interview.

On the first day of class, students discussed re-reading the cultural autobiographies they

wrote for the *Cross-Cultural Awareness* course. "My self-awareness has increased," said one

student, "and I'm more relaxed with being uncomfortable with a client different from myself. I

know that means I am about to learn something." Another student admitted, "I was not

introspective. Now it would be different." One student said she now connects her "cultural

lens" to how she is feeling toward a client, and is able to step back and observe that process.

One professor nodded: "You are now having the experience that you are *you* in

interaction with the client. You may not have been so aware of that in the beginning." The other

professor asked students what it was to "deepen yourself through clinical practice." A student

responded that with the help of her field supervisor, she learned to initiate conversations with

clients about their racial and ethnic differences, and in those conversations she learned more

about herself and the assumptions she held.

One professor also pointed out:

> For many students, your knowledge of yourself increases as you become more
> aware of your privilege and statuses in relation to many of your clients. There is a
> discomfort there.

While it may be uncomfortable to recognize your privileges relative to some clients, she says, it

is important because they influence the dynamics of your relationship. "It's true that some

people start further back in our society than others in terms of what should be equal resources

like education," a student remarked, "and that's a hard fact."

One student admitted she used to suspect domestic violence when a male client identified

with a traditionally paternalistic culture. "Through practice, I learned that was my lens," she

said. Another student who worked at the VA in the PTSD (post-traumatic stress disorder) clinic

learned that "in the military culture, veterans often do not want to talk about their experiences

because somebody else may have had it worse. It was not enough to use the DSM perspective. I

had to consider the military culture perspective." Another student said she had an eighty-four

year-old client who spoke to her deceased daughter. Her field supervisor took this in stride,

asking the client where her daughter was now. "I was taught you are not supposed to talk about

the afterlife," the student said, "so this made me realize I needed to explore what I think about

that when working with death and the dying."

One of the two professors observed these were all examples of clients pushing the students to explore their beliefs, which increases the students' self-awareness and may even lead to changes in their views. "It's a hermeneutic circle," the professor said, referring to Heidegger's description of interpretation of others' meanings (Heidegger, 2001) and Gadamer's subsequent elaboration of the notion (Gadamer 1975). (This notion was also reviewed in Anderson & Goolishian 1992 mentioned below.) This kind of learning exchange with clients never ends, she tells the students. Through their engagements with clients, their increases in self-awareness and their subsequent development of meanings and orientations "is always on-going," said the professor.

Being unreflective in social work practice means "going about our business without an awareness of our perspectives," the other professor explained, "as if we have no filtering lenses, as if we are objective, as if we can bracket our biases away. This is naive," she added. One student laughed that comedian Stephen Colbert insists he is racially colorblind as satire; the joke is that it is impossible to be racially colorblind. The professors advise students to continually take a "How am I seeing?" approach in practice. They make the point that recent literature on cultural competence suggests that a practitioner needs to simply become aware of the culture of "others" without emphasizing the importance of examining their own cultural background (or "cultural lens" as the program participants tend to say) and how it affects their perceptions and hence their interactions with clients. (See Yan & Wong 2005: "Rethinking Self-Awareness in Cultural Competence: Toward a Dialogic Self in Cross-Cultural Social Work" for a fuller discussion of this issue.)

Another student, a young Asian woman, says she learned having a similar ethnic background with a client is not necessarily helpful. She had an older Asian client who complained her youth and appearance "reminded her of the five years she lost in the sexual slave trade." (I looked around the room, and noted that students seemed unfazed by this example; this would have generated more distress and discussion among the students in the first year.) Another student added that when she has clients of the same race, sometimes wrong assumptions were made. "Right," said the professor, "you may create less explicit opportunity for the client to explain their cultural background because you do less ethnographic interviewing."

In a discussion of what "cultural barriers" may exist for persons in terms of accessing mental health services, one professor says differences in cultural interpretation and expression of symptoms may lead to difficulties in symptom recognition. "Wait," says a student (perhaps the most existentially-oriented interview participant in this project), "are we going under the assumption here that the DSM disorders are *real* and they are expressed in different ways?" The class laughed knowingly, appreciating his perspective. The professor said, "Right. I tend to think of all of it as social constructionism, but we need something to work with nonetheless." The student responds, "Especially when working in the mental health field. The DSM categories now construct so much."

An Asian-American student says in her experience, upper-class Asian-Americans "think only white and black people use mental health services - they themselves go to the best medical doctors." One professor relates a former case involving a woman diagnosed with postpartum depression by her physician. She had several other young children, one of them disabled, in addition to the newborn. She did all the childcare, housework and cooking for the family, and

took the disabled child to all of her healthcare appointments. "This was the cultural

expectation," noted the professor. "Her physicians had trouble with this, and I myself had to

check my judgements at the door."

The other professor observed:

> Culture informs everything we do. It is not a surface phenomenon. It is deep. It
> is important to understand where are clients are coming from, and it is important
> to understand where we are coming from, because we have our own frames that
> we might not even see...the word bias has a negative valence, but we are all
> biased.

In a later class, this professor discussed an assigned article, "The Client Is the Expert: A

Not-Knowing Approach to Therapy" (Anderson & Goolishian 1992). He said, "Viewing the

client as expert is the norm for social workers." Perhaps interestingly for psychological

anthropologists, the professors called this taking an ethnographic approach. The article describes

the therapists's effort to understand and ultimately help the client:

> In therapy, interpretation, the struggle to understand, is a dialogue between client
> and therapist. It is not the result of predetermined theoretical narratives essential
> to the therapist's world of meaning. In attempting to understand the client the
> assumption must be made that the client has something to say, and that this
> something makes narrative sense, asserts its own truth, within the context of the
> client's developing story....A therapeutic conversation is no more than a slowly
> evolving and detailed, concrete, individual life story stimulated by the therapists's
> position of not-knowing and the therapist's curiosity to learn. It is this curiosity
> and not-knowing that opens conversational space and thus increases the potential
> for the narrative development of new agency and personal freedom [Anderson &
> Goolishian 1992: 38][35]

An example of how *not* to approach work with a client whose background is different

from the therapist's was illustrated through a video shown to the class in which an American

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[35] Following the client's construction of meaning in therapy with the belief that the client has it within themselves to solve their own problems was an idea first championed by Otto Rank in *Will Therapy* (1936).

Caucasian psychologist interviewed a Korean-American couple. The video was an instructional tool in the now common "cultural competence" approach; however, the social work students were bemused by the scenario that unfolded.

In his first meeting with the couple, the psychologist begins by saying: "I am aware there are cultural differences between us and I respect those differences." He then consults a clipboard and says, "I know some things about Asian cultures, but I wanted to clarify how you think the Korean culture may influence you. The research suggests there are six things, and I wanted to check these things out with you." He mentions shame, emotional self-control, deference to authority, filial piety, humility, and collectivism. The psychologist then waits expectantly for their response. A few of the students laughed. It was clear the psychologist felt he was doing his best not to assume anything by asking the couple to respond to the research; however, the couple seemed at a loss as to how to answer to his question. The husband finally said something about respecting emotional self-control, but the reaction of the couple seemed to indicate (to the students if not the makers of the video) that whatever gulf may have to be crossed in order to connect with the psychologist, it had only widened in the previous few minutes.

In the following discussion, students said that even if a familiarity with these concepts proved useful, they would never "lead with this." One student said a better question to gather information about any cultural influences that may affect the working relationship would be to ask what it was like for them to come to therapy from their cultural background as Seely (2004) suggests. (Again perhaps interesting for psychological anthropologists, this approach was referred to by Seely as "ethnographic inquiry.") But even that question, students said, they would leave until a later session. "There are better ways to connect," many said. Anna nodded:

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"I would rely on the tool of creating a relationship before I would ask about their cultural background." Another student asked, "And who says any of those things mentioned by the psychologist are relevant to the problem the client wants help with?" Lastly, one student noted that the psychologist primarily spoke to the man: "That may or may not be a research-based bias about Korean culture," she said, "but the woman in the video seemed annoyed by that."

In the last class the students worked together to sum up a social work approach to working with diverse populations. They wrote principles on the board at the front of the class. The first principle, predictably, was "Start Where the Client Is At." The second was "The client is the expert." They also discussed various ways of better understanding the client's historical and social context, their worldview, and their view of the problem for which they came for help. Make no assumptions, said the students: take advantage of research findings but be skeptical. Ask the client. Be open-minded. Practice with self-awareness, know your evolving cultural lens and watch your frames and assumptions. Also, advocate for clients within larger systems whenever possible.

The professor who was a medical social worker told the students he teaches medical students in a "doctoring" class, and advises them to ask their patients why they think they are ill. "There may be conflicts in treatment until the patient gets out their own view," he says. One student points out: "In *Spirit Catches,* a doctor calls the social worker a pain in the ass." Another student says, "That's a compliment. That means she's doing her job."

The professor who specialized in working with diverse juvenile populations said that at the moment, there is little research on evidence-based treatments (EBT's) and ethnic minorities in particular; the research on EBT's has been done primarily with Caucasian or European

populations. "So we try to work from an insider or emic perspective and go from there," she said, "We start where the client is at." A student added, "People often identify with more than one culture or ethnicity, anyway. You have to work with each client individually."

The professors ask how students think social work might differ from other mental health professions in working with diverse populations. The students say the biggest difference is linking the Micro and Macro perspectives, and having an overall framework of social justice. "Helping a client overcome structural barriers can build self-esteem and effect real progress," said one student. Another says:

> Helping a client navigate systems can be very empowering. The client can internalize that you care about them and therefore the system can care about them. That can be very therapeutic.

As they wrap up the class, the professors say they were impressed with the students. One who had recently joined the faculty said graduates of this program had an excellent reputation and the highest rates of passing the clinical social work licensing exam than any other school in California.

The professors asked the students about their experience not only in this course but in the program over the last two years. Most students said the second year was better: classes were more specific, and they went deeper into their own professional use of self, particularly through field supervision. One student who a sociology major as an undergraduate said:

> There should be more primary reading like G. H. Mead, C. Wright Mills and others of the Chicago symbolic-interactionist school. Some of their stuff is readable, and it will give a broader sense of the social work framework. The psychodynamic stuff is psychology, whereas this course is more like sociology or micro-sociology. As social workers we want that perspective. We will always use it.

The professors wanted to know if they found themselves thinking critically about this kind of theory in their first year. Some students laughed and shook their heads. "No," they said, "last year we were just trying to survive." Another student said, "I hate to belabor the phrase, but it *is* a process, and it does come together in the end." (She was referring, of course, to the program mantra "Trust the Process.")

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I turn now to three case presentations that highlight the importance of culturally-sensitive practice and students' developing professional use of self with diverse populations. I start with the student just mentioned above, the undergraduate sociology major. He was also an interview participant in this project, and I will include some material from our last interview. I call the student Nicholas (as above, student and client names and some client circumstances have been changed to protect their confidentiality).

Nicholas worked at a transitional housing program for foster youth. The program offered affordable housing and vocational and counseling support for youth who were exiting the foster care system, a population whose risk for homelessness was high. His client was Josh, a 20-year - old African American male. Nicholas said he was placed in foster care at two years old as a result of "neglect," which Josh said meant poverty. He never knew his father. His mother suffered from a chronic physical illness and died when he was five, and his older brother then went into the foster care system too. Josh lived in ten different foster care placements in eighteen years. When he was eleven, Josh met his brother in a parking lot, a meeting arranged between a social worker and their two foster care families. After weeks of happy anticipation, Josh was devastated when his older brother rejected him, saying Josh was luckier in his foster

<p style="text-align:center">438</p>

placement than he was. Josh was diagnosed with bipolar disorder and borderline personality disorder when he was fifteen.

Josh saw himself as a victim of the foster care system, said Nicholas. He was very intelligent, and frequently did panel presentations on his experience in the system. Josh felt the foster care system was a white institution of power, and had a great deal of anger about being subjected to this public institution. Josh told Nicholas when they first met in the transitional housing campus game room that "social workers just followed a textbook approach and didn't really care about their clients." While Josh said he was embarking "on a crusade to right the injustice" intrinsic to the foster care system, he was fearful of life on his own. Josh did not feel the white majority culture welcomed his presence. (Indeed, the night before this presentation a student told me about a recent ABC 20/20 study that showed employers were significantly more likely to ignore resumes with black-sounding names than white-sounding names, even when the resumes were identical.)

Nicholas said he took an unorthodox approach with Josh. He used colorful language and critiqued the system along with him. He used his training in symbolic interactionism to understand how economics, politics, and social and historical structures of unequal power (such as slavery) played into Josh's internalization of a kind of worthlessness in the eyes of "white majority culture" (or in G. H. Mead's terms, "the generalized other" that created the "looking-glass self" per Charles H. Cooley) that Josh fought everyday.

In our last interview, Nicholas explained his therapeutic approach in the context of symbolic interactionism in more detail. The symbolic-interactionist approach was too briefly described in the textbook, he said, only indicating that G. H. Mead believed the self was a social

self, or a product of social interaction. You cannot stop there, said Nicholas. "It goes a lot

deeper than that," he says:

> The view of the generalized other is not simply internalized and that's it. Instead,
> the view gets into the mix of a person's experience. The big thing the textbook
> missed is that there can be an interpretive response.
>
> The crux of it is that an interaction can occur that does not render a person a
> programmed automaton of society, but rather that social change that starts from
> the level of the individual only happens because there can be an interpretive
> response to the views of the generalized other.
>
> In this, I think that sociology flirts with something bigger than ourselves. I think
> it flirts with something a little bit more cosmic, but that's just my personal
> opinion.

Nicholas believes that persons have the power to reflect upon and change society, and in

this, humans as a species can create our own cultural realities. Students wanted to know how

Nicholas addressed Josh's anger at the system. "I offered some other possibilities," he said, "but

the truth was I agreed with him on many points." Nicholas said he saw Josh's anger as "an

adaptive defense rather than pathology," but also felt there was a danger in this. Practically,

Nicholas said, Josh's intense anger could hold him back. Josh wants connection like we all do,

said Nicholas, and as much as Josh is on a crusade to change society, he wants a peaceful

belonging too. He fears that Josh's anger, however justified, along with his inter-personal

instability, however understandable, could make that an uphill battle. "But there's hope,"

Nicholas smiled. "At the termination party, Josh said he now believed social workers were not

just instruments of the state, but they can really care, too." Nicholas hopes that Josh can

someday interpret and respond to his experience in a way that will serve his individual

development and connection to others.

Another case was presented by Maria. Her client was Alice and her parents. Alice was a thirteen-year-old Caucasian female with leukemia who had been in a children's hospital for months. She lived in a sterile bubble, waiting for a bone marrow transplant. She had an older brother, a nineteen-year-old in the Army stationed in Iraq. Maria described the family as Christian and very active in their church. She told the class that "the family coping mechanism was denial and minimization," saying this was all "God's plan." Alice seemed to think everything was going to be fine, but "this was not the case," said Maria. The doctors said she was dying. Maria decided her work with this family should be to help them adjust to the situation of having two children in life-threatening situations, and help the parents and Alice express their feelings. However, the family kept her at a polite distance. Maria said the nurses had a better rapport with them, but did not ask them the tough questions about their feelings.

There was a moment of surprised silence after Maria's presentation. The professor who was a medical social worker wondered if Maria considered that perhaps the family was actually adjusting well. "Their religion seems to be their strength," he said. Maria looked shocked. "But how could this be God's plan?" she asked. "That didn't sit well with me. They can't really feel that way." The professor responded, "Why not?" Maria looked utterly confused. "I thought they had to process their feelings, not deny them."

The other professor pointed out this was a great example of needing to start where the client is at and join them in supporting what is working for them. "Their faith may not be minimizing their feelings but giving them a larger frame of meaning to put them in that gives them strength and the ability to cope," she said. The other students murmured agreement.

Maria suddenly blushed. "Oh, this is counter-transference," she said. She touched her warm cheeks self-consciously. "I thought their religion was a crutch. I thought they weren't coping well. My family would have reacted the same way I did," she said. Maria seemed embarrassed but grateful. "I'm going to approach them differently tomorrow," she said. "Now I know why they did not want to talk to me. I have to think about what I wanted from them and why."

Maria came up to me after class. "You'd think I would have gotten that by now, right?" she asked. "I just wanted to tell you I am amazed to be blindsided by my own assumptions, even now, but that's what this whole education has been like." Other students gathered around her to offer support. "We've all been there," one said, "but when you realize how you are missing the client then you can change course."

Another student, Lin, presented a case of a woman with a complicated history of heart problems. Lin called her Grace. She was diagnosed with depression after the very premature birth of her second child, now in the neonatal intensive care unit. Her first child was also born very premature, and had severe health problems. Her obstetrician seemed to be upset with the woman, who had also had four miscarriages. He had advised Grace not to get pregnant because she was risking her life; she could not take her heart medication while pregnant.

Lin visited her daily, and learned that Grace was Mormon. She and her husband each had six siblings. Her dream was to have a large family, and she felt was failing as a Mormon woman to produce a family and spread her faith; she also knew that her doctor and other hospital staff did not understand her willingness to risk her life for this. "Honestly, I did not understand it either," said the student, "but I had to put my views aside and try." A student asked if she had

considered adoption. Lin said that hospital staff regularly "dropped hints" about adoption, and finally one day Grace told Lin she believed instilling spiritual values began in the womb.

When Grace's heart gave out for the fourth time during her stay, the doctors asked her to consider a tubal ligation, believing another attempt at pregnancy would be fatal. Grace refused. Having grown fond of her, Lin said it was difficult to keep Grace's right to self-determination at the forefront of her mind, but she sat with her in support as Grace prayed and reviewed her decision. "I realized her focus was on the future," Lin said. "She was thinking not just about her children in the present, but the children she felt she was supposed to have in the future. She felt selfish. She was apologizing to them." When Grace finally decided with her husband to have the procedure, Lin was greatly relieved. "That was a close one," she told the class, "but I learned a lot about how people make sense of their lives." Lin said that after Grace was discharged from the hospital, she referred her to group therapy for postpartum depression, because Grace said she "wanted to hear other women's perspectives."

My intent in relating these case presentations was not only to highlight the therapeutic value of culturally sensitive social work practice, but to illustrate how students learned this lesson through reflective work with clients and through interactions with peers and professors that encouraged both self-reflection and cultural reflection. In this way, students developed an on-going practice of the conscious professional examination of their own cultural beliefs as they effected their relationships with clients.

This course also pointed out the sophisticated perspective achieved in the education and field training of social work students: namely that students must learn to skillfully manage a dynamic and ever-changing multiplicity of cultural models that inhere in their relationships with

clients. Social work students do not merely adopt one or two lenses to understand or interpret

clients as Luhrmann (2000) suggests occurs in the training of psychiatric residents. In

Luhrmann's ethnography, as I have described previously, she traces how psychiatric residents

learn to understand mental illness through an intrapsychic psychodynamic model (in the tradition

of psychoanalysis) and the biomedical disease model. Both of these models position the

psychiatrist as the expert on the patient's psyche in Luhrmann's ethnography, yet neither

accounts for nor addresses the sociopolitical forces that practically influence mental health.

In my research, I observed that social work students learn they already have multiple

lenses coming into social work practice, and many more are possible. They learn the disease

model and the psychodynamic model of mental illness are models *as such:* as useful as they may

be, they are situated historically, culturally, socially, and even economically. Social work

students learn to take the position that beyond models of the psyche, beyond models of pathology

and disease and even wellness (again, no matter how useful they may be to particular persons or

groups of people therapeutically), the client is the ultimate expert on their own lives, and the

social worker's job is to facilitate the client's growth, development, and change in relation to the

client's goals in their environment.

Thus, social work students learn to work in a sea of models: their own, their clients', and

the many powerful and potentially destructive or useful models in play in the environment that

affect them and their clients. Within ethical social work practice, a model in itself, students

ideally learn to use the models that lead them to effective social work practice, to appreciate and

support the models that work for their clients, and to advocate for changes in models for the

benefit of their clients. The creation and use of cultural models (including the students' use of

the program's pedagogical models as they developed their professional use of self) and the

related contributions to psychocultural theory in anthropology will be discussed in the

conclusion.

SIXTH QUARTER INTERVIEWS: *Anna, Tess, and Lily*

Sixth Quarter Interview: Anna

Anna has that Cheshire cat smile again. I ask her to repeat what she just told me into the microphone. "I just picked up my cap and gown," she laughs, "I'm so excited." Graduation is in two weeks. Anna has already applied for three jobs at the VA: one in the outpatient clinic, one at a residential facility for female veterans with chronic and severe mental illness, and one doing outreach in the homeless population to find veterans with mental illness in need of healthcare and/or transitional housing. The latter is her first choice. Anna also wants to accrue two more years of supervised practice at the VA so she can sit for the state exam and obtain her license as a clinical social worker. She thinks she could be happy at the VA for many years; she even entertains the idea of being an instructor in the Graduate Collective. "I think that would be a fun option," she says.

Anna says working at the VA "affected her lens" in terms of working with veterans. She chose her second-year field placement at the VA because she heard the training was exceptional. Working with the veteran population was not something she would have anticipated coming into the program, but she finds it interesting and compelling. In addition, she says, with this population, "How can you not instantly have compassion? It's just already there." She remarks the employee benefits available at the VA are an added bonus.

The termination of her relationship with her field supervisor Sam was "good but emotional," she sighs. She gained a lot from the relationship and she will miss it. If she works at the VA their relationship will shift professionally. They will have "different boundaries," she says. She and Sam are still working together to install the photography exhibition of the

veterans' self-portraits, and last week Sam mentioned that an architect specializing in building

design for persons diagnosed with mental illness was going to renovate the facility. Sam asked if

Anna would consult with the architect because she knows the veterans at the facility so well.

"So I know he truly respects my opinion," Anna smiles.

I ask Anna how termination with her clients went. She says it was tough; the anticipation

was intense, and the actual good-bye's were poignant. However, Anna says it was good to mark

the relationships and have closure; it was good to review the work the clients had done and tell

each one how much she appreciated their relationship. Anna says the hardest part for her was

worrying that the men would not have a social work intern over the summer. She hoped one of

her clients would continue to take walks on the VA grounds, and another would find someone to

listen to him despite his almost constant delusions.

Anna says she has a funny story. I had visited Anna at her field placement a few weeks

earlier, and she reminded me of a client I met (I will call him Charles). Charles was in his fifties,

a Vietnam War veteran diagnosed with schizophrenia. He was jovial and talkative. Anna had

been working with him all year. She reminded me that:

> ...one of the things he was always talking about was finding a power place, how
> he wanted to find a place where he could sit and feel the energy. He was always
> talking about leaving and buying property that was a power place, and having a
> donkey named Tractor.

"Right, I love that name," I chuckle. Anna says in their sessions she decided to "go with

it." She said to Charles, "Okay, let's envision it. What does it look like? How would you get

there? What would you do?" Anna starts to laugh:

> The next thing I knew, he had a plane ticket and he was going to South Carolina.
> I almost lost my mind. I felt responsible in a bad way. I thought, "Oh my God,

he's going to South Carolina, does he know where he is going? Does he know what he is going to do?

I called my supervisor and left him a message. I said, "I just want to bounce some ideas off of you because I am a little concerned about this." And it was so funny, because he did not call me back.

Anna saw Sam a few days later in the hall and he said, "Oh yeah, I got your message. Sounds like treatment's working!" Anna said she thought, "Oh. Okay." She grins, "I was frantic...[but] I finally calmed down. I put it in perspective...Charles had been to Vietnam. He had been to the jungles. And here I was worried about him going to South Carolina."

Charles came back two weeks later. He showed Anna pictures of a beautiful piece of property he bought in South Carolina: his power place. Anna says she was "totally shocked," and said, "Congratulations, how did you do this?" Charles shrugged and said he met with a relator who showed him several pieces of land, and he made his choice. "Good thing I had an extra forty grand lying around," he told Anna. He added, "It was an impulse buy. That's what I run on, you know - impulse. And I'm going back."

"Wow," I say. "So that was our termination," Anna nods:

> I conveyed that I was proud of him that he had made this decision, that he was going to go, that he had taken action. He had already talked to the medication manager, he was shipping his stuff, he had paid all his bills. Everything was covered. He conveyed to me that he appreciated the time that we worked together, and he got teary-eyed, and we gave each other a big hug.

I ask Anna about termination with her other clients. She goes through all of them in a heartfelt manner, but I include only two more here. The first is with Mr. Williams (a pseudonym), her twice-a-week walking partner. Anna began to bring up the ending of their relationship several weeks earlier, but he did not want to talk about it: "His affect would change.

He would hunch over, he would close down, he would start walking more slowly." Anna "had to be really careful with him," she says. On their final walk Anna "took the liberty of starting the conversation." She encouraged Mr. Williams to continue walking without her, and told him how much she appreciated their relationship and their morning walks. Mr. Williams listened, and said he would not feel anything until after she was gone. Anna asked, "And do you think you'll be okay with it?" He said yes. Anna said she then "showered him with positive stuff just to remind him of how we started and where we got to." She recapitulated their relationship as they walked:

> The first time I met him, he was always in his room and sleeping. I'd go to his room and wait for him to get ready. Then eventually as time passed, I'd come to the door and he would be ready. And then as [more] time passed, I'd come to the door, and not only would he be dressed, but he'd have his hair combed. Then as [even more] time passed, he would actually meet me at my office. And then he started coming ten minutes early.
>
> [I wanted to] show him how he changed, and the motivation in his life, and the capability he has to do that - and that obviously something shifted in him.

Mr. Williams "was not a man of many words," Anna laughs, but he told Anna he really enjoyed their time together. "So that's how that one went," she says.

Anna moves on to Mr. Burton. She was nervous about this termination because he was very delusional and she was unsure how he would conceptualize their ending. During their last session, he chatted and chatted, Anna says. Finally she said, "Hey Mr. Burton, can I get your attention for a minute?" He said, "Yeah sure."

Anna acknowledged that he often complained that people did not give him enough credit for his sanity, and she wanted him to know that she felt fortunate to have spent enough time with him to hear the moments when he was clear. "I do think you deserve more credit," she said. Mr. Burton said, "You're just trying to help me out." Then he continued right into another delusion,

Anna laughs, "but I do feel like we terminated." As he left, Anna asked if she could give him a hug. Mr. Burton was taken aback but pleased: "Not many people touched him," she said, "and [it was great] to see the smile on his face, like, 'Woah, what just happened here?'" Anna was also pleased because she says, "Who knows? He could have just spun off angry."

At the end of our interview last quarter, Anna promised to explain how she made a connection with clients. Returning to this topic, she tells me about an insight she had into this process while writing her final paper for the *Cognitive-Behavioral Therapy* course. As she reviewed her daily diary of "automatic thoughts" that she kept throughout the quarter, she puzzled over her difficulty with accepting praise. This had been a part of Anna's experience for as long as she could remember. Anna experienced anxiety when others praised her or complimented her, and she froze when it came time to speak of her accomplishments or skills such as in a job interview. "So it kind of bites me in the ass," Anna says, and she was "trying to figure out where that came from."

Anna takes a deep breath and tells me "what it basically came down to." In her childhood, she developed a particular kind of relationship with her much older brother and sister who had a different biological father. They had a "completely different upbringing" Anna says. Their biological father was an angry man; he was physically violent with them and addicted to hard drugs and alcohol. When Anna's mother left that man and married her father, things changed for the better, but her siblings would not let Anna forget her relative good fortune:

> I came along nine years later into a completely different environment. I was always looked at as spoiled, that I got so much more than my brother and my sister. For me, that was very detrimental, because all I wanted was to be with my brother and my sister and to be a part of their lives.

So in interacting with them, anytime I got something nice from my parents like a present, I did not want it: "No, no, no, especially don't give it to me in front of my brother and sister, because then I just look like this spoiled brat who is getting more and more and more."

Because that was definitely something my brother verbalized to me: "You're spoiled. You have a different life. You don't get spanked. No one hits you. You get everything." And that made me feel pretty shitty. It was a very guilty feeling.

Anna "became accustomed to not accepting extra stuff," she says, because it "just pushed [her] further apart" from her siblings. At this time she also adopted the phrase "level the playing field." This was something she told herself whenever she interacted with her older siblings. Anna asks me if "that makes sense," making a face. I nod.

This way of being helped Anna connect with her siblings, but later it turned out to be "a maladaptive coping skill," she observes. As a child, Anna wanted to "put aside" all of her advantages in order to have a relationship with her siblings. "But then at some point I realized I could not talk positively about myself." Even when she had successes as an adult "it was very hard for [her] to verbalize" them.

But when writing her *CBT* paper, Anna began to look at this differently. She realized that her practice of "leveling the playing field" may not always be such a maladaptive coping skill. She started to think about her relationships at the VA and "how it has possibly worked" to help her connect more quickly with her clients:

Because I was working so hard to establish this relationship with my brother and sister, I learned how to connect and put other things aside. So it is a skill that I have been learning my whole life [as a child with my siblings and as an adult with my clients].

I actually went to my field supervisor and I said, "Here's this thing that I'm doing." I said, "I don't want to just look at it as maladaptive; it has been a

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positive thing for me, [and] I think one of the places that it has been positive is that it definitely helps me to connect with clients, because I know how to do that.

I am curious how Anna understands "putting other things aside" in relation to her clients at the VA. Anna again says she means her advantages, although she hesitates to name them. I ask if that would include her professional status, her mental health, her youth, her stable living situation. "Right, all that," Anna nods. Anna works to mitigate any alienation that may arise as a result of the differences between herself and her clients. She thinks aloud:

> I don't know if it is putting it aside, but somehow it doesn't play out, it doesn't create a power dynamic. I don't think they get that strong differential between social worker and client with me. Because there's some sort of value shift that I do. I do value everything that I have, as far as my own mental health and all that, but that doesn't mean that I don't value your stuff. I wanna connect with you.[36]

I remark to Anna that it seems many of her clients made progress. As her field supervisor said, it seemed like her "treatment was working." I didn't want to put her on the spot, but I wondered what she attributed that to. First Anna says she really sees it as her clients' success, not hers. Then she laughs, noting that again she is uncomfortable with praise. She chooses her words carefully as she reflects on her general therapeutic approach and growth over the year:

> Basically what I did was to provide a safe place for these guys, and as long as that was consistent, then they had space to move. They had space to change or to think about things differently.
>
> I grew as a clinician over the time that I was there. In the beginning there were definitely times where I wondered: "Am I going in the right direction? Am I doing the right thing? Is this working?" That was always the question.
>
> In retrospect, part of what I learned is that I did provide a safe place, and that is what kept them coming back. I was that secure base for them, and that was the most important part.

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[36] In contrast, another student told me he believed the power differential could be used therapeutically.

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Anna believes it was the experience of having a consistent, non-judgmental relationship that allowed her clients to explore new behaviors. She says again that she always wanted to be authentic and not lean on a "power dynamic." That's hard, she admits, because it is built into the therapeutic relationship: "They are conveying things to you that are very personal, and you are not. You don't have to say anything about yourself." So in order to "respect that [difference]," Anna says, "the only thing I can do is be authentic."

I remind Anna of a moment she described with one of her clients whom I met while visiting her at the VA. He was a man in his fifties who had been at the VA for a few months recovering from a car accident and multiple surgeries (I will call him Philip). Philip was in a wheelchair and learning to walk again through physical therapy. He was extremely depressed and angry; he felt trapped in his wheelchair and in Los Angeles, and he was desperate to get home to northern California. At first Philip was so depressed that he refused to go to his physical therapy appointments. Anna said she would drive him to his appointments. One rainy day when she was struggling to get his wheelchair into her car trunk, she finally yelled, "This damn chair!" Philip burst out laughing and yelled from the front seat: "Tell me about it! Now you know how I feel!" Anna says, "He thought that was the funniest thing in the world." Anna adds that Philip "needed that companionship and camaraderie." Others at the facility just thought he was an angry jerk, she tells me. I remark to Anna that this story gave me a vivid picture of how she connected with her clients.

Anna has just mentioned being a "secure base" for clients, a concept drawn from attachment theory, so I ask if she uses any other therapeutic frameworks to structure her relationships with clients. She affirms that she uses attachment theory, and that she is also a

"huge believer" in case management. She references Abraham Maslow's (1943) hierarchy of needs, and says, "You are not going to get a dialogue going until basic needs are fulfilled." Meeting basic needs is an important part of the therapeutic process, Anna observes. Anna also utilizes the Person-In-Environment or systems perspective in client assessment. Especially at the VA, she notes, multiple systems interact to affect the client's experience, including the different frames of the medical and counseling professions. Anna says she also takes a strengths-based approach with her clients. She believes in their inherent resiliency. "Not every client is aware of their resiliency," she remarks, "but that is something I hold onto because it drives me to focus on the positive."

I ask Anna how her experience with her father's illness might play into her work as a social worker now. She responds definitively: "In two ways." The first is advocacy:

> When you care about someone so much, the way you love your parents, and you see what they go through - you basically go through some of that, too.
>
> To see the discrimination that they've faced, like when your Dad doesn't function the way he used to and people start treating him like he's dumb. You send him off to a medical appointment and he comes back and he says, "I don't know what happened. They didn't answer [my] questions."
>
> I know that all of my clients experience that. They experience that level of discrimination when they go into places and people push them aside, or when they start having delusions or they get really cranky. Then people just don't want to deal with them anymore.
>
> For me, that's not okay. The experience that I had with my father [gave me] a firsthand account of...navigating the system.

Anna says it is empowering to help her clients navigate the system now. The second way her father's illness impacts her professional work, she continues, is in never forgetting the feeling

of going through such a terrible time as a teenager when her father's illness first emerged and was most acute. So in addition to advocacy, Anna says:

> The other thing about social work and doing therapy is knowing yourself. The experience that my father gave me...that was a very low point in my life, having to deal with that. But the thing is, I don't ever want to forget that time, because it connected me to something, a despair, a desperation that a lot of people go through.
>
> If you put that aside, if you forget that you were there, if you forget the feelings that you had, well, when your client comes to you with things like that, then you are going to be twice removed. You're not going to connect on the same level.
>
> It might be a totally different experience that they had. But if you know that you got that low at one point, you can start to imagine where your client might be.

Anna had mentioned in a previous interview that her *Micro C* professor discussed the notion of the wounded healer. Anna said the professor noted that often social workers have experienced wounds in their lives, and "what they do with that, in turn, is how they are able to give back." The students appreciated a story of a wounded healer told by the professor, Anna says, adding, "they got it." I tell Anna I have been thinking about what this notion of a therapist might actually mean in practice. In terms of staying in touch with difficult past experiences, I wondered if social workers (and/or other therapists) felt like they were always picking at a painful wound or scab, or if it felt more like a reference point with clinical value.

"For me," Anna says, "it is more like a reference point." It happened, Anna says, "I had the experience." She continues:

> But then I did therapy for seven years. *[Laughs.]* It would have been another thing to have had the experience and then shut the door say[ing]: "I'm going to go on with my life." But the therapy let me grieve the experience to such an extent that that was the healing process.

I think that if you don't process it, you don't get to grieve what you lost. Because there was loss. I lost part of my childhood. I did. If I didn't grieve that, then I would have been resentful for a really long time.

Part of the grieving process is really getting in touch with what you went through. It is really connecting with the actual feelings that you were having. If I didn't process it, then I probably could have just stuffed it. I could have just repressed it. [But] it would have definitely come out in other areas of my life, because I wouldn't have really gotten in touch with those feelings.

That entire experience, yes, has now become a reference point that I can go back to. It's not something I go back to all the time, and I don't go back to those feelings all the time either.

[There were times with clients this year that] took me back to that reference point, that desperation. I don't even know if it was connection with the desperation *I* had at that time or the desperation I saw that my father had. But it was that reference point, and I could say, "God, that's awful, for you to feel that low right now. That really sucks."

But yes, I would say it's a reference point. I wouldn't say it's a scab I keep picking at.

Anna and I take a break from heavy topics and I ask her about her classes. Anna's final

Micro course is *Micro Practice H: Advanced Practice with Diverse Populations,* and the other is

a community health science course taught in the School of Public Health. Anna likes where this

final Micro course in working with clients whose backgrounds differ from the social workers' "is

trying to take us," and says some days the class "gets there more easily than others." Anna

points out that in working with diverse populations there are many different aspects to consider:

"There's my culture, the larger culture, and the client's culture." Anna implies that not only does

she have to think about herself and the client as the persons-in-environment with their own

unique cultural lenses, but also about their professional relationship-in-environment. Again, this

is social work's Person-In-Environment perspective taking the understanding of the relationship beyond the dyad of intersubjectivity.

Anna believes learning about another's supposed culture from a book can be misleading, although it may be useful to have some things in mind other than your own personal biases. She thinks the best approach is to review some information, but make it a priority to explore your own counter-transference about another's background in order to recognize your own assumptions and biases. At least then "you know what you are coming in with," Anna observes. After that, she believes is best to keep an open mind while developing an individual relationship with each client. She also points out that clients themselves may have a hard time identifying how their cultured environment or upbringing impacts their experience: "To them it's just life," she says, "and you certainly cannot assume they are going to talk about it negatively."

She gives an example involving herself. A field instructor noted that Anna adopted a traditional gender role in her Mexican-American family of origin, and asked if "she was afraid of her power." Anna said no, acknowledging that it was true that her older brother took the lead in caring for her father because of his gender, but that worked for Anna: "That structure is good sometimes." She jokes that when therapists encourage clients who occupy traditional gender roles to change their behavior when those roles are not related to the problems they bring into therapy, the therapist may be creating more work for themselves. "Have at it," she laughs, "now you have to reconstruct the whole family dynamic."

I tell Anna there is a question I am posing to all the interview participants in the final quarter of the program. I say, "It's about the phrase we have all heard from the beginning, and

now it's on the social welfare T-shirts-" Before I finish Anna chimes in, "Trust the Process." I

nod. Anna grins:

> I get it now. I don't know if people said it enough times or I said it to myself
> enough times, but I finally got it.
>
> Bruno [the leader of the Graduate Collective] would always say "Take the risk.
> Whatever comes out of it, something's going to come out of it." The way that he
> used it was in the therapeutic process. He would always say, "Do you see your
> client as weak or strong?" I always said, "My clients are strong. They're
> resilient." [At first I did not get it but] I finally made the link. Obviously, you're
> not going to sabotage the client. You're not going to do something totally out
> there in your conversation.
>
> But if you don't take the risk to go deeper with them – is that your own fear? Are
> you not risking because you're afraid to go there, because wherever you get to
> might not be a place that's comfortable for you? Or are you afraid to take the risk
> because you think you might be wrong?
>
> I was always afraid to make an assumption. But in trusting the process, in taking
> that motto, you finally realize that whatever [you ask], the client is going to
> perceive it in a way that is going to provoke a response that is valuable...that you
> can [use therapeutically]...It's still going to give you another direction to go.

Anna pauses, then says she also learned about trusting the process in her experience of

field supervision. "Sometimes this was a good thing and sometimes it was hard for me," she

admits. She explains that when she discussed her sessions with clients:

> My field supervisor never judged my work. He never told me whether I did
> something right or wrong. It was always: "Why do you think you took that
> approach? What led you in that direction?" Or, "Do you think there was another
> approach?" But it was never with judgment.
>
> Sometimes that was good, because I was figuring it out. But sometimes it was
> really hard and I would say, "Well, Sam, can you just tell me if I'm doing okay or
> not? Is it right or wrong?" Finally, I realized that he does trust the process, which
> is why he wouldn't tell me.

As I started to incorporate that, I could take more risks with my client. I could say [to my client Charles], "Are you scared about going to South Carolina?" I could risk more because I got it.

Anna adds that what leads you in the right direction with a client, even if you can't verbalize it at the time, is being self-reflective. If you are aware of your own reactions and feelings, she observes, "you can be present enough with your client" to be cued into them. "That navigates where you go," she says. You also have to continue to reflect once the client leaves, she says. You have to examine: "Why did I go there? Why did I change the subject? Is it because he talked about death and I am afraid of dying? Is it because I don't want to hear about him having to kill women and children in Vietnam? Am I naive?"

Anna tells me, "I can't say it enough – the self-reflection piece is what helps you be present with that person. That's what helps you be cued in." This practice also helps you recognize when the client changes the subject, Anna says. You are discussing his feelings, and he asks if you have seen any good movies lately.

Anna wants to know if she is making any sense. I say yes, and that I think what she is talking about is in the realm of what is called intersubjectivity, but it is difficult to pin down exactly what that means.

Anna nods, "That's why I brought you my last process recording." "Oh, great," I say. She pulls a type-written page out of her backpack and slides it across the table. I ask Anna if there is anything about it that would be helpful for me to know. She grins that she did not follow the usual format. She reminds me that one of the things her supervisor Sam asked her when she started her field placement was: "How will you know you have learned something when you leave here?" He asked her to reflect on that question for her final process recording.

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Things always "got a little bit deeper" in supervision meetings with Sam, she says, so

Anna decided to go beyond her initial reaction to his question, which was that she would feel

more confident. She says, "I still believe that. Definitely, I trust myself more. I take more

risks." But she took Sam's direction to reflect seriously, and indicates the piece of paper between

us:

> So these are really the feelings that I have about this place, about this experience,
> and about what I did. [This is] how I present what I have learned.

"I think I answered some of the questions that you are asking," she adds. She smiles:

"Maybe I should just read it out loud." "Yes," I say, "Go for it." Anna reads her piece aloud, and

I am very impressed and grateful that she shared it. It indeed addressed many of the questions I

asked and more, and reveals Anna's deep engagements with both her clients and the development

of her professional use of self. With her generous permission, Anna's final process recording is

included as Appendix D, and I urge the reader to look at it. The piece speaks for itself, and

demonstrates Anna's willful and uniquely creative effort to take ownership of her learning

experience both in writing the piece itself and throughout the two-year program in social work.

Anna and I talk about her participation in this project as well. She tells me that meeting

every quarter has helped her reflect on what she is getting out of her classes, her field placement,

and her "own development as far as [her] use of self." Anna says that one of the hardest things

for her was wondering, "Am I really good at this?" She has now "come to terms" with the fact

that she does "have the skills to do this," but it took time. She reflects:

> I think I'm starting to realize the power it has for me to be able to verbalize [what
> I do with clients]...before I was not confident enough to verbalize certain
> things...like how I noticed the body language of the client and how I perceived it.

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Anna explains that she pushed herself to verbalize her work and her feelings in field

supervision and the Graduate Collective because she is committed to being a social worker:

> I really believe in it and I am committed to it. That commitment has grown and
> grown over time, and the fact that I can really verbalize some of this stuff now is a
> big piece. It's a piece that was missing from the beginning.
>
> I'm really certain [this is the right career for me]. I didn't do all of this for
> nothing, you know? This is where I want to be right now, this is what I am
> committed to, and that's why I can put so much effort into it.

I recall Anna and another student Nicholas (also an interview participant) calling me over

a couple of weeks ago after a *Micro Practice H* class and wanting me to know: "We're not

Mother Theresa, we get high off this shit." Anna laughs. "It's true," she says, adding:

> It is rewarding to have those relationships. Once I stopped my internship at the
> VA, there was an absence there. There was a hole. No longer do I get to walk
> into that facility and hear people say, "Hi Anna," and they *know* that I am there to
> try and help them...that's a good feeling, when you can make that connection with
> people and they are appreciative. You get enjoyment out of it if you put it in. If
> they know you are really committed to it, that changes everything.

I visited the Graduate Collective in their penultimate session, and I remark to Anna that it

was indeed a phenomenon as she said. Everyone in the room was keyed up and seemed to have

their wits about about them. Bruno was not messing around as he conducted the group: it felt

like this was *it,* it was go time. When Bruno asked a question, most students jumped to answer,

throwing out their spontaneous reactions. Energy crackled between all the participants. I heard

that in the last session Bruno went around the room and made final comments to each student. I

asked Anna what happened when it came to her.

First, Anna tells me she was petrified. Not all comments were well-received. She said

Bruno paused for a long time when he got to her, and she starting thinking, "Oh my God, is this

going to be bad?" Finally Bruno said he thought Anna "could seduce anyone with her smile, and all the men in the residential facility fell in love with [her] for the right reasons." Anna says he "thanked [her] for for being able to sit with their demons and for doing the work" that she did with them. Anna widens her eyes and adds, "And [then] he got misty-eyed on me." I grin, "No way." Anna chuckles and tells me another student said, "I don't care what you say, you made that motherf***er cry," and Anna protested, "No I didn't, no I didn't!"

Anna again reflects that the Collective was a tremendous educational experience, but she points out that "it was different for everyone. Some people were committed to it, some people weren't." Anna does not blame the people that were not. She walked out of there some days thinking "forget it." Bruno's manner was indeed provoking and it turned people off: "People got hung up on his approach, they felt he was too forward." But then again, "that's where trusting the process comes in," Anna remarks.

For herself, Anna finally realized it was useful to look at what Bruno provoked in her as she explored her more and less conscious ways of being with clients and in a group. He often provoked something, she says, and whether it made her angry or frustrated, or simply intrigued her, she "had to look at that." Sometimes it had deep meaning and sometimes it did not; sometimes he just annoyed her, she laughs. Anna admits she wanted to outsmart him at first, but then decided what she did with Bruno's manner and his remarks was up to her. Some people turned off to the experience, but Anna wanted to keep hearing what he had to say because she believed she could learn something useful. Anna concludes: "It's what you make of it. That's the whole thing."

Anna and I have spoken for almost three hours, and our own termination is at hand. I thank Anna for sharing her experiences, insights, and reflections, and tell her how much I appreciated her participation in the project. I add that I know at times we were "barely holding onto the ball" in our conversations (particularly when we were in the realm of intersubjectivity), and she laughs and nods. I tell Anna I look forward to seeing her in the cap and gown at graduation.

Sixth Quarter Interview: Tess

Tess and I had an additional meeting at the very end of the fifth quarter, and I review that conversation here before moving on to our final interview during the sixth quarter. I took the opportunity at the beginning of this interview to clarify some basic facts about her family structure as she was growing up. This led into a more detailed conversation about Tess's father and her current struggles with their relationship. What is interesting about this conversation in relation to analyzing the development of the students' professional use of self is that Tess is so currently embroiled in trying to figure out how to understand and interact with her father in a way that is comfortable for her that she is not yet ready to "use" this experience or reflectively bring it into her professional use of self in clinical relationships. Tess is aware of of this, as the reader will see. Like Lily (and like many people), Tess appears to be dealing with the loss of what she wished a relationship with a family member could be like. (Anna indicates she came to terms with this kind of struggle in relation to her father at an earlier age, before she entered the program.) But unlike Lily, Tess has to move through more anger, and she is worried about

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protecting herself from her father's more direct insensitivities towards herself now and in the future.

Tess gets comfortable in her chair and takes a drink of water. "How are you?" I ask. "Tired," she says, eyes wide, "running non-stop." She is finishing three tough classes, and has a large caseload at her field placement at the university's Student Psychological Center. Weekends are no break. The last time I saw Tess was at her birthday party; she just turned twenty-four.

I explain that I want to clarify her family structure. She tells me her brother is two years younger than she is. Her parents separated when she as fifteen and their divorce was final when she was seventeen, just before she went to Princeton. Their marriage was in trouble long before that, though, she says. From the time she was ten her mother slept on the couch and her parents fought frequently. Tess remarks her parents sat her and her brother down periodically to disclose another revelation that her father had sold off family assets unbeknownst to her mother: first their retirement investments, then their starter home they had been renting, then money meant for her and her brother's college tuition. All of this was to pay for lawsuits filed against her father when he walked away from his business. Tess said he did nothing shady except drop the ball when he decided he wanted another career; but that caused enough trouble. Eventually Tess's grandmother stepped in and saved the home in which they lived. Tess tells me:

> My parents were a really huge mess from the time I was ten and my brother was eight. I think I reacted to it by becoming another adult in the family. I thought, "Well, these people don't seem particularly competent to me, they don't seem to be able to take great care of me, they love me but they are really preoccupied so I should probably learn how to take care of myself. And I did. And for me, that was what made me feel safer.

> My brother took the exact opposite stance which was, "I am still a child and I want people to parent me"....It was easy for me to separate myself from them whereas he was completely enmeshed with them.

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Tess sighs and furrows her brow. She adds:

> But both of my parents are very well-meaning and I think that is a huge protective factor for us, even though their behavior is sometimes astounding to me.

I remark to Tess that I had coincidentally read an article the night before that mentioned many social workers took on a parental role with their parents (Lackie 1983). The article also stated that the "parentified" social worker was often first-born, and frequently had a sibling that was "infantalized." Tess raises her eyebrows: "That sounds like us to a T...I'll have to read that and see if it rings true."

One way Tess coped with her family situation during this time was to stay away. She spent time at friends' homes and she worked on the school newspaper after school. She played the flute and piccolo in her high school orchestra and often participated in chamber quartets and trios after school. She met her future husband in orchestra, she smiles. Tess says her high school was "very touchy-feely...socially and politically liberal, with really close-knit relationships between students and teachers." Tess earned a full scholarship to her private high school, so she was able to remain there despite her parents' financial troubles. For her, it was "a home away from home." Tess shakes her head and says, "It seems like a lifetime ago." Tess also remarks:

> I was pretty obsessive about my schoolwork, and I think that filled up a lot of my mental space. Which at the time I'm sure was really adaptive; but later on it turned out to be not so adaptive when I started getting ulcers.

Tess talks more about her current struggles with her father. The last time they spoke, he infuriated her by complaining that her wedding was going to be difficult for him and he did not know how he could show up. (I say, "Oh, and your wedding is supposed to be about you." Tess

smirks, "As a parentified child, it is never about you.") She did not make a decision that day to stop speaking to him for this long, she says, but that is how things have unfolded. She reflects:

> It's been better for me not to have contact with him. So from a day-to-day perspective I like things more this way. But when I stand back and reflect on it, it's kind of scary and feels sad. Also, I get a little panicky when I start to think of whether this is permanent. It was one thing at the beginning when I had just *had* it...I imagined that at some point I would be able to talk to him again. I just needed some space. But now, nine months later, I'm not feeling any urge to talk to him. In fact I am noticing this is better. I'm wondering sort of what that means.

Her upcoming fall wedding feels like a deadline, Tess says. Does she reach out to her father before then or not? She tells herself: "Tess, you have to make a decision. You have to choose whether to rebuild this relationship or separate from it." Tess shakes her head again: "That feels like an impossible decision to make." She observes: "I find I'm choosing between two extremes. A cut-off where I have no contact with him, or being absolutely flooded by him." Tess observes unhappily that none of her friends who have gotten married recently have this kind of family trouble. Their families are "intact," she says, and both parents were at their weddings.

Tess reminds me that her father sent her an email a few months ago basically threatening: "If you don't fix this now, this is it." This scares her. Still, Tess goes on to describe recent behavior of her father's that she finds disturbing. After detailing some of this, she remarks:

> I do think it would be interesting and important for me to find out more about his family of origin. I think it would give me some insight into who he is. He has this surface presentation of self...but I think what is underneath that is wounded and scared and neglected. From what little I know about his family of origin that makes sense. I imagine if I learned more it might allow me to be a little more understanding and sympathetic.

Tess pauses and takes a deep breath, as if she knows this may be rushing to a premature

and perhaps intellectualized acceptance of her father's behavior from her perspective. She sighs:

> It's hard. I don't know that I want to feel sympathy. I can change my behavior to
> a certain degree, but I need him to meet me half-way and change his behavior to a
> certain degree...and I don't think that is ever going to happen. So I worry that by
> building up sympathy for him I'm jus going to let more of that inappropriate
> behavior slide.

> Regardless of what the cause is I expect him to behave in a certain way and that's
> never going to happen. It's just not. I'd like it to, and I've spent ten years making
> an exception for his behavior.   But right now I'm done. I need a break.

She worries that family systems theorist Murray Bowen says cutting off a family member

is unhealthy and destines one to create problems in one's new family. Tess wrestles with this:

> If you are looking at a dysfunctional family system from an omnipotent
> position...that makes a lot of sense. But when you are a person looking at your
> own family and the only thing you can change is you, I don't know if that works
> or not....

> If I can't have any resolution in the relationship, maybe I just have to have a
> personal resolution in the way I feel about it and the way I think about it and
> understand it. Hopefully I won't carry that baggage with me and recreate it
> everywhere I go.

> But I don't know if I get to fix that relationship itself because there are two
> players.

Tess tilts her head and says: "I had a client." "Really," I say with interest, having an idea

of where she is going. She nods, "Yeah. It was almost unreal. It was the most basic kind of

counter-transference I can imagine: twenty-four-year-old therapist has current issue with father.

Client comes in with essentially the same issue with his father." Tess goes on to describe a

young man whose father had many interpersonal problems, including being physically abusive

toward his wife, the client's mother. The mother died of cancer recently, and the client was her

primary care-taker while his father drank and gambled their money away. His father cannot hear

any criticism nor take any responsibility for his behavior, yet he frequently comes to her client's

home unannounced and refuses to leave, demanding his son care for him and feel sorry for him.

"Father is kind of a jerk and has no boundaries," Tess summarizes. Her client tells her, "If I give

him an inch he takes a mile." He wants to know: does he try to have a relationship with his only

living parent, or should he cut him off to protect himself? Tess froze, she tells me:

> I ended up being really inactive in the session. I let him talk and I just tried to be
> warm and a good listener. But I felt like I was afraid to say anything because I
> could already feel my own stuff....I immediately stepped back because I thought,
> "Woah, I'm going to have some bias here, and in what way am I going to
> consciously let it out and in what way am I going to unconsciously let it out?
> Here's someone teetering on the edge about whether or not to cut off a parent, and
> what role might I play in this...it was just scary. I'm in the midst of it myself.

This was one of their last sessions due to the short-term therapy model at the Student

Psychological Center. "He was a hard client to lose," Tess says. She wonders how things would

have played out with her counter-transference if they got more into this issue and she "had to be

more active and more present."

Tess sighs, "So that's where I'm at." She adds, "I don't know. I have to keep reminding

myself that Murray Bowen can have a theory and I can buy some of it, but that doesn't mean that

I am doomed to recreate my family drama in the family that I create."

I mention the Lackie article again. Lackie quotes Murray Bowen as declaring the

"optimal distance from extended families is about two hundred to three hundred miles (Bowen

1972, quoted in Lackie 1983: 318)." Tess asks incredulously: "Literally?" I nod and we laugh.

Everyone has their biases; and Bowen's own personal lens was apparent in this assertion. No

theory need be digested whole, we chuckle.

I turn to a question that I asked many students around this time. It stemmed from a story that was getting media attention: a boy was rescued after being held captive for three years by an older man. On the cable news network CNN, Anderson Cooper interviewed two psychologists from prestigious institutions who had different prognoses for the boy's future given this ordeal. The first expert, seemingly full of compassion, said the boy would never lead a normal life and would always be plagued with emotional difficulties. The second expert asserted that people actually do recover from this kind of trauma, and sometimes people work with their traumatic experiences in such a way that it creates a great deal of strength in themselves. I wondered what the students thought about the possibilities of healing and recovery from trauma.

Tess recalls working with the pregnant and parenting teens at an agency in Los Angeles before starting the social work program. Most had significantly negative experiences as children and even as infants, coming to the attention of the LA County Department of Children and Family Services (DCFS):

> They were all DCFS and probation kids who happened to be pregnant and parenting. Most of them had what we think of as the worst risk factors: extreme poverty, prenatal exposure to drugs and alcohol, physical, sexual and emotional abuse, neglect, poor nutrition, living in impoverished neighborhoods. Not all of them, but most of them had all of the risk factors.

> That tends to build on itself. So they had poor school attendance. They were rejected by their peers and by other adults. They engaged in destructive sexual relationships. By the time I knew them they were seventeen or eighteen years old. There were certainly some that came in with an inherent resilience that gave you the sense they were going to fight their way through, and there were others that had some protective factors along the way, like an amazing social worker or a grandmother or an aunt or someone on the community who really loved them, and it felt like there was hope.

> But there were definitely kids I encountered whose best outcome I could imagine would be way below what I would think of as well-functioning. As in, it would be fortunate if they continued to live off of public assistance and not become

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homeless and engaging in prostitution and hard-core drug use. If they just had a moderate drug habit and lived in shelters [that would be a good outcome]. I guess that begs the question that the professor in *Mental Health Policy* posed: If they are coping then is that healing?

Tess shakes her head. She reflects on her own developing clinical orientation to this question of healing, pulling in attachment theory:

> I'm noticing my own orientation. As I have developed, so much of what I think about is attachment-oriented. I think that if you can no longer form relationships with people you are beyond healing. But if you can still form relationships with people, then there can be healing, either in therapy or in a peer support network or with a partner or with a friend.
>
> But there were definitely those kids I encountered - and I'm sure for any of the students in public child welfare here - that seem beyond the capacity to connect with another person. They have had such interpersonal devastation that that is no longer something that they can do.
>
> But if there's even a little bit left there and I need to believe as a therapist that no matter what trauma someone has gone through, if they can form a relationship with me or with another therapist there is some capacity for healing. And hopefully a lot of capacity for healing....
>
> That is where attachment theory so rings true to me. Because if that foundation to form relationships is not there - to me that's such a significant risk factor.

Tess tells a story of a client who was sixteen and pregnant. As a small child, she was physically abused. Her parents had a methadone lab in their basement. When she was five, it caught fire and she and her twin sister saw her parents burn to death. They entered the foster care system. Her sister died of leukemia when they were ten. "So then she was all alone," Tess says, and her foster placements kept changing. She grew into a tall, muscular and very violent teenager, Tess says. She adds: "I was scared to death of her." But still, the girl seemed to

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connect with her boyfriend and one close friend. "There was love, and there was still that capacity" for relationship. Tess says, "I thought that was remarkable."

Tess laments that infants who go into the foster care system may never have a stable attachment experience. We talk about the infamous experiments Harry Harlow conducted with infant monkeys; he showed that when deprived of a real mother, they chose to attach to a fuzzy cloth monkey rather than a wire monkey even though both provided food, challenging the simple drive theory of infant attachment based on the hunger for food.

I mention that Harlow did another experiment noted by Walter Goldschmidt in *The Bridge to Humanity* (2006: 47-49). In this experiment, infant monkeys who were socially isolated were forced to become pregnant when they reached sexual maturity. These "motherless monkeys" were neglectful, abusive, and even lethal toward their offspring. However, very persistent offspring appeared to "induce" some of these mothers to change. After a few months of their infant's gestures for contact, some mothers began to exhibit maternal behavior, and later proved to be normal mothers with their second and third infants. Goldschmidt quotes Harlow as saying: "...the babies inadvertently served as psychotherapists to their indifferent mothers (Harlow 1959: 297, quoted in Goldschmidt 2006: 48)." Tess laughs shrewdly: "Talk about parentification!"

Tess tells me she noticed that when the parenting teens at her previous agency watched other teens interact with their babies in a "doting" way it helped them enact the same behavior. Tess gets fired up: "I could spend two full years in an attachment theory course and still be excited about it." Tess adds she often thinks about going back to work at that agency now. "I would love to do therapy with that population," she remarks.

This is quite a shift from how Tess felt when she left that agency (she quit when a teen spit in her face). When the social work faculty member that I interviewed after these students graduated mentioned that she knows a "shift" has taken place within students when they want to go back and work with populations that had been difficult for them previously, I think of Tess wanting to go back and work with these teenagers, a setting Tess said she had found "hopeless."

Our time is drawing to a close, so I thank Tess for sharing "where she is at" right now, both personally and professionally.

<p style="text-align:center">***</p>

Tess curls up in her chair for our final interview. She looks pale. She hasn't slept much in the past few days, she says: a combination of anxiety about getting a job and strep throat. She attributes her strep throat to unconscious termination issues. "I'm not connecting to my feelings yet," she laughs, "So that's my psychosomatic response." Graduation is still six weeks away.

Tess tells me they are making changes at the university's Student Psychological Center. Seven more therapists will be hired next year. She is glad, believing this will enable the center to serve the students more effectively. Tess has become increasing frustrated with the short-term model of therapy (ten sessions maximum) and her own case overload, which meant she saw several clients once every three weeks instead of once every week. This makes "the intensity of the work and the intensity of the relationship low," observes Tess. She worries it will affect some of her terminations; she wonders if they will be that meaningful. Tess will have fifteen termination sessions with fifteen clients over the next four weeks.

Tess loves her classes this quarter. She is taking three Micro practice classes, including *Micro Practice G: Advanced Practice with Children, Adolescents, and Families.* Tess chuckles,

"I love that the professor calls it the secret psychotherapy class." However, she is noticing some

discrepancy between what is discussed and presented in that class in terms of the intensity of the

client-therapist relationship and what she herself typically experiences with clients. "It has been

interesting to watch the students' case presentations" for that reason, she says. While Tess is

drawn to work with clients in a psychodynamic and affective-relational way (drawing on object-

relations theory, she adds), she realizes she has not yet learned how to use her real relationship

with a client as a therapeutic tool. It has "everything to do with the professional use of self," she

acknowledges, "which has been a theme of my supervision all year." Tess furrows her brow:

"That has really resonated with me, but how to do that?"

I recall that at the beginning of the *Micro Practice G* course the professor asked each

student what they wanted to learn. Tess had said she wanted "to get to the core of the

relationship in therapy." I ask if she could say a little more about what that meant to her. She

nods:

> Sure. It's a hard thing for me to articulate because I'm still figuring out what that
> means. But there are a lot of times with clients where I'm sitting across the room
> and there is a certain level of intimacy and a certain level of openness but it feels
> limited. We're talking about an issue and we are thinking about an issue together
> and sometimes there are moments of connection. But there is something about it
> that feels surface-level....So how do you actually use the therapeutic relationship
> as a tool?

> Sometimes a therapist goes on vacation or can't meet or shows up late. These
> things can factor into the actual relationship between the therapist and the client.
> It can bring up feelings for the client. And one way to use the therapeutic
> relationship is to explore those feelings: "So what does it feel like that I am a
> limited resource for you? That at the end of our hour you have to leave and I am
> not available to you?"

Tess pauses, then explains further:

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I guess that kind of came up in my own therapy when my therapist was gone for several weeks. She does not self-disclose at all with me, and I tend not to ask her anything about herself because then I would have to process it and I - hmm. *[Laughs.]*

I noticed she came back wearing a wedding band. I'd had a really rough couple of weeks. So in that session there were a lot of things I was sharing with her, and feeling like I had really been on my own to process some things that were very painful for me. So she asked me, "How did it affect you that even *I* wasn't here?"

It would have been nice for me to have therapy sessions, but I wasn't really angry with her. I didn't really resent her. But I wasn't happy to see her when she came back. So then we started talking about the fact that I've kept a distance between us. I've kept the relationship impersonal.

And I think that happens in my work when I'm the therapist. There is an openness and honesty about what the client and I are talking about but there's not necessarily an intimate connection.

Tess says again that she noticed in the *Micro Practice G* course that the professors, guest speakers, and students seemed to have more intimate connections with clients. She says the professor calls the relationship the "third space, that in-between-you space." Tess observes: "So in my work I am trying to figure out what to do with that and really make it come alive - what it means and how to actually use it."

The strict psychoanalytic model would say the core of the relationship is interpreting the client's transference onto the therapist, Tess points out. According to that model, if a therapist discloses nothing, "then everything becomes a projection, and you get to work through the transference." Tess references the work of Eda Goldstein (1994), however, and notes that other therapists use quite a bit of self-disclosure. In that way, you can still "work on the level of the relationship," Tess says, but there are "more layers to the work." I mention that Eda Goldstein (1984) emphasizes that social workers use the "real relationships" they have with clients.

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"Right," Tess says, "this is the other way of getting to the core of a therapeutic relationship." Tess wonders if this model may be traced to the historical roots of the profession: "It wasn't Freud and the couch but rather friendly visitors and settlement houses." That relationship was "inherently more transparent," she says. Tess muses that perhaps the social work emphasis on the real relationship "gets at the difference" between those models. (As I discovered later, Tess was right.)

Tess also wonders: "Maybe termination is more meaningful when the work is not between the client and [the therapist as] a blank slate," but instead focused in part on "what's actually there" in the relationship; "because then there's an actual significant loss there." She suddenly laughs: "There's such a weird division between thinking about these ideas and actually doing them. I have to only hope that over time the gap decreases. But it's hard."

Tess tells me about an interaction with a client that she did not process in field supervision last year. If it happened this year, she would process it, she says. A client repeatedly asked if she had relatives in the South because he recognized her last name. "It did raise a level of discomfort for me," Tess says. "It was like forced self-disclosure because he was really probing, and I was answering his questions but I didn't really know how to - it left me a little: 'What happened there?' I couldn't focus on the work, I didn't feel comfortable with that, you know?"

I nod. I ask Tess if she has noticed that she has "had to become comfortable with feeling uncomfortable." She laughs: "That's been the theme of my year, the theme of this whole experience, really." She continues:

> This has been an intense growth experience, and I do experience growth as uncomfortable. I would stand back and say "things are going fantastically but it is

uncomfortable." There hasn't ever been an equilibrium - maybe a few weeks here and there. It has been a dramatic change process.

So that's been uncomfortable. [The way] good work in therapy is often uncomfortable because it's about uncovering vulnerable and intense and emotional things.

And me, trying to tune into my own experiences to understand what that is telling me about the client and how to use that in the work - it feels uncomfortable a lot of the time.

There's so much anxiety management in trying to be open and available to my own uncomfortable feelings that I wonder sometimes about picking this profession. At this point, this *is* the right fit for me...[but] I imagine that if you are doing this work well, there is always a level of discomfort.

I ask Tess if she can say more about that. She explains:

Whether it's in the context of a relationship with a particular client or just generally in your own growth and development. We're all human. So there are things that are going to happen in our lives – losses and deaths and births and transitions. Every time something happens, you have to understand: "How is this impacting my work, what's going on with me in my life right now?" You have to have an availability to that.

That is generally how I want to live my life, with an understanding of what this experience is like for me, but it does feel now that there is this professional obligation as well. It's not okay to just tune out or shut down or not deal with some transition. There's some obligation to stay checked in. You can't just say, "Oh, I don't want to deal with this." You have to go to the gym for your emotional work out. You have to stay in shape.

I ask Tess if she can reflect on any shifts in perspective she had during the program. She says it was "a key moment" when the teaching assistant noted the program had a particular model of being a social worker. Tess was ready to quit, but that made her realize she could have her own model of being a social worker. "Once it didn't feel like the role was being forced on

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me, it could grow on its own," she observes, "That felt like a new beginning...I could develop an identity around that."

Tess chuckles. Initially the field modules terrified her, but she is now proud to be a part of a profession that has such an important community role and advocates for the vulnerable. She spent a time trying to "disown the social work identity" before "figuring out it really worked" for her. She felt "forced into a profession" about which "society had negative connotations." She recalls people said, "You went to Princeton and you're becoming a social worker?" As in "what a waste," Tess says, "which was really about their projections onto what all of that means."

Her eyes light up. She had another key moment recently. "It wasn't a perspective-shifting moment as much as a perspective-solidifying moment," she remarks, "but it was great."

Tess tells the story of a presentation at her field placement. A clinical psychologist came to the Student Psychological Center to discuss working with clients with AIDS. The group of interns he addressed was composed mostly of graduate students and post-doctoral fellows in clinical psychology. Tess was the only social work intern. The psychologist explained working with clients with AIDS can push you "outside of your comfort zone." He shared a time when he was most "outside of his box." A client he had been working with in his private practice took a turn for the worse and was dying in the hospital. The psychologist helped his client interact with the clergy in the hospital regarding the funeral, with his lawyers regarding his estate, and with his client's partner and family regarding their own grief. He was in the hospital as opposed to his office, said the psychologist. Tess grins: "He said it like: 'Can you believe it?'" She tells me as she sat in the group:

> I thought, "Oh, that's social work." When your client is dying of AIDS, that's what you do. Even as a clinical social worker, that work is part of the systems

perspective. At that moment, that is what is in play. And I thought, "I would be comfortable doing that. That would not feel like going outside of my box."

And could you think of better interventions? To be a part of someone's end-of-life experience - a horribly sad thought - but that is good therapy. Talk about a solidifying moment. The whole room of psychologists gasped. *[Laughs.]* But that's okay too, you know?

But for me, to sit there and say, "That's my profession. That's me." And to feel really good about that - that was a cool moment.

I ask Tess if she has any thoughts about the phrase that was bandied about since the beginning of the program: "Trust the Process." Tess says, "Mmm," and laughs. She wants the T-shirt to wear to the gym, but she says pointedly: "I don't like the way it was used. I resented it. I thought it was condescending...paternalistic and authoritarian." That "runs counter to the values of social work," she points out. The phrase set up a "power differential," a kind of "adolescent interaction between the administration and students," she asserts. They could have been "more transparent" about why they set up the program the way they do, she says. They could have said more explicitly: "Based on years of experience we believe it it best to do things this way, and we have found that if students can suspend their criticism and questioning and go with the flow they find it makes a lot of sense."

Tess takes a breath. "Because in retrospect think it did make a lot of sense. It's a good idea to trust the process. I see the value in the way the program is set up now. I understand the necessity of the field modules and the first-year lab group, for example."

Tess furrows her brow and says maybe the phrase could have been used in a more comforting way, as something to keep in mind to help students manage their anxiety. They could

have said: "We're not doing this to be sadistic. We really do believe this is the best way to

educate you. If you could just trust the fact that we *do* know where we are coming from."

I can almost see the wheels turning in Tess's mind as she reflects on what she just said.

She pauses and then reflects carefully:

> And I don't tend to be someone who gets into a stubborn or head-butting or
> aggressive place. I tend toward compliance with authority figures. But for me
> that brought out a lot of adolescent feelings of: "Screw off. I'm not going to do it
> your way."
>
> When that comes up for me I always have to stand back and look at what is going
> on. At why I am responding that way. Because it is way out of character. But
> that's how I felt a good part of last year.

Tess seems to be connecting some dots between how she reacted to the program in her

first year and her own experiences and coping strategies in adolescence. She stated previously

that her parents did not seem "particularly good at" caring for her at that time, and she responded

by doing things her own way, by "parenting herself." When Tess began the social work program,

she also feared the powers-that-be did not know what they were doing, and devised her own way

of getting what she needed out of the program.

I ask Tess if she felt she had her "own individual process through the program" aside

from how the program mantra was used or intended by the faculty. "Absolutely," she replies,

"and I did start to trust the process after a certain point. I stopped fighting it and I decided to let

it evolve. And then it became kind of fun to see how it all went."

Tess remembers at first she held on tightly to the image of herself as therapist that she had

when entering the program:

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I felt fearful and resistant and like I really *needed* to be in a small box. I felt like, "I can't let this identity evolve. It *has* to be narrowly defined. At first it felt that way."

Tess recalls the professor in the *Micro Practice G* course asked students not only to say what they wanted to learn in the course ("to get to the core of the relationship in therapy," Tess said), but to draw a symbol of what they would need to get there. Tess drew a bowl, indicating an openness to experience. She notes "that's a very different image" from the box she felt she needed to be in at the beginning of the program.

Our interview time is drawing to a close. I ask Tess if this past year was what she expected. "Oh, I'm not ready for this termination question," she laughs, "but maybe it will start a process for me." Tess, despite her hesitation and despite her strep throat and lack of sleep, gamely thinks. In many ways it was, she says. Her courses were very clinical and her field placement was rigorous; it was "an intensive learning experience around the process of doing therapy. This is what she expected and what she wanted. Still, there were surprises:

> At the beginning of this year I did not expect to have so many thoughts about what can go on in therapy and what therapy means. I didn't know how much I didn't know.
>
> I imagined that most of my learning would be about theory, as in, you learn a theory and then you use it. I thought [doing therapy] would be more concrete, more specific, more structured. What I've learned is that it's really not.
>
> Maybe what we have learned are lenses. If you put on different lenses that might impact how you sort information and how you react to different things in the room. But you are always watching, thinking, trying.
>
> Learning to do cognitive-behavioral therapy is an example of concrete learning, and I have used that successfully with clients. But everything else is more vague than that

It's very hard to teach this stuff in a concrete way. They open up these ideas, and then you figure out how to use them yourself.

[At the beginning of this year] I said I wanted to learn more and think more about the process of therapy as opposed to the content, and I feel that is exactly what I have gotten. I have not figured anything out. I don't have any answers or a smooth technique. I don't feel at all sure of myself except that I really have sort of discovered all of these different ways of thinking about the process. And hopefully I'll keep learning from here.

One thing Tess has learned, she says, is that the client is the expert on themselves and the the therapist is hopefully the expert on facilitating a helping process, no matter what model of therapy they use. Tess also remarks that at this point, she is still more comfortable working on the self-disclosure of her "here-and-now" emotions with clients rather than the self-disclosure of any historical information about herself.

I ask Tess what she looks forward to after graduation. "That's a good question," she laughs. Ideally she wants to work in a community mental health agency doing clinical social work with any number of populations - children, families, college students, veterans, or the severely and chronically mentally ill. She is keen to accrue two more years of supervised clinical practice. After taking the state board exams and getting her clinical social work license, Tess still wants to do clinical therapy, but she is not sure which population she will want to work with or in what setting. "There's so much more I want to experience before I decide," she says, indicating a very different orientation to her career than she previously held at the start of the program. Tess observes:

This year has been the opening a lot of different doors. It has given me a lot of different ways to think about the work. It does feel like I'm at the tip of the iceberg in many areas.

Tess smiles that her fiancé just put a new gadget on each of their computers. It's a picture of them with a countdown-to-the-wedding clock. Tess laughs, "So I'm looking forward to that."

I thank Tess for her generous participation in the project, and for sharing her experiences, emotions, thoughts and insights as she went through the social work program. I congratulate her on getting though another wild ride in her second year, and add that I look forward to seeing her at graduation.

Sixth Quarter Interview: Lily

Lily arrives happy and full of energy. She swings back and forth in her swivel chair remarking she cannot believe graduation is right around the corner. "I feel like a social worker," she says, even though she anticipates more growth, and desires more skill in helping clients. Like most Micro students specializing in mental health services, she plans to accrue two more years of supervised practice hours so she can become a licensed clinical social worker. She wants further training in family systems theory and she wants to focus on adolescents. "I've come full circle," she says, explaining that initially she wanted to work with adolescents, then thought it was too difficult, and now she has a "renewed passion" for the work because she sees how rewarding it can be. Lily will begin work in July at a reputable family services agency near her home.

Lily says she enjoyed her classes this quarter. She took *Micro Practice G: Advanced Practice with Children, Adolescent, and Families,* a course in cultural policy taught in the Department of Urban Planning, and a course on affective disorders taught in the Department of Clinical Psychology.

Last quarter, the final paper in the social work program's *Cognitive Behavioral Therapy* course was an impactful experience for many students (including Anna as discussed in her final interview; Tess did not take this class). Suspecting that Lily put her all into it, I ask her how the paper went for her. She groans. "It was a lot of work," she says, referring to the related requirement to keep a daily diary of her "automatic thoughts" for ten weeks in order to identify her thought patterns and resulting behaviors, a common assignment given to clients in cognitive-behavioral therapy. Before writing the final paper, students reviewed these diaries to see if they suggested any unexamined "core beliefs" they may have about themselves. The paper was about what they learned and what it meant to them.

Through this practice of writing down her automatic thoughts (meaning she wrote down the thoughts going through her head for about ten minutes each morning, afternoon, and evening), Lily says she identified that: "I want to control everything. I want everything to be perfect." Further, Lily thinks everything *has* to be perfect. However, she hesitates to call this observation a "core belief." While it rang true, it seemed like a B-level insight. "It was not that hard to get to," Lily remarks, and it did not seem to require the laborious CBT diary approach to get to it.

However, Lily says, in her own therapy she continued to explore her automatic thoughts with her therapist, and she "learned so much more." With her therapist she "uncovered a core belief, if you will, of mine." In the CBT paradigm, Lily's desire to control things and make things perfect is a symptom of this belief, she explains. When this core belief first struck her:

> It was really surprising. It is so cliché that I was shocked that I had this belief. But it has really proven to be [true] based on the way that…my affect changes when thinking about it. And how the consequences of working on it have been really powerful for me.

When I first uncovered it, I really denied it. I thought, "That's crazy." It's basically that I really hate myself, that I am really hard on myself and I just feel I'm totally worthless and useless and I do everything wrong.

So I thought, "Man, why would I do that to myself, why would I feel that way?" So my therapist and I talked about my childhood and things like that. But it was hard to get to that [core belief], because it is just so cliché that [it would be] "I hate myself."

Lily and I discuss the fact that many negative core beliefs people identify in the course of cognitive-behavioral therapy have an extreme quality to them, such as "I hate myself," or "I'm not good enough," or a "I'm a bad person" or unlovable or a fraud. We joke that these sentiments are pretty "hardcore" - they go about as far as they can go. However, the theory of cognitive-behavioral therapy holds that these negative beliefs, however extreme or cliché, can exert a powerful influence if unrecognized and unchallenged. The therapy is meant to identify and challenge the negative beliefs or voices in your head, Lily says, and lead you to different behaviors. She tells me doing this CBT exercise had an "immense" effect in her personal life, and was also very useful for her professional life because she now sees how the technique might be helpful to clients.

Lily particularly appreciates that she came up with this core belief herself; her therapist did not "give her that analysis" or interpretation, but rather listened while Lily discovered it. Lily admits that as a beginning therapist, her own "novice brain" wants to inform her clients: "Based on this class I took, here is my analysis of you." Lily laughs, "They say never to do that, but it is hard" to control that impulse. Lily says that observing how her therapist never did that, and how she was patient and respectful of Lily's exploration process, resistances and all, taught

Lily a great deal. Lily realized her therapist would "hint at things or try to take her there," but if Lily "did not want to go there, she would stop."

Being in therapy with a skilled role model was such a good learning experience that "the program needs to mandate it," Lily only half-jokes. Lily continues, saying that through being a client in therapy:

> Certain things [the professors in the program say] that you don't necessarily believe in your own work - you get to see what they mean. You *see* what it means to say, "The relationship is almost everything." That it's okay to have silence in a room, or it's okay to go slowly. It's okay to take chances, it's okay to say things that are totally off, and it's not going to freak the client out. Or it might, but that's okay too.
>
> It's interesting. Because with me, I just don't trust it when I'm with a client. I don't trust any of that stuff. But on the other end [of the therapeutic relationship], I feel that really makes sense. Because really – the thing I like about her is the relationship.

Lily remarks that one of her clients, a teenage girl who had experienced more than her share of troubles, just contacted her months after their termination of short-term therapy to talk about something big that happened in her life. Lily was shocked but pleased to realize their relationship was meaningful to the girl: "She remembered me, she remembered my name, she wanted to talk to me." That was "really powerful for me," Lily says, and she noted her own surprise against the backdrop of her doubts: "I guess I never fully believed."

I ask Lily if she has changed over the course of the program. "Yes, a lot," she says, and tilts her head thoughtfully. While sitting in the final *Micro Practice G* course this week listening to her fellow students' comments on each other's case presentations, Lily says she looked around the classroom with interest, recognizing the changes in them:

> I *remember* these people last year, in our first quarter, and they all sound so different.
>
> …A big part of what we talked about when we first began the program was our experiences *before*, and it was limited to - we just really wanted to help people. That was the whole thing…and [we] didn't know *how* to do it, so [we] got into social work...and now we have our own language for describing things. It's really interesting.…[The change] is very collective. I see it with almost everyone.

Lily says again she feels like a social worker now: "It's a huge part of my identity," but it is not superficial, she says. Many changes have occurred for her, and she is quick to say her therapy alone has not wrought these changes: "I think it's the therapy with this education that has helped me come so far along personally. I just have more insight." Lily remarks her husband said recently, "Oh my God, you're so different now. More calm and level-headed. Emotionally healthier and more confident." Lily says that a lot of people in her life have noticed she is more confident. She thinks that becoming a professional social worker, knowing and saying "That is what I am doing with my life" is a part of that. Lily also remarks that the "emotional growth" that has come along with being in the program has changed her relationships across the board.

Lily goes on to detail some of these changes. She used to be lonely, but her social life has improved. She has developed strong friendships in the program. She is still insecure, she laughs, but not as much about "interpersonal relationships." "That's something I am really actively working on," she says, "and it has really improved."

Lily's marriage has gotten better. "I fight better and care better," she says, and she is enjoying her relationship now. Lily went through many phases with her marriage in the past two years, but she feels she did it in a healthy way. She allowed herself to "accept and observe her feelings, and let them go wherever they wanted to go." Lily says her feelings included "I don't

like him, I don't want to be married to him." But instead of letting them instigate a fight, Lily

explains she observed her feelings and thought about what they meant for her and what she

wanted to do about them.

A similar process occurred in her relationship to her faith, she notes:

> It's been this parallel process with religion and our marriage. I've just stopped believing, as much as possible for myself, that I *have* to do something. I always said as a part of my rhetoric that that I did not have to perform all of my religious practices. I just choose to do them, because it was spiritual, and all that.

> But I think my brain really told me very punitively: "You *have* to do this. You *have* to stay in this marriage. What are people going to say?" Or, "You *have* to pray or wear the scarf. God's going to be mad, you *have* to do it." It was very much in my inner voice, and I've really gotten away from that.

> I have opened up to [experiences like] I don't feel like doing this today…and that's totally okay.
> What that has done, and I'm hoping it will continue, is increased the richness of it all. Because I feel my spirituality and my marriage as real choices now, those relationships, because there is so much more meaning. I don't feel guilty all the time…and it's not so confining and scary.

> So that I have done. It's interesting. Because [I have done these things] in the last two years, it almost has to be related to the program. But I can't really say why, you know? I can't say, "Well, because I learned [a specific thing]." It's not like that. It's just that some sort of growth occurred and I'm not sure why it did.

The changes in subjectivity, or "the effects upon [her] mode of life" (Hallowell 1955:

316) that Lily describes were not due to adopting any particular system of belief as might be

expected in the process of "interpretive drift" (Luhrmann 1989). Rather, Lily describes a kind of

growth or development in her self in relation to her environment and her personal, spiritual, and

professional relationships. This growth was a result of her development of her professional use

of self motivated by Lily's original desire to help others and actively pursued by Lily in the

context of the particular pedagogy of the program. This is a relational shift, the kind of shift most Micro-mental health students experienced, versus an "interpretive drift."

Lily's anxiety has also decreased over the course of her education, she tells me. She says softly: "I don't know if I've ever mentioned it…but I had a lot of obsessive-compulsive symptoms. I did a lot of cleaning. Those [thoughts and behaviors] are almost virtually gone. I still know that part of my brain is there, but I can really talk to it and calm it down. It's so much more rare than it used to be. It used to really take over my life."

Lily reflects again on how adopting a religious identity (and a distinct appearance indicating that identity, a kind of visible boundary) benefited her as an adolescent. She believes her motivation for doing this was twofold: it both won her parents' approval so they left her alone and gave Lily "the rebellious identity [she] was looking for" among others. But looking back, Lily wishes she had not done it so quickly. In fact, if she has children, she would be "wary if [her] daughter wants to put on the scarf so fast." Lily says she was not ready developmentally, and she missed what could have been a huge part of her adolescent growth – the exploration of her ontological beliefs. Rather, Lily chose:

> …a belief so fast, and not only a belief, but one that was so rigid. There were so many rules, and I agreed to follow all of them. And about every six months I would learn new rules, and take them on more quickly than lot of people would. More intense rules, with more specific details.
>
> That's a [big commitment] considering you might to live to be eighty. That's a long time to commit to something like that. I wish I would have given myself time to really believe it and understand it. To find meaning in it for me instead of just jumping into it blindly. I'm doing that now, though.

Lily remembers what it felt like to construct her religious identity over time during her high school and college years, sounding wry yet full of compassion:

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It felt like every new rule would somehow further solidify my identity as this *person,* and I really wanted to *be* somebody.

"Now I'm really much more open about that," Lily says, indicating that she no longer holds such a rigid image of whom she should be or has to be, but rather, she feels more comfortable exploring who she actually *is.*

We shift gears as I mention the final assignment in the *Micro Practice G* course. It asks students to describe their therapeutic approach, or how they establish and conduct relationships with clients, drawing on everything that they have learned in the program.

Lily laughs that she has not even begun to write the paper, but maybe talking about it will be good preparation. I ask her if she thinks this way; does she have a particular therapeutic approach? She does, Lily says.

First, Lily explains, she uses the systems model, or the Person-In-Environment perspective. She assesses a client on multiple system levels (relationship, family, work, community, living situation, finances, childcare), and determines in which area the client may need help so she "can be of use in that" from giving referrals to connecting them to community resources to doing advocacy work (for example, working with a child's school to obtain needed resources).

As a foundation for clinical practice, Lily draws on attachment theory to understand both the clinical relationship and her clients' relational worlds. Lily likes the idea of creating a secure attachment with a client, particularly with kids and adolescents who do not have a stable relationship with an adult. Raising the notion of acting as a "secure base," Lily says:

> I want to be a stable and healthy relationship in their lives. Someone [who has] a lot of care and concern for them, within boundaries [of the therapeutic

> relationship]. I want the relationship to be something they can really count on. I'd like to be a rock throughout the different parts of their lives [where they struggle].

On top of that, Lily remarks she takes a psychodynamic approach to helping clients with their problems, which may involve various theoretical approaches. She compares exploring a person's psyche and relationships to figuring out a puzzle, and she keeps different approaches in mind as she works with a client. Lily most often considers object relations theory, ego psychology, Freudian defense mechanisms, and family systems theories, she says. Now she is also interested in using cognitive-behavioral therapy. All of these approaches and ideas can be useful in clinical practice, she believes, depending on the needs of her clients.

Lily remarks that she knows her clients' lives will never be perfect and she does not envision any permanent fixes, but ultimately she would like to "help people in a rich way that can go with them for the rest of their lives, and when they have new issues occur, I'd like them to know that opportunities [for help] are always there."

I ask Lily about her sister. She's okay, Lily says, "sometimes good and sometimes bad," but so far nothing as extreme as last quarter. Lily remarks that taking the course on affective disorders (which include anxiety, depressive, and bipolar disorders) in the Department of Clinical Psychology has been interesting. Lily explains the course teaches that affective disorders are neither simply biological nor environmental, but a combination, with environmental influences making a person more susceptible to developing a disorder. "Which is like systems theory," Lily observes.

Lily recognizes that she has two answers to the question of why her younger sister has bipolar disorder. The first is emotional: Lily feels she herself is to blame. "That's how I

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personally really feel," she says, even though she knows that is not true. The second answer is

intellectual: Lily finds the partly biological explanation of bipolar disorder convincing. "So I am

trying to incorporate that intellectual understanding," she says, adding she is "really working on

that" in therapy. Lily hopes her experience will be useful clinically; she has seen many clients

struggle with emotional versus research-based understandings of a family member's mental

disorder, particularly parents of children who have been diagnosed with a mental illness.

As our final interview draws to a close, I ask Lily what she thinks of the program mantra,

"Trust the Process." She chuckles. Like everyone else, she replies, at first she thought "it was

kind of irritating." She did not know what it meant. But now, Lily says:

> I do believe it. Because through this overall experience, I do feel like a social
> worker, and I do feel like I know what to do in client situations. There is more to
> learn, but I do feel the work was a good process and I am where I need to be and
> want to be.

Lily pauses, then adds with raised eyebrows:

> Or actually more. I did not realize what it would *feel* like to be a professional in
> something. To be a therapist to someone. It is beyond my expectations.[37]

There is one last formal interview question. I remind Lily that at the beginning of the

program I asked all of the interview participants, "Why social work?" Now at the end of the

program, I was wondering how students, if they were still interested in pursuing social work,

would answer the question "Why social work?" now.

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[37] Like Tess in her final interview, Lily centers her remarks on "the process" as the process of the students'
education. As discussed in the Introduction, "the process" also referred to the process of psychotherapy, as Anna
spoke about it in her final interview, and the "parallel process" of the students' education in relation to the process of
psychotherapy as Tess spoke about it her third quarter interview.

First Lily assures me she is still interested in pursuing social work (as most were). Then she thinks. Lily tells me she has always believed that "internal things" like emotional health and spirituality pervade all aspects of a person's life. For her, she says:

> There is something personally healing about trying to help other people in this way. It is rewarding. If I were a doctor and I cured someone's cancer, that would be rewarding too. But helping someone with their emotional health while they are going through cancer could almost be more rewarding, because the cancer may not go away, but how you experience it could get better.

> If it is done right, doing social work reaches a lot of aspects of a person's life...there is something long-lasting and deep about it. And I really like working with people. I really like the human experience. I like meeting new people and hearing the interesting stories of their lives.

Lily also reflects on the words of a professor who encouraged students to think about "the reasons we got here." Lily remarks "there is something powerful" about experiencing pain in your own life and then learning to help others work through pain. Because, she observes:

> It is almost like other people's success is crucial for your own emotional satisfaction. Because if other people don't make it, then it is like - how are you going to make it? And if you don't make it, then how are you going to help anyone else? So it goes hand in hand.

I thank Lily for so generously sharing her experiences, emotions, and reflections as she participated in the program in social work over the past two years. I congratulate her and tell her I look forward to seeing her at graduation.

Sixth Quarter Interviews Summary:

By this time, Anna, Tess, and Lily have achieved a relational shift with clients unanticipated when they began the program. Anna's descriptions of her terminations with clients

demonstrate this shift, a relational way of being with clients particularly encouraged by the students' field education, the "signature pedagogy" of social work (Council on Social Work Education 2008/2010, with reference to Shulman 2005). Through a genuine and individually-focused concentration on her client's needs as they expressed them, and a facilitation of their own impulses towards growth, Anna connects with her clients and helps them make changes they feel good about. Through hard-won increases in her own self-awareness, Anna has also learned she can "take the risk" to inquire about her client's emotions, and even if she is wrong, that does not mean she has made a mistake with all the ramifications she had feared that would entail. No matter what, Anna now appreciates, if you truly want to help another, "something's going to come of it...it's still going to give you another direction to go." Anna also appreciates the inherent power dynamic in a therapeutic relationship, and notes that "in order to respect that difference, the only thing [she] can do is be authentic." Anna also notes the paradox of self-awareness - the more one can be self-reflective, she observes, the more one can be present with others. All three students feel obligated to continue practices of self-awareness in order to do effective work with clients.

Also in terms of relational shift, Tess has learned to "shut off her brain" when appropriate, and now seeks to use the real and emotional aspects of her relationships with clients. She is now interested in self-disclosure, a practice she initially believed was unprofessional. This perhaps marks a move toward the integration of her own experiences with her practice as a social worker, and as Tess continues to work through her own experiences, her use of self-disclosure will likely evolve over time. Lily learns from her own experience in therapy to trust what the program has been saying all along: that "the relationship is almost everything." In fact,

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by the end of program, it seems many if not most students accept with more confidence and grace a position that initially caused anxiety and led to suspicions that the social work program did not know what it was doing: the position that a therapist did not have to have "all the answers" to facilitate another's growth. Instead, through practice, students came to viscerally understand and endorse this quarter's mantra, "It's All About the Relationship." That is, the foundation of helping another is establishing a genuine connection that is unique between the therapist and client, and supporting the client in reaching their own goals within professional boundaries.

In terms of their interactions with models, both Anna and Lily describe major increases in self-awareness as a result of applying the techniques of cognitive-behavioral therapy to themselves as required in their course last quarter. This gives them a new appreciation of cognitive-behavioral therapy as a useful therapeutic approach. Anna reflects that being a "secure base" as described in attachment theory characterizes her stance with clients. Tess also appreciates the power of relationships and being a secure base for clients, and interrogates family systems models. Tess has moved away for a reliance on theoretical models as such, however, and for the time being is more interested in pursuing her own professional use of self as it may facilitate the therapeutic relationship. Lily has achieved a creative synthesis of her use of models with clients, and also endorses the power of being a secure base for clients. Lily also distinguishes her own guilty personal interpretation of the cause of her sister's illness (that is, it is her fault somehow) versus the biomedical explanation of bipolar disorder as a biological disease, and sees how the latter explanation may be useful to her in alleviating her guilt.

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In terms of their own development, Anna made a radical change in her behavior when she decided to participate more fully in the Student Collective. She seems genuinely intrigued by her own movement to get on the court versus sitting in the stands, and she is gratified by what she learned about herself and how it changed her behavior as a result. Anna also notes that others chose not to "go there." She observes: "It's what you make of it," acknowledging the role of the individual will in creating one's experience.

After an initial rough ride, Tess is now committed to her social work identity, one that she crafted herself in part, and sees the profession and her role in it with pride and clarity. She has become more comfortable with being uncomfortable, as she says, and more observant and appreciative of her own spontaneous expressions of emotion. Tess is now more open to her experience, rather than attempting to control it. She says the program has been an "intense growth experience," and observes (that at the age of twenty-four) she is "at the tip of the iceberg." Lily says she is far less anxious, and her "emotional growth" has changed her relationships, both with clients and with others in her life. She also says that learning to observe and accept her feelings has allowed her to develop both in her marriage and in her religious faith. Lily notes that being a social worker is a huge part of her identity now, fulfilling her first-interview quest to "find her niche."

III. Conclusion: The Creation of Culture in the Context of Relationships

Anna, Tess, and Lily came into this program as students and graduated as social workers. How did they engage in the cultural pattern of social work education and come to exhibit the social action of a social worker? How did they learn to conduct relationships with clients? How did they "borrow" (Hallowell 1955: 316) the program's models and make them their own, and what were the "conditions and processes involved in borrowing and the effects upon the mode of life" (ibid.) of these young women? The ethnographic data provided a rich, situated, person-centered and process-oriented account that answers these questions.

Like other students, Anna, Tess, and Lily arrived with a desire to help others, a desire that propelled them through their education. The importance of their initial motivation cannot be underestimated; this impulse led them to use the program to meet their own ends. Specifically, Anna wanted to advocate for those diagnosed with severe mental illness like her father, persons vulnerable to harsh misunderstandings struggling to keep their lives intact. Tess decided to become a psychotherapist at the age of thirteen, expressing in our first interview her desire to help persons become more aware of the mysterious origins of their self-defeating behaviors. Lily wanted to improve the lives of marginalized teenagers coping with discrimination, poverty, and broken family and community lives. In terms of their choice of profession to meet these goals, Anna was clear that social work was her path, Tess picked social work through a process of elimination among clinical training programs with an eye on cost and length of time, and Lily admits she chose the social work program from an array of training programs in part because it provided the full-time community she sought. In short, the model of becoming a social worker

itself was not what compelled these students to enter this program as much as their specific desires to help others.

As stated in the Introduction, my initial research questions were: 1) How do social work students form relationships with clients? 2) How might their personal selves and personal histories be involved? 3) What pedagogical or cultural models will they be exposed to and how do they interact with them? The ethnographic data answered the first two questions through the "thick description" (Geertz 1973) of the students' development of a professional use of self as a social worker. The third question was answered through a detailed description of the students' courses as well as the student interviews, which revealed students' initial skepticism of many models as taught, then the students' engagement, testing, selection, and individual creative synthesis of models as they became useful to them personally and professionally in practice. The aim of this conclusion is to distill in theoretical terms what happened in this interaction between individual persons and cultural forms, and discuss the implications for current psychocultural theory in anthropology. Due to space limitations, the material presented here is an initial sketch of arguments that will be given fuller exposition in future work.

This conclusion has six interrelated sections. In the first section I briefly remind the reader that the model of social work education I observed had distinct historical and social origins, and was created to professionalize the relationship between those in need and those who wanted to help them during the Progressive Era in the United States. Social work educators drew on the pioneering work of Mary Richmond and Jane Addams in the field of social work, but also the theories of G. H. Mead and others of the Chicago School, as well as the work of psychoanalysts Sigmund Freud and Otto Rank. The functional school of social work, whose

pedagogy still bears an uncanny resemblance to the educational process I observed among students in the present study, especially drew on the work and contributions of Otto Rank, who, after an exceedingly close association with Freud, developed his own theory of human psychology that critiqued the content and method of Freudian psychoanalysis.

Next I point out two significant observations of the present study. First, that students' change in subjectivity in this setting was a relational shift with others that depended on their rigorous development of a "professional use of self" for use in the social work relationship, not an "interpretive drift" (Luhrmann 1989) into any one particular intellectual system of belief that they applied to their clients. This supports Sapir's assertion that culture may be found in "interpersonal relations" (Sapir 1937, quoted in Sapir 2002: 204). Second, that students' engagement with the program models was driven by their impulse to help others more than any "motivational force" located in the models themselves (D'Andrade 1995; D'Andrade & Strauss 1992; Strauss & Quinn 1997). Students were not compelled to "internalize" and enact these models based on determinative and past experiences as much as they tested, used, and took individual ownership of many of the models for their own present and future purposes. Rather than past experience or "preadaptation" Spiro (1997) determining the individual enactment of cultural models (which entails the methodological problem of assuming this social behavior indicates internalization which indicates determinative past experiences must have occurred), I argue the social action that students came to exhibit as social workers was the result of a conscious and creative growth process along a "particular line of development" (Lester 2005: 1). This line of development was the individual development of a professional use of self in the

context of the social worker's relationship with clients, which caused students to change their behavior in ways they had not imagined previously in order to meet their goal of helping others.

After establishing a locus of culture in relationships in this setting and reassigning motivation to persons rather than cultural models, I briefly reanimate some of the earlier concerns of members of the culture and personality school, specifically Edward Sapir and Irving Hallowell. I revisit their writings concerning human development in the context of culture, specifically Sapir's ideal of a "genuine culture" (1924/1949) and Hallowell's discussion of the "basic orientations provided by culture" for the "psychological adjustment of the individual to his world" (1955: 89; see 89-110 for his full discussion) and his interest in persons' participation in "cultural psychodynamics" (Levine 2007: 50; see also Spiro 1965: 146). I then consider their shared concern that a deeper understanding of human psychology was a missing piece that anthropologists could not afford to ignore in their investigation of culture. I suggest that Otto Rank's view of human psychology (what he called will psychology) would have contributed to their theorizing of the interaction between person and culture. Finally, I propose my own model, a simplified schematic of the relationship between persons and cultural forms that reflects the individual behavior and cultural dynamics I observed in the current study, and represents a potential synthesis of the ideas of Sapir, Hallowell, and Rank, and several recent theories in psychocultural anthropology.

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1. *The Social History of a Cultural Model*

Jessie Taft, co-founder of the functional school of social work, displayed only two framed pictures in her office at the University of Pennsylvania School of Social Work where she taught

from 1918-1952: one of her dissertation chair, sociologist George Herbert Mead,[38] and another of

her friend and colleague Otto Rank, psychoanalyst and former colleague of Freud (Robinson

1962: 37). Taft was deeply influenced by these two scholars and their theories of the human

personality, particularly Mead's idea of the social self arising continually in social relationships

(Mead 1910, 1912, 1913, 1934)[39] and Rank's theory of the human will, which she understood

intimately as the translator of two of his books on the subject (Rank 1936a/1978; 1936b/1978).

Taft's experience of analysis with Rank and subsequent close personal and professional

association with Rank also helped shape her view of the therapeutic relationship and the helping

process. From Taft's interactions with these two men and the ideas she gained from her

participation in these interactions (to paraphrase Sapir), and through her own ideas, clinical

work, teaching experience, pragmatic experimentation and creative synthesis, Taft and her

partner Virginia Robinson and others of the functional school at the Pennsylvania School of

Social Work created and refined a model of social work education. They did this for a pragmatic

purpose: to more effectively help the people who came to them and their students through the

doors of Philadelphia's social service agencies expressing a need for some kind of change in

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[38] G. H. Mead also served as Treasurer of the Hull House in Chicago, one of the first and perhaps best known of social work's early settlement houses. He was a close friend of Jane Addams, founder of the Hull House and social work pioneer.

[39] There is currently a renewed interest in this perspective. Professor Emeritus of Social Welfare Stuart Kirk drew my attention to a recent article by Tanya Luhrmann in which she writes there is a "backlash against the bio-bio-bio model" in psychiatry given research in epigenetics that finds "genes themselves respond to an individual's social context" (Luhrmann 2012b). She observes: "The pushback is also a return to an older, wiser understanding of mind and body. In his Second Discourse (1754), Jean Jacques Rousseau describes human beings as made up out of each other through their interactions, their shared language, their intense responsiveness. 'The social man, always outside of himself, knows only how to live in the opinions of others; and it is, so to speak, from their judgment alone that he draws the sentiment of his own existence.' We are deeply social creatures. Our bodies constrain us, but our social interactions make us who we are. The new more socially complex approach to human suffering simply takes that fact seriously again" (ibid.) Kirk said this article was circulated among professors of social work, not least because "social work has been saying this all along" (personal communication, January 14, 2013).

their lives. Like today, these agencies provided the social work students with field internships and field supervision in collaboration with the school.

The method of working with clients taught to students at the Pennsylvania School was "rooted in the will psychology of Rank" (Faatz 1953: 31), but as the school's pedagogy evolved in the 1930's, Taft began using the term "functional" to anchor the social work relationship in the short-term function the service agency provided (vs. conducting a Freudian analysis of personality over an undetermined length of time; see Taft 1942b). Within the professional boundaries of function, the functional school, following Rank, advocated a genuine relationship between the social worker and client, relying on the *real* relationship between the social worker and client to support their collaborative work in solving the client's problems with reference to agency function - that is, the concrete help a particular agency offered - rather than interpreting the client's "transference" onto the social worker in Freudian terms. The functional approach, again following Rank, viewed the client as the expert on their own difficulties and possible solutions, and attempted to engage the client's positive will and natural impulse toward growth to effect their own desired changes. This differed significantly from Freud's model of the psychoanalyst-as-expert interpreting the client's personality and difficulties in psychoanalytic terms, the approach taken by the rival diagnostic school of social work located primarily at the New York School of Social Work (which became the Columbia School of Social Work) and Smith School of Social Work (Robinson 1968/2008).

The war between the functional school and the diagnostic school was fierce, particularly in the decade from 1930-1940. Anita Faatz, a professor at the Pennsylvania School, later reflects

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on the difference between the schools regarding social casework, and characterizes Freud's

approach as determinative (as did Progoff 1956: 197) in contrast to Rank's view:

> In the field of casework as a whole this decade was the period of psychoanalytic influence, when casework developed from the stimulus psychotherapy had to offer. It was a period that saw the development of a comprehensive theory of psychological causation, according to the past the determinative power to shape a man's character. But it saw, as well, the beginnings of another evolutionary process which restored the present experience to its pre-eminent position and gave recognition to the vitality of the human will. [Thus at] the same time, there developed a fresh acknowledgement of the strength of the human self and its capacity for creative self-determination. (Faatz 1953: 32)

In 1957, with the publication of her *Social Casework: A Problem-Solving Process*, Helen

Harris Perlman finally made some peace between these rival approaches by comparing Rank's

concept of the will with new developments in ego psychology (Dore 1990: 367). Interestingly

for the purposes of this dissertation, which emphasizes the students' adoption of program models

based on their pragmatic usefulness, Perlman writes in her foreword: "I have sometimes been

asked where I stand in relation to the two presently opposing schools of casework thought. By

practice, professional education, and conviction I am psychoanalytically and diagnostically

oriented." However, in reviewing the theory and methods of the functional school in course of

writing her book, Perlman tells her reader "there were parts of functional concepts and principles

which seemed remarkably useful in solving some of the caseworker's most perplexing problems.

To me a number of them seemed "true," not because of the authorities who pronounced them or

of the persuasiveness of their rationale, but simple because they came true in practice - they

worked" (Perlman 1957: xi-xii). Too, as the heyday of Freudian orthodoxy faded, so did the

debate between the two schools. Today, neither school appears to receive much mention in

social work programs, but among scholars there is a resurgence of interest in the influence of the

theories of Rank and the functional school on social work education and practice (Cnaan, Dichter & Draine 2008; Dore 1990; Stein 2010; Timms 1997).

In 1932, Sapir wrote to fellow anthropologist Alfred Kroeber: "I am feeling more and more keenly and clearly that the dichotomy between culture as an impersonal concern and individual behavior is a myth - a highly useful one, to be sure, for the preliminary clearing of the ground but very mischievous in the long run because it leads to fatal misunderstandings about both personality and culture" (Darnell 1990: 148). Similar to his earlier assertion that "between the psychic and the social there is no chasm," Sapir challenges Kroeber's (1917) notion that culture itself may be viewed as a "superorganic," or independent cause of human behavior and the historical unfolding of events (Sapir 1917: 444). Instead, Sapir observed: "The social is but a name for those reactions or type of reaction that depend for their perpetuation on a cumulative technique of transference, that known as social inheritance" (ibid.).

The development of the cultural model of social work education was a reaction among social actors in historical context, and the social work students I observed creatively participated in the "social inheritance" of this model. Social work pedagogy may be viewed as a tool shared among persons across generations; indeed, only persons with a Master's degree in social work are permitted to serve as field supervisors for social work students, creating a lineage that goes back to the inception of the profession. This model was designed to discipline social work students' impulse to help and more effectively serve clients in need, a common goal of educators and students both then and now. Crucially for the conclusion of this dissertation, the creation of and perpetuation this educational model owes its existence to persons' impulse to help others.

This is the impulse relied upon when the current Chair of the Social Work Department said to the students on Orientation Day: "We are so glad you are here."

As noted previously, the motivated creation of novel cultural models poses a challenge for anthropological theory which explains social behavior only in terms of the individual "internalization" of existing cultural models as determined by that individual's past experience (D'Andrade & Strauss 1992; Strauss & Quinn 1997; Spiro 1997; Westen 2001; see also D'Andrade 1995). This challenge is addressed in further detail in section three below.

2. *Developing a Professional Use of Self: Relational Shift Versus Interpretive Drift*

As noted in the Introduction, the educational process I observed in the current Master's program of social work, particularly the students' development of their professional use of self as the basis of the social work relationship, was remarkably similar to the educational process described by Taft, Virginia Robinson, and others of the functional school of social work (Robinson 1930/1978, 1942b, 1950/1978, 1968/2008, 1978; Taft 1933a/1963, 1933b/1973, 1942a, 1942b, 1947/1962, 1949/1962, 1950/1962; Faatz 1953/2011).[40] This was not a process of interpretive drift, a "slow shift towards belief" (Luhrmann 1989: 312), as much as it was a relational shift, or a qualitative change in the way students related to their clients through a new and developing professional use of themselves. The students did not adopt a new "lens" for interpreting their clients or any other experience as much as they realized they *had* a lens - many lenses, in fact - and so did their clients. Establishing a real connection with clients - the

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[40] As mentioned previously, it is not the purpose of this dissertation to assess the validity of this model in terms of its actual effectiveness in social work practice (I did not collect that data), but to show how students interacted with it.

pragmatic foundation (and "holy grail") of the social work relationship that students learned must precede the effective use of any interpretive lens or technique - was another matter entirely.

Developing a professional use of self involved three major elements: 1) the development of self-awareness and on-going practices of self-awareness, which included an increased awareness of others and one's reactions to others, 2) the effort to be genuine with clients (which depended in part on self-awareness), and 3) the negotiation of personal and professional boundaries with clients. Students' professional use of self also involved drawing upon their experience of "taking help" in the program, an experience which could become a resource to better understand and guide their facilitation of their clients' experience of taking help, which might include analogous resistance, growth, and change.

In this setting, increases in self-awareness not only involved an examination of one's past experiences, reactions to those experiences, and current motivations, it involved being aware of one's self and others as "persons-in-the-environment;" that is, persons whose social facts, positions, and resources impacted their experiences and relationships. Given the Rankian foundation of social work education, the students' self-awareness and ability to experience themselves as being genuine also depended heavily on their observation and acceptance of their own emotional lives. While this is a topic that deserves further elaboration, here it is sufficient to note Victor de Munck's observation that "[t]he idea of an 'actual,' 'true,' or 'genuine' self as opposed to a 'false' self is the strongest argument I know for positing a single yet socially complex self" and his description of various theorists' understandings of the true self/false self contrast (e.g., in private versus public life; de Munck 2000: 37-38). In the social work relationship, there is in fact "cash value," as William James would say, in achieving a congruence

between one's genuine emotional experience and expression of that experience: the less cognitive and emotional effort expended on "acting," the more the social worker can be present to the client's communications, and also serve as a model for the acceptance of one's self and emotions (Faatz 1953: 91).[41]

The longitudinal interviews with Anna, Tess, and Lily related in the previous pages reflect the development of their professional use of self over the course of the program and the consequent relational shift with clients. For example, without regard to adopting any particular "belief," but rather with an increase in self-awareness, Anna learned to acknowledge her own vulnerability and her defenses against vulnerability in the clinical encounter, Tess learned to resist her impulse to over-intellectualize and began to listen to her clients from her "chest and stomach," and Lily recognized that her pain in relation to her sister's struggles, and even her initial turn to religion as an adolescent could be used as resources for better understanding, connecting with, and helping clients. As Faatz (1953: 89) describes of the social work students she taught at the Pennsylvania School, in the present study Anna, Tess, and Lily also become less defensive and more curious about their emotional life over time. They changed their patterns of behavior and observed what feelings came up for them; to cite only three examples, Anna finally decided to participate more fully in the Graduate Student Collective group, Tess sat with feeling "shattered" and uncomfortable, and Lily took off her head scarf in public to see how she felt.

The change and growth students described over the course of the program occurred initially during their first year, and again on a deeper level during their second year. In this way

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[41] Faatz, a professor at the Pennsylvania School, writes: "The whole development from undisciplined human being to disciplined professional helper can be described in part as a process of becoming aware of one's own emotions more accurately and immediately in order to respond precisely and genuinely to those of the other (76)." She also observes: "The acceptance of emotion is the key to the opening of more acceptance of the self..." (91), and adds "it is the own self that the helping person must first learn to accept, and through this process he becomes better able to permit the other to be himself (1953: 94)."

it resembled what Lester saw among postulants undergoing formation in a Mexican convent: a developmental process that was both "cyclical and directional" (Lester 2005: 15), and it resembled what Bruner described as a "spiral" of gaining understanding (Bruner 1996: xii). Again, I will cite just three examples. In the first year, Anna recognized that she was "in the room" with her clients, and this "ah-hah" moment of self-observation helped her "get out of the way" so she could better help her client figure out her own solutions to her problems. Tess realized she "gets to make a choice" about how to respond to her anxieties, saying "this is the first time I believe I have that choice." Lily feels a new sense of herself that finally doesn't "feel like a fad," unlike the superficial identities she played with previously, and gains insight into her feeling that life should somehow be "perfect." These were all moments of self-observation, growth, and change.

In their second year, particularly for the students in the Micro concentration with a specialization in mental health, change occurred on a deeper level and required an even more significant experience of "taking help" (Taft 1942a: 65), particularly from the students' field supervisors in their now-chosen internships. Interesting in the light this paper's previous discussion of social work students being more in touch with their past "wounds" than was observed among psychiatric residents upon beginning their training (Kirmayer 2003), the students I observed more often took help in relation to dealing with the coping mechanisms they developed as a result of their past challenges, rather than the challenges themselves which many had already "processed" (as they say) in previous therapeutic relationships. As Menaker points out, in Rank's view: "It is not experience but the reaction to experience which is crucial...[the] personality itself is a creative endeavor" (1982: 36).

A turning point happens in the second year when students are able to admit they want to understand more about themselves. Faatz notes this admission among students is "felt at first as too self-centered," and it is "denied on account of the guilt aroused" (1953: 79). However, it is a significant step the training process to accept this desire as an authentic part of themselves, not least because it frees the students to commit to their own development, which lays the foundation for a deeper understanding of the growth process and the human impulse for creative expression as it may occur in their clients as well. In order to better understand the students' accelerated development in their second year of training, Faatz observes it is:

> ...necessary to consider the creative strivings of the individual who comes into casework, the strivings to use the self more effectively, to find channels of expression that satisfy; to live out whatever capability and capacity is felt to reside within the recesses of its being. Perhaps 'creative' seems too pretentious a word for these common, universal strivings, reserved as it is for characterizing the higher forms of art. Yet there is no other word which seems to carry this same meaning.... (Faatz 1953: 79)

Referencing Otto Rank's influence in social work education, Faatz goes on to explain:

> At the heart of Rank's psychology lies the belief that life experience is and can be creative, and that the striving for growth and individuation is in itself an expression of the creative impulse....The striving for creative expression brings the student into the helping function, where he does indeed discover, if he develops any skill at all, that in this medium it is possible to find form and use of himself to the extent of his capacity. (Ibid.)

Thus Anna, with the help of her supervisor and participation in the Collective, examines her strategies to maintain invulnerability and takes more risks in verbalizing her thoughts to clients and fellow classmates. Tess learns from her supervisor that she intellectualizes to protect herself, and changes her formal manner of speaking with clients in an effort to minimize the distance this may create. Given her immediate struggles with her sister's illness, Lily takes help

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from both her supervisor and her therapist in changing the way she coped with her anger, grief and guilt. Lily begins to accept the realities and particularities of her sister's struggles, and in so doing became better able to separate her own experience from the experiences of her clients and their families. In clinical interactions during her second year, Lily was able to temper the urgency she felt to "save" her teenage clients as she could not save her sister (while her skills do so improved).

The founders of the functional school point out "the basic experience of taking help within a professionally controlled and limited relationship, is essential to the adequate training of students for practice in a social agency" (Taft 1942a: 65). In taking help and making behavioral changes in order to achieve development towards their goal of becoming a more effective social worker, the students experienced a process of desire, anxiety, resistance, and eventually a letting go of old patterns and a previously unimagined yet vitalizing change in their behavior and experience. This was a hard-won, largely self-directed, and ultimately integrating change to a new level of functioning they could now understand as potentially parallel in some ways to clients' experiences in therapy. This experience of taking help in itself, as Taft and the designers of the functional school curriculum understood, provided a basis for students to begin to help others in their own processes of change. This experience is again not an interpretive drift into a belief, but rather a phenomenological experience of growth and change in themselves and in relation to others.

This growth and change was the "student movement" observed in the functional school (Taft 1942a, 1942b; see also Robinson 1950/1978), and the "parallel process" referred to in the

current program. This process of taking help became fundamental to the students' understanding

of their professional use of self.   Robinson notes:

> This understanding of dynamics and of processes of change and growth
> constitutes a special psychological knowledge. This knowledge cannot be taught
> academically but grows out of the student's experience in a process of change in
> the development in his own professional self and in his capacity to feel his client's
> movement and growth as like and different from his own. In this training process
> the will-to-change the object is transformed into a will-to-create the professional
> self and the process of relationship in which it works. (Robinson 1942b: 31)

Later in her career, Taft remarks that it perhaps remarkable that "growth is expected, even

required" (Taft 1950, in Robinson 1962: 327) among students. But "it does happen - and it

happens year after year" (ibid.) Taft asserts:

> To believe in the client's capacity for growth, through the helping process of
> casework, requires the kind of conviction that stems from the worker's own
> experience of growth....Only a training process that is geared to the expectation of
> psychological growth, or, if you like, to the development of a professional self in
> the student, can be counted on to provide the basis for such a conviction....the
> concept of growth...underlies training for social work. (Taft 1950, in Robinson
> 1962: 327-328)

Echoing a Rankian view of human psychology, Taft goes on to acknowledge persons

often carry forward behaviors developed in the past, but she asserts:

> ...regardless of the fact of pattern, and the apparent compulsion of the individual
> to perpetuate his own original way of meeting life, his impulse toward growth and
> change, his hunger for self-development and creative expression, are equally real.

Students went through diverse and individual challenges as they developed their own

professional use of themselves. As Taft notes, this was a creative (if sometimes painful) process,

and it constituted a significant amount of their work in becoming professional social workers

(leading to complaints of being "over-processed," or as one student said "the program kind of

bludgeons us to death with being self-aware and exploring our inner workings"). This pedagogy appeared to rely upon students' desire to be effective with clients as their motivation to push themselves to grow during the program. However, the process did allow the students to return full circle to their original intention: they started out focused on the populations they wanted to help, and ended up understanding with some relief that their social work practice is not about themselves despite all their required self-examination and development during their training process, rather, as the program mantra went: "It's all about the relationship." The real relationship with the client, that is, which turned out to require their own self-exploration, reflection, consciousness-raising, creativity, and inevitably, growth.

While this educational process is steeped in history and theory, it did not produce graduates with a firm hold on any one or two interpretive lenses on their clients. Students did not learn to see their clients according to any one belief system advocated by the field of social work, rather they were encouraged, even required, to create a beginning synthesis their own views drawing from a great array of framing resources and theoretically-based techniques. They were taught, however, that their professional use of self, which included the ongoing practices of self-awareness, genuineness, the anchoring use of professional boundaries, and the experience of taking help and making their own behavioral changes toward a goal, was the key to the therapeutic relationship, to connecting with the client, and to engaging the client's positive will in the effort to fulfill the client's own desire for change.

The shift in relationship that students experienced is not simply a different way to understand a change in subjectivity from the model of interpretive drift so well demonstrated by Luhrmann (1989, 2000, 2012a) and Lester (2005) in other settings. The shift to a focus on

relationship also describes the actual difference between the Rankian and Freudian approaches to psychotherapy at that time (psychoanalysis had transformed in many ways since then). To be a student in the Freudian tradition was to engage in an interpretive drift into his system of beliefs and apply them to the patient to diagnose an underlying pathology. For the physician in particular, the relationship with the patient in psychoanalysis was not so different from a relationship with any other kind of patient: the doctor was still the expert, the patient was still to be diagnosed and treated according to the Freudian paradigm. The Rankian approach, in contrast, relied on the client's own will toward growth, and saw help most effectively achieved through a genuine and facilitating relationship with the client, rather than an interpretive one.[42] In fact, in the present study, I often heard social work students say they cared more about helping a client than having a correct interpretation of a client according to an intellectual theory.[43]

This model pedagogy, the creative development of the professional use of self in social work education, produces a particular kind of cultural relationship that has consequence for persons' behavior both within and beyond these relational encounters. Through a voluntary

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[42] In an address to social workers in 1935, Rank noted: "Psychiatry - just as social work - originally had the aim to do something immediate for and to the patient in order to alleviate his suffering or improve his condition. Then came psychoanalysis, which was developed by Freud as a method of research, of patient and passive investigation into the client's unconscious - in order to detect the hidden roots of troubles....unfortunately, his interest in the material produced by his patients under the spell of free association took him further and further away from his therapeutic task" (Rank 1996: 260).

[43] In a lecture in which Rank briefly reviews the theories of Freud, Jung, and Adler, he notes they "all sprang from the same source - the exploration of the unconscious" and they are "essentially alike, in that each one sets up an ideal of normality toward which it strives. *To all of them, neurosis represents a failure on the part of the individual to reach a certain norm or average.* Where the theories disagree is the kind of norm that they have established as their ideal" (Rank 1938/1996: 266-7, italics in original). Thus each therapy intends to change the patient's behavior so that it better approximates the theory's standard. The therapeutic approach is essentially the same as well, Rank says, "consist[ing] in a mere learning of and believing in the theory; in other words, it is essentially an intellectual process (ibid.)." Rank mentions that in 1921 he pointed to the need to separate theory from therapy (Ferenczi & Rank 1925), observing from his own practice that "the therapeutic process is basically an emotional experience which takes place *independently* of the theoretical concepts of the analyst" (Rank 1938/1996: 268, italics in original). Rank thus advocated a focus on the present rather than the past, and allowed the patient a more active role in their own therapy, making "the patient's own will...the most constructive force in the therapeutic process." Over time, Rank "came to the conclusion that the neurotic type is not, as psychoanalysis conceived, a failure in normalcy, but a failure in *creativity*" (ibid., italics in original).

controlled process of development, however diverse in content according to the needs, obstacles and preferences of each student, the social work students changed how they related to others, and in so doing, created cultural relationships that their clients then potentially experienced not only as a human connection but a cultural form. This supports Sapir's assertion that culture is not found in an abstracted idea of "society," but is rather located in "the interactions of specific individuals and, on the subjective side, in the world of meanings which each one of these individuals may unconsciously abstract for himself from his participation in these interactions" (Sapir 1932/1949: 515). When the social work professors remind their students that their client cannot be genuine unless they themselves are genuine, this also implies that clients may, as a consequence of participating in a genuine relationship, carry this relational schema into other relationships in their lives. How we participate in relationships then, is a process of culture creation. However, as Rank noted regarding psychotherapy, "[w]hat helps is not *intellectual knowledge* but human understanding, which is *emotional* and hence cannot be schematized" (1930/1996: 22, italics in original).

It is worth noting that students' change in subjectivity in this setting proceeded not from the application of a theory or belief, but in part from a phenomenological shift in orientation to another as willful subject rather than an object of interpretation. To further clarify this distinction between two potential objects of anthropological focus - the phenomenological experience of ways of being in relationship with others versus the pervasive and complex use of intellectual or cultural systems of belief - I draw the reader's attention to a particularly fascinating observation made by C. Jason Throop during the course of his research on the perception of pain on the island of Yap (Waqab) Federated States of Micronesia (Throop 2010).

Throop was already intellectually familiar with the local understanding that enduring certain kinds of pain may be seen as virtuous when he witnessed the pain of Tinag, a young girl whose broken arm was re-set without anesthesia by a local healer. Video camera rolling, Throop knew this was a potential ethnographic moment, and indeed as Tinag experienced her most excruciating pain, the young girl's father and grandmother urged her to endure, repeating a local term that was "an indexical marker for cultural virtue" (Throop 2010: 253). But as Tinag screamed and cried, and as her family continued to repeat the phrase in an effort to help her, Throop found himself experiencing a shift in relationship to the girl, her family, and to the healer who allowed him to observe the procedure. Reflecting on this experience, he writes:

> ...it was precisely in those moments where I was made to existentially question my own very presence as a witness, to confront my own interests and plans (interests that led me to participate in the suffering of another that could never be my own), that I was faced with the true integrity of Tinag's being - a being that is not assumable to the self-sameness of my own being. The intensity and viscerality of Tinag's pain, her suffering, her cries, tears, and screams compelled a shift in my orientation to her. In those moments she could no longer ever simply be a subject of my research, a token of a type of person who suffers pain, even if at times virtuously from a Yapese perspective. (Throop 2010: 282).

Knowing stoicism was culturally valued, Throop was discomfited when he found himself shedding tears for the young girl during the procedure and his and the local healer's eyes met for an instant. However, his genuine emotion proved to be "a point of connection" (ibid.: 282) with the local healer, and after the session she told him to "stop by anytime" (ibid.: 39). Throop observes: "At that moment she came to see me as more than a strange outsider, a researcher, and anthropologist, a student, or what have you" (ibid.: 282). For the purposes of this dissertation, it seems important to point out that at that moment, a real relationship was established between Throop and the local healer within and beyond cultural roles.

When Throop discusses the ethics of suffering (ibid.: 274-278) and argues for a particular anthropological attitude and "ethnographic epoché" in terms of method (ibid.: 278-282), he again distinguishes between viewing persons in terms of theory and orienting to persons in terms of a real relationship: "In confronting the suffering of another, we may be compelled to reorient our attention to the other as a subject and not an object of experience, as a complex self-interpreting being and not a simple determinable thing....In such moments, we are no longer able to flatten out the other's self-experience by subjecting it to our own categories of understanding and expectation" (ibid.: 279). However, despite the recognition of another's difference from ourselves and the tempting professional and intellectual hubris of typification, Throop observes: "Arising from the nexus of the suffering of compassion and the suffering of the other that can never be my own, there is, ironically, the basis for the most primordial forms of human connectedness" (ibid.: 275).

Or perhaps this is only apparently ironic. We may be wired for relationship across difference. We may all, as a psychological anthropologist and social worker remarked to me during the course of my research, have reference to a similar emotional alphabet that allows us to read (but not exactly know) another's story, even if it is not our own, if we exert enough effort, and to have our own human response to it. If this were not the case, both anthropologists and social workers would have a tough time doing business.

This is perhaps Throop's point in arguing for his particular ethnographic epoché for anthropologists in the field, a relational orientation to those we study that allows us to "confront some of our more deeply ingrained assumptions about ourselves, our world, and those others with with whom we interact....and become opened to possibilities for seeing other ways of being

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that are not, and yet may never be, our own" (ibid.: 281). Based on my observations, I would argue that social work education has something to contribute to the training of anthropologists in this regard, namely a training in the professional use of self, with its particular emphasis on self-awareness - personal, cultural, and in ongoing interaction. This self-awareness may not only contributes to the anthropologist's own attempt to "get out of the way" but seems important in effectively understanding and establishing relationships with informants. It also paves the way for another kind of understanding, one discussed by the social work students in the final Micro H practice class: that in understanding another, one's self will inevitably change. Anthropology itself is in a position to argue that as one's cultural understandings of others enlarge, what we may think of as one's "own" culture enlarges as well. Culture in this sense is potentially limitless and discoverable through relationships with others.

To summarize this section, students' individual and creative development of their professional use of self for social work practice not only produces a relational change in their subjectivity and way of being with others, but also produces cultural relationships, built in part from and by themselves through their active participation in, and use of, a cultural education. Further, the students' impulse to help others - which is certainly not unique to social workers - suggests there may be biological and social aspects of human behavior that create and infuse cultural forms of relationship. This is in contrast to Ward Goodenough's now-classic view of culture as "what people have to learn as distinct from their biological heritage" which does not include "people, behavior, or emotions" but rather models of perception and interpretation (Goodenough 1957/1964: 36, quoted in Duranti 1997: 27). Duranti calls this "the *cognitive view of culture*" (Duranti 1997: 27, italics in original) and D'Andrade writes this is a "formulation...of

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'culture as knowledge'" (D'Andrade 1955: 244, italics in original). While this formulation has produced significant scholarship, it is not our stopping point.

3. *The Creation and Use of Cultural Models: Challenges to Schema Theory*

Motivation is difficult to study. The question of persons' motivation to participate in cultural activities is often side-stepped in favor of analyzing "formation practices" (Luhrmann 1989, 2000; Lester 2005). This is understandable, as empirical data on individual motivation is difficult if not impossible to obtain; indeed it is often difficult for cultural participants themselves to identify their motivations, which are likely over-determined (Hollan 2010). However, this omission leaves a gap in the theory of social action. Motivation in the current study was somewhat easier to examine, at least to a certain degree. I inquired about students' motivations to participate in the social work program at the beginning of the program, and their motivations were hyper-cognized (Levy 1973) throughout their educational process.

Too, students were quite aware they were exposed to a shower of cultural models, each with their own situated construction (as one student attempted to clarify during a class presentation, "So are we going on the assumption that the DSM categories are real?"), and as it was shown in the previous pages, they mindfully and selectively experimented with interpretive models or schemas over time to see what was useful to them in practice. Students' interaction with models was thus relatively easy to observe. Over time, they found certain program mantras helped in their work with clients, such as "Start Where the Client is At," "No Judgements," "Trust the Process," and "It's All About the Relationship." Other practice principles such as respecting the client's right to self-determination, and psychological theories such as attachment

theory and cognitive-behavioral therapy also proved useful as students began to appreciate their power to facilitate change. Students also applied theories and techniques to themselves to see what resonated or worked to produce the insight or change they desired. Teachers encouraged students to find and develop a practice approach that resonated with them personally, but to adjust one's approach according to the needs of the client when necessary.

Thus it was plain to see that the cause of social action in this setting was not due to the internalization of cultural models based upon their inherent "motivational force" as determined by students' individual past psychodynamic experiences nor repeated experiences in the *habitus* (Bourdieu 1977), a position taken by Strauss & Quinn in *A Cognitive Theory of Cultural Meaning* (1997). Rather, students consciously and reflectively used the models available in this setting for the purpose of helping clients (and/or themselves) achieve particular goals. The "motivational force" in this setting was not in the program models; it was in the students.

In *The Development of Cognitive Anthropology* (1995), author Roy D'Andrade acknowledges the criticism some have of the claim that cultural models or schemas have "motivational force" (D'Andrade & Strauss 1992; Strauss & Quinn 1997). D'Andrade appreciates the critique that "it cannot be the schema itself that has 'force' or 'power,' because schemas are not things that can have such causal properties" (D'Andrade 1995: 239). He agrees that schemas "are not the source of whatever energy is needed to instigate action" (ibid.) He admits the problem lies in understanding motivation itself, but his own opinion does little to settle the issue. He writes:

> I believe most upper level goals for most people are multiply determined, and that the idea that there are just a small number of basic or ultimate energy sources is wrong. In the usual case, individuals learn to want to do things that are normal cultural goals by the ordinary experience of seeing admired others do these things,

receiving approval for doing them oneself, and experiencing a variety of intrinsic gratifications by doing them and as a result of doing them. (D'Andrade 1995: 239)

It is not apparent why D'Andrade believes a small number of energy sources is wrong, nor indeed what meant by "energy source." It is also not clear what might be the cause of an "intrinsic" gratification or how that fits into schema theory. In moves that seem to push the causal power of cultural schemas a bit too far, D'Andrade identifies love itself as a high-level schema (1995: 232) and Quinn asserts that "[i]t is from infantile experience that love acquires its motivational force" (Strauss & Quinn 1997: 201). The idea that love is a cultural form, waiting to be internalized through repeated exposure, was put to rest by Harry Harlow in his infamous experiments with infant monkeys; these experiments showed that the infants had an innate drive for attachment (Harlow 1958, 1959).

There are other problems with locating "motivational force" in models, partly inherited from incorporating Searle's notion of "directive force" (D'Andrade 1995: 231), and partly through using Spiro's (1987) concept of internalization (ibid.: 227-229). Directive force, as Searle uses the term, characterizes a linguistic utterance that compels another to action, such as "please shut the door." These utterances are issued from one person to another, however, and this relational context makes this type of utterance a poor analogy for a cultural schema in itself. In a communication between persons, there may be particular incentives for the hearer to respond, and/or consequences for not responding. Too, one could be forced to follow a colonizer's customs, resulting in enacting those particular social behaviors, but the "force" in this scenario comes from the colonizer, and the motivation for the cultural actor to enact the colonizer's customs is likely related to other goals (e.g., self-preservation).

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This raises a methodological issue. Reliance on Spiro's (1987, 1997) concept of the

internalization of cultural propositions (i.e., common or abstracted statements that represent a

"traditional belief, norm or value" [Spiro 1997: 8]) is problematic because it assumes a person's

social behavior is indicative of their level of belief in that proposition. Spiro offers a "scale of

cultural acquisition" with "four 'levels of conviction'" (ibid.: 8). These levels progress from a

cultural actor merely being exposed to a proposition, to acquiring it as a cliché and paying it "lip-

service," to enacting it and therefore believing it to be "true," and finally, to believing it to be

"true" and enacting it with "a powerful emotional attachment" (ibid.: 8-9). In the example cited

above, enacting a colonizer's cultural propositions would indicate the actor believes them to be

"true, correct, or right" (ibid.: 228). In Spiro's view, it appears a person's behavior is determined

by the level of conviction at which a cultural proposition is internalized, and the level of

conviction at which a cultural proposition is internalized is indicated by a person's behavior.

This explains social action in a rather circular fashion, and entails far too many assumptions.

Spiro proposes a "theory of psychological preadaptation" (Spiro 1997: 175) to explain

why persons differentially internalize cultural schemas at these various levels. This theory, while

it may explain some social action and rejects the "cultural determinism" of the transmission and

automatic acquisition of cultural forms - what Strauss (1992a) calls the "fax model" approach to

cultural reproduction - is still deterministic in that it relies on past experience to explain social

behavior. Strauss & Quinn's (1997) model essentially does the same. Although Strauss &

Quinn's theory is a major advance in that they move beyond simple cultural propositions or

linguistic statements to typify cultural content to more complex cultural schemas that involve

networks of associations that for the individual may also include images, emotions, memories

and links to other schemas,[44] their theory also relies on persons' past experience to explain

current social behavior. Both theories have an explanation for cultural variation based on the fact

that no one shares identical past experience with another, but neither theory accounts for human

creativity nor cultural change. Spiro's theory also suffers from a reliance on Freud's model of

introjection (Spiro 1997: 67), which entails thinking of internalization as an "end-state" (ibid.: 8),

with no explanation for a person's change in beliefs.

Challenging such notions of the internalization of cultural models to explain persons'

behavior, medical anthropologist Linda Garro (2000a, 2003, 2005/2007, 2010, 2011) views

cultural models as "culturally available resources...offering alternative framings for endowing

experience with meaning" (Garro 2011: 547), and has repeatedly demonstrated that persons

dealing with trouble that can be construed as illness are often ready to consider, juggle, and even

use in combination various models over time, even models whose basic ontological premises

conflict, in order to ameliorate, resolve, or prevent instances of trouble or illness. This leads one

to question what "internalization" could actually mean. Particularly in the face of anxiety,

persons are also motivated to seek the opinions and follow the recommended actions of those -

who "might be better positioned to know how to resolve a specific problem" (ibid.). Thus in

Garro's research, social behavior is not dependent on the internalization of any particular model

as "right and true," but rather culturally salient models or schemas may be used by social actors

on a case-by-case basis for their own pragmatic purposes. Thus Garro points out that Spiro's

theory of internalization is not "the only lens for theorizing about culturally informed

action" (ibid.).

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[44] See Falgoust 2008 for a fascinating ethnography of persons' "cultural and individual bodily ways of being," or the
ways that persons with various physical bodies and "psycho-bodily" experiences interact with "cultural models of
the body, sensation, and sensibilities" (351) in an Afro-Brazilian religious community.

Victor de Munck, in his *Culture, Self, and Meaning* (2000) notes the importance of

Garro's approach which "does not rely on stages of internalization for explaining motivation" for

social behavior (de Munck 2000: 87). He points out that based on Spiro's theory, once a cultural

model with "motivational force" for a particular actor has been internalized to the point of

instigating action, "the cultural model, is, itself, reified as the agent of action, and the individual

disappears (or becomes irrelevant) as the agent of action or inaction" (ibid.). In contrast, de

Munck writes, in Garro's work:

> An informant-centered analysis of meaning entails that humans make meaning by
> using, molding, and sometimes discarding cultural models. The cultural models
> are never, in themselves, meaningful until they are incorporated into narratives
> and acquire a point of view. (de Munck 2000: 87)

Likewise in the social work program, students' behavior did not appear to be the result of

any apparent internalization of cultural models based on past experience or psychological

preadaptation, but rather the result of trying out particular strategies to see if they worked, a

conscious process that involved creativity, will, and ultimately professional skill. As Garro's

subjects were motivated to resolve trouble that could be construed as illness, the students'

motivation to help their clients resolve their troubles drove the students' behavior and their

pragmatic consideration and use of culturally available models.

Anthropology is situated to bring together the biological sciences (including cognitive

neuroscience) and the humanities through focus on human beings' creation and use of cultural

forms. These forms include specialized knowledge, symbolic artifacts, practical tools, abstract

ideas, systems of belief, artistic creations from symphonies to stories, and as this dissertation

demonstrates, particular culturally facilitated and individually animated ways of relating to one

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another. However, there is a stubborn problem at the root of this endeavor, so stubborn we often exclude it from our analyses. However, as the physicist Lisa Randall has pointed out, what we do not know is an important part of our knowledge, so it is worth pointing out. The fact is, we do not know the origin of biological life, much less understand the nature of human agency or the human will, which exerts itself in the context of a human psyche with the properties of consciousness and self-consciousness, and as Otto Rank would observe, the awareness of death, the desire for immortality, and the twin desires for unity with and individuation from others. We do not yet understand the relationship between what is conscious and the staggeringly vast and sophisticated unconscious, nor can we explain the phenomenological experience of "I" or "me" talking to "ourselves" in what appears to be our minds. Harvard cognitive psychologist Elizabeth Spelke still wants to know, "How is it possible for the human brain to have an abstract thought?....For all the advances that have been made in genetics and neurobiology, we don't know where abstract ideas come from" (quoted from *The Charlie Rose Brain Series, Episode 5: "The Developing Brain,"* television air date 2/22/10).

In addition to these gaps in knowledge, psychology and anthropology (like economics, another social science) must grapple with the fact that human behavior is not always rational nor predictable, forcing theoretical claims of causation to rely on deterministic arguments that cannot be proven wrong, even if they cannot be proven. However, theories of the causal determination of human behavior usually fall short in predicting human behavior or explaining human creativity. It is not enough to merely say that persons "draw upon associations learned from the past" in both "everyday creative practices and in...new practices" (Strauss & Quinn 1997: 54); this leaves unanswered exactly how and why. Also, while schema theory importantly identifies

networks of associations both in phenomenological experience and in the environment, current theories of internalization that put motivational force in cultural models on one hand and rely on determinative past experience on the other seem not only to drop the willful and creative actor out of the picture, but do not explain how novel schemas arise in the mind. They do not explain Einstein's thought experiments nor Michaelangelo's vision of the Sistine Chapel, and they do not explain how we *homo sapiens* are a different from *Dermochelys coriacea,* the species of giant sea turtle that has been doing the same thing in a cyclical fashion on this planet for over one hundred million years.

In this dissertation, I have attempted to trace specific processes of individual creativity achieved by three social work students as they make use of cultural forms in order to satisfy their impulse to help others and develop themselves as individuals and cultural participants through a creative development of their professional use of self as a social worker. The cultural models they test, use, and take ownership of were created by others before them for the purpose of achieving this same goal. It is again as difficult to ascertain the origin of the human impulse to help others as it is to ascertain the origins of life or the human will; however, it is premature to assume it is the result of the internalization of a cultural model with directive force in itself, or the laying down of neural connections in the brain of a cultural schema that has motivational force based on an individual's past experience. There must be room to theorize human action, not just reaction.

Contra (particularly radical) behaviorist theory, the origin of behavior is not always external. Harry Harlow demonstrated the impulse for love and attachment is innate: infant monkeys seek this warm and fuzzy relation even when their biological drive for food is satisfied.

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They do not "learn" to want to receive love, nor "learn" to want to love others, they just do. Without normative nurturance meeting those impulses, the infant monkeys in his experiments did not develop normally. Harlow showed these relational impulses drive behavior, rather than behavior being the result of a stimulus-response chain of external origin (Chomsky dealt a similar blow to behaviorism in demonstrating the child's innate structures for grammar). Thus we must be cautious with any attempt to account for behavior by recourse to theoretical models that posit repeated exposure or past associative conditioning as determinative.

Connectionist theory has the advantage of incorporating an ideational aspect - that is, it is a cognitive theory that allows for, indeed insists upon, the reality of mental phenomena whereas radical behaviorism did not - but its reliance on determinist theories of social behavior limits our appreciation of the human capacity for creative action and ideas. This is not lost on its proponents who admit that while computer connectionist models build in some flexibility in the individual execution of cultural schemas and thus can account for individual variations in behavior (here they borrow Bourdieu's term "regulated improvisation" [Strauss & Quinn 1997: 53), they also write: "This does not mean that all creativity can be explained by connectionist models" (Strauss & Quinn 1997: 54).

Too, Strauss and Quinn point out that "conscious efforts" and "controlled processes are not readily explained within a connectionist framework" (1997: 100). That is, connectionist computer simulations can give literal "weight" to past experiences, but they cannot input the "controller" of controlled processes, which would involve a willful and reflexive agent. In the present study, the controllers of controlled processes are the students themselves utilizing the cultural forms of the social work program. These forms include reflexive and reflective practices

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- or controlled processes - of increasing one's self-awareness in order to achieve a more effective professional use of self, as well as creative and integrative processes that effect behavior likewise not easily modeled in connectionist simulations.

As Sapir noted, creative participation in a social setting involves persons "willing to put some part of themselves into the forms they receive from their predecessors" (1924: 321). In this way, he states: "Creation is a bending of form to one's will" (ibid.), not merely implying a possible flexible modification of forms in order to account for individual variation in a given setting, but to point out that in a healthy or genuine culture (a concept addressed below), persons may actively bring cultural forms into alignment with their deepest motivations and individual expression (see Appendix E for a cartoon drawn by one of the students for an example this kind of individual expression of what he learned in the program). It is in this way that persons may create and use culture for the development of personality, by which I mean the development of students' sense of who they are and want to become, and the development and expression of themselves in their chosen professional role in relation to others. It is in this way that the students' professional use of self was not internalized but creatively achieved.

4. *The Dynamics of Development in Culture: Revisiting Sapir and Hallowell*

In *The Culture of Education* (1996), Jerome Bruner argues that education is "the right 'test frame' for budding ideas in cultural psychology," noting that humans are "the only species that *teaches* in any significant way. Mental life is lived with others, is shaped to be communicated, and unfolds with the aid of cultural codes, traditions, and the like. But this

extends beyond school....So there is nothing more appropriate than educational practice for testing a cultural psychology" (*xi,* italics in original).

What Bruner means by "a cultural psychology" is hinted in his repeated use of the phrase "enabling culture" (*xv*), and his description of what schools "must" do:

> A system of education must help those growing up in a culture find an identity within that culture. Without it, they stumble in their effort after meaning....Education *is* risky, for it fuels the sense of possibility. But a failure to equip minds with the skills for understanding and feeling and acting in the cultural world is not simply scoring a pedagogical zero. It risks creating alienation, defiance, and practical incompetence. And all of these undermine the viability of culture....[Education] is a complex pursuit of fitting a culture to the needs of its members and of fitting its members and their ways of knowing to the needs of the culture. (Bruner 1996: 42-43)

Bruner's view of education and culture here is not so different from the views of Edward Sapir and Irving Hallowell. Each of these three scholars posit an ideal kind of harmony between person and culture, each sees culture as playing a facilitating role in persons' development, and each sees this ideal as a complex and even arduous task and process that has the potential to be revitalized in each succeeding generation that inherits the cultural forms of its predecessors.

As social scientists, this is not the easiest view to hold, as it entails a kind of moral perspective. Bruner tackles this head-on, pointing out plainly that to abandon efforts to achieve this kind of positive developmental dynamic between individuals and culture would be to "commit moral suicide" (Bruner 1996: 185). As a linguist, Sapir approaches this idea through language itself, persuading his reader to consider that among other various conceptions, most of us have an understanding of culture as a potentially "good thing," and Sapir then gives his own admittedly idealistic "idea of what kind of a good thing culture is" or might be (Sapir 1924/1949: 308): a setting in which there is a creative and fulfilling developmental dynamic between

individuals and their cultural forms and practices (this as opposed to a "spurious" culture in which cultural forms and practices are of no vital use to its members [315] and "spiritual selves go hungry" [321]), a conception few would find troubling. Irving Hallowell takes the tack of analyzing the function of culture in the evolutionary adaptation of the human species, thus making the claim that culture advances human development hardly objectionable. I will briefly sketch out Sapir's and Hallowell's views before noting the views of Erik Erikson and Ernest Becker that also reflect this view of the facilitating possibilities of cultural forms in human development from different angles.

Edward Sapir does a clever thing in his masterful essay, "Culture, Genuine and Spurious" (1924/1949). He makes it plain that culture, rather than being an empirical reality, is a term that may be imagined variously. However, he writes, "underneath the clash of varying contents there is a unifying feeling-tone...a relatively constant halo that surrounds" the term. As a term, culture is an "empty throne" fought over by meaning-makers, and while "rival pretenders war to the death," the throne "remain[s] serenely splendid in gold" (308). After detailing three conceptions of culture (culture defined technically for ethnologists, culture as so-called refinement, and culture as descriptive of a particular setting's salient features), Sapir advances his own "pretender to the throne," the genuine culture:

> The genuine culture is not of necessity either high or low; it is merely inherently harmonious, balanced, self-satisfactory. It is the expression of a richly varied and yet somehow unified and consistent attitude toward life, an attitude which sees the significance of any one element of civilization in its relation to all others. It is, ideally speaking, a culture in which nothing is spiritually meaningless.... (Sapir 1924/1949: 314-315)

Sapir goes on to address the development of persons in such a culture, a culture which "must be looked upon as a sturdy plant growth, each remotest leaf and twig of which is organically fed by the sap at the core" (316):

> And this growth is not here meant as a metaphor for the group only; it is meant to apply as well to the individual. A culture that does not build itself out of the central interests and desires of its bearers, that works from general ends to the individual, is an external culture....the genuine culture is internal, it works from the individual to the ends. (Sapir 1924/1949: 316)

This view of culture and of the individual developing in culture is quite the opposite of the theories of the cultural schema theorists described above, who see persons as internalizing external culture, and give scant attention to the "central interests and desires" of persons as such. In this essay, Sapir stresses the individual's creative participation in culture, his active engagement with cultural inheritances, and the cultural facilitation of the personality to "develop its powers" (323). As Sapir notes of a genuine culture: "The major activities of the individual must directly satisfy his own creative and emotional impulses, must always be something more than a means to an end" (316). He points out the individual "seeks instinctively for mastery" of its own expression, and no doubt will have to submit to some constraints as a member of a group, but "the self must set itself at a point where it can, if not embrace the whole spiritual life of its group, at least catch enough of its rays to burst into light and flame (326)." He told his students one purpose of culture was:

> ...to actualize basic impulses in a harmonic fashion. Culture has the same purpose [as other forms of] adaptation to an environment - to actualize [(i.e., satisfy)] primary needs...The cultural pattern is a powerful system of channelized behavior which actualizes certain basic impulses and gives the possibility for personal realization. (Sapir 2002: 91)

Sapir's model, despite - or perhaps because of - its idealism, was more in line with the person-culture dynamic I observed in the social work program than with any simple internalization of external cultural propositions or schemas without a consideration of willful and self-conscious processes of growth and the creative development of personality. This was a setting that aspired to be a genuine culture in Sapir's sense, to keep in alignment the intentions and possibilities of social work education and the motivations and creative abilities of the students. This is perhaps not so surprising, as one might think of any professional education, ideally, as a kind of genuine culture that aims to keep the intentions of the field and its participants congruent. Falgoust (2008), Lester (2005) and Luhrmann (1989) also note that persons' voluntary participation in particular sociocultural activities steeped in metaphysical beliefs and orientations appeared to contribute to many of those cultural participants' development or "particular line of development" as Lester put it (2005: 1).

A comment about the term "genuine" deserves mention here. Sapir's use of the term in his 1924 essay refers to the kind of congruence mentioned above, not to be confused with "genuine" as being truthful or without artifice. This kind of "being genuine" was emergent in the social work program as a potential way of being with others in this setting. Indeed, it was an identifiable "aesthetic" (Sapir 2002: 89-90) of the program, as in "When in Rome, do as the Romans do." In fact, I told a social work professor that I wrote in my first field journal, "Don't be fakey, be yourself, assume they can see through you." He asked why, and I replied, "I had to be on the same page as everyone else." He laughed, "Well, we do try."

Irving Hallowell likewise sees a functional and facilitating relation between the individual and his or her cultural setting. Hallowell believed "the phenomena of self-awareness in our

species is as integral a part of the human sociocultural mode of adaptation as it is a distinctive human level of psychological structuralization" (1955: 75). Thus placing the human species' evolved capacity for self-awareness (that is, "generic" self-consciousness, or the ability "to discriminate himself as an object in the world of objects other than himself" [Hallowell 1955: 75]) at the center of his inquiry into the relation between culture and personality, Hallowell observed that:

> As a result of self-objectification human societies become social orders of conscious selves...when viewed from the standpoint of this particularity of man, cultures may be said to be elaborated systems of meaning, which, in an animal capable of self-awareness, implement a type of adaptation which makes the role of the human being intelligible to himself, both with reference to an articulated universe and to his fellow men. (Hallowell 1950/1955: 10)

In this way, culture "play[s] a constitutive role in the individual's psychological adjustment to his world," and Hallowell argues that "all human cultures must provide the individual with basic orientations that are among the necessary conditions for the development, reinforcement, and effective functioning of self-awareness" (Hallowell 1955: 89). Hallowell also adds that cultural forms in a person's "behavioral environment may have functions that can be shown to be directly related to the needs, motivations, and goals of the self" (87). This again differs from locating "motivational force" in cultural forms themselves as opposed to persons. Curious, however, is Hallowell's assertion that "culture must provide the individual," as if culture itself is a thing. This goes unexamined in this essay, but in later work Hallowell calls man "the culture-building animal," and points out man is "constantly reinterpreting his experience, reconstituting his world view, inventing new technologies, and adjusting his behavior accordingly" (Hallowell 1976/1954: 228-229). In short, as was the case in the present

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study of social work education and will be discussed further below, no one but us creates cultural forms, including self-orientations like the professional use of self for social work practice, and in this sense, we humans develop ourselves and others with whom we interact.

Hallowell notes that "motives at the human level are peculiarly complex," but proposes that "the positive evaluation of the self represents the keystone of the characteristic motivational structure that we find in man," and that an important function of culture is to help "constitute the self as an object of primary value in a world of other objects" (Hallowell 1955: 102). Hallowell also observes that as persons develop, they form identifications and relationships with others: "From the standpoint of motivational orientation the phenomena characterized as 'ego-involvement,' the identification of the self with things, individuals, and groups of individuals is...of great importance," and observes "[t]he range and character of 'ego-involvements' as constituted by variations in the structure of different behavioral environments need detailed examination" (ibid.). This observation leads to the consideration of the "cultural psychodynamics" (to use Hallowell's term; see Levine 2007: 50, and Spiro 1987b: 146) of the present setting.

As mentioned in the Introduction, the field of social work (like may other settings and cultural roles) could be viewed as what anthropologist Ernest Becker in his 1973 Pulitzer-Prize winning *The Denial of Death* called a "cultural hero system," a social system that affords its participants an engagement with a higher meaning or purpose (that is, helping others in need, or as the students joke, "saving the world"). A cultural hero system, as noted earlier, "is a living myth of the significance of human life, a defiant creation of meaning" (Becker 1973: 7) that fulfills a human need to make a contribution to something more lasting than themselves; in

effect, to deny one's own fleeting mortality in service of one's own (even everyday)

psychological adjustment. For his views, Becker acknowledges a heavy debt to the work of

Otto Rank [xix].

Becker raises the "vital idea" of heroism at the outset of his book, saying "the popular

mind always knew how important it was: as William James - who covered just about everything

- remarked at the turn of the century: 'mankind's common instinct for reality...has always held

the world to be essentially a theatre for heroism.'" (1). Becker observes that what

anthropologists "call 'cultural relativity' is thus really the relativity of hero-systems the world

over. But each cultural system is a dramatization of earthly heroics; each system cuts out roles

for performances of various degrees of heroism," from the "high" heroism of world or spiritual

leaders, to the "low" heroism of professionals, artists, and laborers (Becker 1973: 5). Becker

goes on:

> It doesn't matter whether the cultural hero system is frankly magical, religious,
> and primitive, or secular, secular, scientific, and civilized. It is still a mythical
> hero system in which people serve in order to earn a feeling of primary value, of
> cosmic specialness, of ultimate usefulness to creation, of unshakable
> meaning....The hope and belief is that the things that man creates in society are of
> lasting worth and meaning, that they outlive or outshine death and decay, that man
> and his products count. (Becker 1973: 5)

However, commenting on his own current social *milieu,* and in contrast what I observed

among many social work students, Becker observed that "the youth no longer feel heroic in the

plan for action that their culture has set up" (6). This recalls a statement made in 1963 by Erik

Erikson in his essay, "Youth: Fidelity and Diversity:"

> To enter history, each generation of youth must find an identity consonant with an
> ideological promise in the perceptible historical process. But in youth the tables
> of childhood dependence begin slowly to turn: no longer is it merely for the old to

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teach the young the meaning of life, whether individual or collective. It is the young who, by their responses and actions, tell the old whether life as represented by the old and as presented to the young has meaning; and it is the young who carry in them the power to confirm those who confirm them and, joining the issues, to renew and regenerate, or to reform and rebel. (Erikson 1963: 20)

Both of these writers propose views that are consonant with Sapir's and Hallowell's views of the potential developmental dynamic between cultural forms and individual persons or even groups of persons. In fact, Robert Levy recently pointed out that Erikson's notion of a fulfilling identity was "the person-centered equivalent to Sapir's genuine culture." Levy observes: "When it works properly...public forms make the inner world seem coherent, and the inner world gives vitality to public forms" (Levy 2005: 450). Or as one student remarked in an early interview, "This whole education gives us a framework. This is what we do. This is why we are doing it. And this is where we fit in this puzzle." In my observations, most social work students seemed to feel a strong and fulfilling sense of identity as a social worker by the time they graduated. Anna says, "I really believe in it and I am committed to it...this is where I want to be right now." Tess says she discovered by the end of the program that the social work identity "really worked" for her, and was happy to say "That's my profession, that's me." Lily says she "feels like a social worker," and it is a "huge part of [her] identity." All say they experience tremendous reward in helping others.

Also as noted in the Introduction, the characterization of certain cultural patterns or institutions as "cultural hero systems" may be contrasted with the concept of cultural institutions as "culturally constituted defense mechanisms" proposed by Spiro (1987a, 1987b, 1997). While these concepts may share in common a functional view of what Hallowell called "cultural psychodynamics," and both posit cultural institutions may fulfill unconscious motivations, the

view of these "unconscious" motivations differs significantly. Becker, following Rank, views persons as ultimately engaged in a struggle for transcendent meaning in the context of relationships and an awareness of death. Spiro, drawing on Freud, sees persons as mired in "pathogenic conflicts" (1987b) and/or "morally conflictual wishes" (1997: 181-183) rooted in society's - that is, the superego's - repression of the "id."

The facilitating possibilities of cultural forms as expressed by the above scholars and reflected in the person-centered ethnographic data presented here highlights the creation and use of cultural forms specifically for the development of personality, suggesting cultural actors may be willful subjects particularly intent on their own and others' growth. This adds an inherent motivational dimension to the creation of certain cultural forms, motivation that emanates from persons, not the forms themselves, which are more usefully seen as tools. As suggested in Sapir's unrelenting emphasis on human creativity in the unfolding of culture, and in Hallowell's characterization of man as "culture-builder," there are motivational, developmental and relational aspects to the creation and use of cultural forms that deserve further scrutiny. This is why the quest for a deeper understanding of the human personality was never far from the minds of the theorists of the culture and personality school.

5. *The Question of Personality: Why Cultural Anthropology Needed Otto Rank*

It is beyond the scope of this dissertation to do justice to the work of Otto Rank, whose work, after being ignored for decades following his break with Freud after twenty years of an exceedingly close relationship and intellectual collaboration, has only recently begun to receive renewed attention. However, given Sapir's call for a better understanding of human personality

in "Why Cultural Anthropology Needs the Psychiatrist" (1938) and Hallowell's similar plea for a better understanding of the "*generic* psychic structure in man" (1955: 6, italics in original) to explain the creation of human cultural patterns and forms, a brief discussion of Rank's work may persuade the reader of the potentially profound contribution Rank's theory may make to psychocultural theory, particularly in light of the open questions of Sapir and Hallowell, who were Rank's contemporaries. The following sketch of Rank's views will also better acquaint the reader with the will psychology that informed the development of social work education by Taft, Robinson, and others of the functional school of social work at the Pennsylvania School of Social Work, where Rank was also a member of the faculty.

As noted in the Introduction, Rank's views had the potential to usefully relate and even unify notions of culture and personality. At least, Rank's views would have provided a compelling and well-informed alternative to Freud's views, which were respected but not exactly embraced by many anthropologists at the time (see especially Goldenweiser's "Is Freud a Psychologist?" 1928/1933).[45] Rank's theories would have given members of the culture and personality school something to "work on" (Sapir 1924: 321).

In his 1938 article, "Why Cultural Anthropology Needs the Psychiatrist," Sapir argued that the psychiatrist, being "the systematic student of human personality" was in a position "read cause and effect in human history," but "he cannot do it now because his theory of personality is too weak and because he tends to accept with too little criticism the impersonal mode of social and cultural analysis which anthropology has made fashionable" (Sapir 1938/1949: 576). Late in

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[45] Based on my research, Spiro makes the rather unusual statement that Sapir "took" Freud "as his model" (1996: 761). While Sapir appreciated Freud's assertion that "there is an important conditioning of the child at an early age by family relationships," (Sapir 2002: 149) he was also careful to say "[p]sychoanalysis is useful for its way of thinking, not for its present formulas" (ibid.: 148). As late as 1938 Sapir wrote that no "psychiatry that has yet been evolved is in a position to do much more than to ask intelligent questions" (Sapir 1938/1949: 577).

his career, Sapir wrote to Kroeber that he believed cultural patterns "can be and ultimately should be, explained in terms of humble psychological formulations with particular emphasis on interpersonal relations" (quoted in Darnell 1990: 148). This vision could have easily described Rank's work. Unfortunately, there is little evidence Sapir was more than passingly familiar with Rank. In fact, Harry Stack Sullivan, Sapir's close friend and colleague, was one of a handful of psychiatrists who voted to remove Rank from honorary membership in the American Psychoanalytic Association in 1930.[46] Although Rank's theories of personality are best regarded as an "As-if" psychology, to borrow a concept from Sapir (2002: 181-184), and Rank would be the first to agree,[47] Sapir would likely have found Rank's emphasis on the human will as it drives the creation of culture at least intriguing.

Too, Rank's theory of human personality may have interested Hallowell, who, in his presidential address at the annual meeting of the American Anthropological Association in 1949 called for a better understanding of the evolved "*generic* psychic structure in man that clearly differentiates him from related primates as well as from other animals" (Hallowell 1955: 6, italics in original). Hallowell noted that although this evolved structure was not understood, it was necessarily "the foundation of man's specialized form of adaptation as a species as well as his personal adjustment as an individual....It is, in fact, the key to his human nature and the

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[46] Another possible reason Rank's work may have been avoided by psychoanalysts and overlooked by earlier generations of anthropologists is a scathing review of Rank's 1936 *Will Therapy* (trans. Jessie Taft) that appeared in in 1939 in *Psychiatry,* the journal edited by Harry Stack Sullivan in which Sapir's "Why Cultural Anthropology Needs the Psychiatrist" appeared the year before. Reviewer Erich Fromm strangely characterized the book as fascist, and compared it to *Mein Kampf.* Rank's biographer, E. James Lieberman, writes: "Fromm's article does no credit to its author or to *Psychiatry"* (Lieberman 1985: 385-386). Rank and Sapir both died later that same year.

[47] In a 1938 lecture, Rank says, "Let us not forget that psychology is not and never can be a pure science that establishes absolute values once and for all. Psychological theories are just as much a product of varying civilizations as everything else is. In other words they change according to the cultural pattern of the existing civilization from which they sprang; and they are just as much an *expression* of the prevailing social order as they are an *explanation* of it" (Kramer 1996: 266, italics in original).

psychodynamics of his adjustment to life, just as his feet are a key to the biodynamics of his

terrestrial adaptation" (ibid.). Hallowell also observes:

> ...it seems reasonable to suppose that the emergence of culture as a prime attribute of *human* societies must be somehow connected with a novel psychological structure rooted in the social behavior of the gregarious primate that gave rise to man....The question is not what kind of biological structure makes a hominid, but what kind of psychobiological structure not only makes a man but at the same time accounts for human society and culture...[this] is one of the central problems that must be grappled with if we are fully to understand man's uniqueness, the total conditions underlying his evolution and his capacities for cultural achievement. (Hallowell 1955: 5-6)

In brief, Rank's personality psychology was a sweeping analysis of the human will, from

its appearance in the therapeutic encounter (Rank 1936a/1978, 1936b/1978) to its manifestation

in human history (Rank 1930/1998, 1941/1958). In Rank's view, which differs radically from

Freudian psychology or any other determinist theory of human behavior, will is a first cause.

Rank's notion of the willful individual also frees contemporary theorists from being painted into

a corner by computer-simulated connectionist modeling, which forces the location of

motivational force in cultural schemas themselves (e.g., Strauss & Quinn 1997) as a result of

being unable to "input" a self-aware, controlling and (sometimes irrational) creative actor.

Calling Jessie Taft "Rank's most trusted interpreter," Rank's biographer James Lieberman

references her explanation of Rank's conception of the will:

> Will, for Rank, is the integrated personality as original creative force, that which acts, not merely reacts, upon the environment. Rank's "will" has nothing in common with the Freudian "wish," in that it is actually effective, not a passive element in a deterministic chain. The will of the individual, as Rank conceives it, is in itself a first cause and produces something new....Will is not merely the drive of a predominant instinct or combination of instincts, it is that central integration of the forces of the individual which exceeds the sum of its parts, a unity which can inhibit as well as carry through to realization the instinctual urges. (Lieberman 1985: 357)

Rank sees humans as individually willful self-conscious beings that creatively grapple with both "the fear of death" and "the fear of life" (Rank 1932), and experience both the "will to unite" (or attach/merge/connect) with others and the "will to separate" (or individuate) from others (ibid.). Rank wrote that between these ultimate fears and possibilities, "the individual is thrown back and forth all his life" (Rank 1936b/1978: 124). Evidence of humans' creative wrestle with, and communication about, these existential elements of human life is found in cultural patterns and cultural forms. For Rank, human creative expression always arises in the context of relationships, even the objectively lone artist's expression; that is, "all willing is relational" (Kramer 2012: 345).

Rank also recognized that "psychoanalysis was directed toward neurosis not toward creativity" (Progoff 1956: 243). Based on his clinical experience, Rank believed "the neurotic lives too much in the past anyway....he clings to it, wants to cling to it in order to protect himself from experience, the emotional surrender to the present" (Rank 1936a: 27). Rank also disagreed with Freud's claim that traumatic experiences are repressed and preserved in the unconscious, evoking a "literal picture of a heap of unreleased or traumatic experiences" to be discharged by the analyst (ibid.: 28). Instead, Rank argues, traumatic memories are variously "continued permanently in actual living, resisted, carried through to an ending or worked over into entirely new experiences" (ibid.). In Rank's view, the human will may play a significant role in the conscious mediation of past experiences as they as they emerge in the present. More recently Garro (2005/2007) makes this point empirically when she observes persons engage in an "effort after meaning" (referencing Bartlett 1932: 16) in attempting to make "narrative sense" of their experience (see also Garro 2000a, 2001, 2003; Garro & Mattingly [2000a, 2000b] and Mattingly

[1998, 2010a, 2010b]). This conscious, creative and willful effort to mediate the meaning and effects of past experience, particularly in light of present and future concerns (Garro 2001), is demonstrated in the following three social work students' interviews. Too, these efforts are not merely intellectual: concrete changes in their behavior do occur.

While writing *Psychology and the Soul* (1930/1998), a historical analysis of the concept of the soul in philosophy and mythology, Rank wrote a letter to Jessie Taft observing that in a post-Darwinian world, "scientific psychology grew out of a belief in the soul (immortality) and still represents for us the same although it denies the existence of the soul" in the name of science (ibid.: *xiv*). When Rank noted that "human cultural creation was essentially religious in nature" (Becker 1973: 7);[48] he meant that many cultural forms represented an on-going search for a transcendent meaning and ideally an assertion that ourselves and the ones we love *matter* in some way. As noted in the Introduction, in Rank's view, cultural patterns and processes are ultimately the result of willful (if anxious) human creativity in the context of relationships and the awareness of death. Rank's view thus collapses the dichotomy between (the evolved biological) person and culture. In a particularly poetic phrase, Rank describes the human will as "the temporal representative of the cosmic primal force" (1936a/1978: 4).

The basic premises of Rank's theory of human personality allow for a great deal of variation among cultural settings and cultural participants, and gives ample room for the creation of novel cultural forms and cultural change through the willful and creative action of individuals and groups. Interestingly, Rank and Sapir arrive at the same place at the end of their intellectual

[48] For Rank, religion was a creative response to the fear of death rather than a pathological defense as Freud saw it. Rank was not necessarily advocating a religious point of view, however. As Progoff writes, "as Rank uses it, the term 'immortality' is metaphysically neutral. He speaks of the belief in immortality as nothing more than a [historical and] psychological fact" (1959: 212).

pursuits in the realm of personality and culture: in *Beyond Psychology*, Rank writes of the

"irrational basis of human nature" that creates culture (1941/1958: 12, see also 1930/1998),[49] and

he also asserts that the "volitional affirmation of the obligatory" or the "willing yes to the must"

helps us to cope with the consciousness of our existential dilemmas (Lieberman 1985: 316,

referencing Rank's *Art and Artist* published in 1932). Sapir notes that culture may be seen as "a

form of collective lunacy" or "collective floundering" (Sapir 2002: 245), and observes: "What

one has to find is meaning...what is important is the triumph of life" (Sapir 2002: 241). Sapir

goes on to describe the anthropological endeavor in this light: "That is the first problem [in our

field, then]: what the generalized patterns [of culture] mean for people in given cultural

areas" (ibid.).

This was my intention in conducting a person-centered, process-oriented ethnographic

study of social work education. It is my hope that through a rich description of the social work

program and the experiences of three students as they became social workers, I conveyed their

creative participation in the world of social work, what it meant to them, and how their motivated

use of cultural forms effected their "mode of life" (Hallowell 1955: 316) and potentially the lives

of others.

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[49] Freud's reaction to Rank's (1930/1998) view was not favorable, according to psychoanalyst Richard Sterba who was present at a 1930 meeting of the Vienna Psychoanalytic Society. Apparently Freud said: "Rank was a highly gifted person, the ablest and most gifted of all. Then came a second phase in which he turned huckster....In his main argument Rank gets on his high horse and looks down on psychoanalysis. He uses relativity and quantum theory to undermine causality. What's left is soul and free will. But psychoanalysis cannot be an illusion....Psychology has always suffered when other sciences are applied to it. Leave psychology in peace!'" (Rank 1930/1998: *xvii,* from the editor's introduction.)

6. *An Open Model of Person-Culture Interaction*

> In spite of all that has been claimed to the contrary, we cannot thoroughly understand the dynamics of culture, of society, of history, without sooner or later taking account of the actual interrelationships of human beings. We can postpone this psychiatric analysis indefinitely but we cannot theoretically eliminate it. With the modern growth of interest in the study of personality and with the growing conviction of the enormous flexibility of personality adjustment to one's fellow men, it is difficult to see how one's intellectual curiosity about the problems of human intercourse can be forever satisfied by schematic statements about society and its stock of cultural patterns....[the social scientist] must not dodge the task of studying the effects produced by individuals of varying temperaments and backgrounds on each other. (Sapir 1938/1949: 576-577)

This passage from "Why Cultural Anthropology Needs the Psychiatrist" (Sapir 1938/1949) reflects Sapir's interest in analyzing human relationships as "the true locus of culture" (Sapir 1932/1949: 515). That same year, one year before both men died at the same too-early age of fifty-five, Rank emphasized that "*All living psychology is relationship psychology:* that is to say, understanding and explanation of what is going on between two individuals, or on a larger scale between a number of individuals - as in family or bigger social groups" (Rank 1938/1998: 271, italics in original).

Reflecting similar concerns, but from an evolutionary perspective, Hallowell writes in his 1963 article, "Personality, Culture, and Society in Behavioral Evolution:"

> ...man's social nature emerges as a paramount fact which cannot be ignored....Behavioral evolution must be thought of as the concomitant evolution of continuously present and changing social relations, structured in systems of social action - not as the evolution of the behavioral attributes of isolated individuals. (Hallowell 1963/1976: 299)

Each of these theorists emphasized at the end of their careers the importance of understanding the place of human relationships in our theorizing about culture. In this final

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section I propose a simplified schematic (in two versions) of the interaction between persons and what we characterize as culture (see Figure 1 and Figure 2 on page 517). This model primarily builds upon Sapir's argument that "the true locus of culture is in the interactions of specific individuals and, on the subjective side, in the world of meanings which each one of these individuals may unconsciously abstract for himself from his participation in these interactions" (Sapir 1932/1949: 515). This model is consistent with the ethnographic data and each of the previous five sections of this conclusion.

This model also represents a synthesis of several theories of person-culture interaction. It is consistent with the writings of Sapir, Hallowell, and Rank as described above. It also draws on selected insights of schema (or cultural models) theory in cognitive anthropology, specifically that persons use models (or networks of linked associations) to mediate their own and others' experiences and relationships. It is also consistent with the privileging of embodied experience in phenomenological anthropology, which holds that the body is the existential ground of culture (Csordas 1994). However, this model views the body as a social body, always in relationships, and as having the basic features of a Rankian psychology. That is, if culture is in the interrelations between persons, that is because the human will that creates culture is embodied in persons in relationships.

I am indebted to these perspectives for guiding my thoughts; this model is a simple organization of these ideas that leads, I believe, to placing the study of the motivated and creative processes of human beings and their relationships with one another at the center of our efforts to understand human nature in all of its diversity and common themes. This model is provisional; future work will interrogate its theoretical validity.

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A few more words about this simple schema are necessary. In this model, "Person" can mean individuals, groups, spiritual entities, and even one's "self." "Culture" as I propose it here is best seen as a tool and includes cultural models (from hero myths to explanations of illness to institutionalized relationships) and artifacts, all of which may be seen as communications between persons, thus inextricable from human interrelations. Culture also includes the behavioral environment, as Hallowell would describe it, which is also inherently social. The basic premise of the model is that as a species, humans create culture, and culture emerges in the context of relationships and as Rank points out, an awareness of death and thus a drive to transcend our mortality. This view has methodological implications: one can observe culture as it emerges in relationships, just as one can observe culture in signs, symbols, artifacts, practices and schemas.
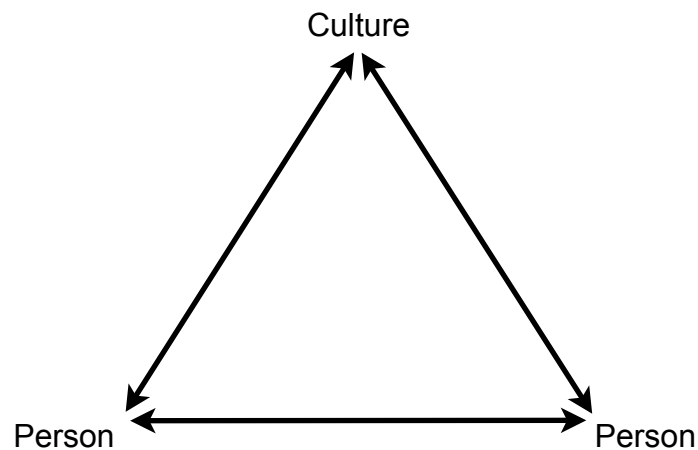

Figure 1. Relationships between persons give rise to human culture (drawing on Sapir [1932]; culture is used by persons as a resource and tool for mediating experience and relationships. The natural environment underlies the model; the body is the existential ground of culture (Csordas 1994), and additionally understood as social or always in relationship with others.

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Culture
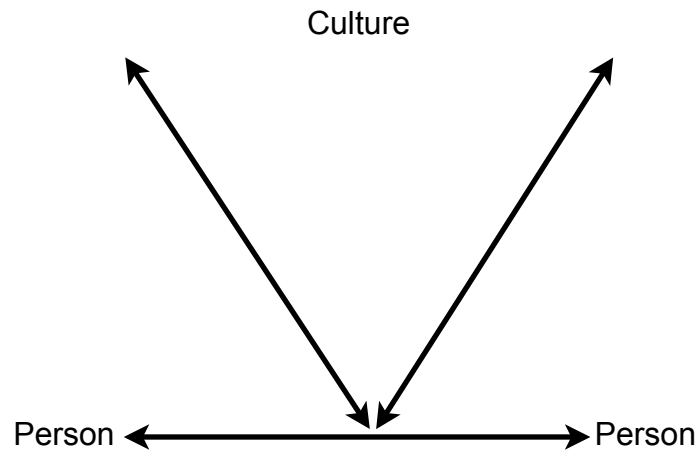
Person ←——————————→ Person

Figure 2. The same model as Figure 1 looked at in a different way: the system is open and future cultural forms are not determined by existing cultural forms; persons' imagined and creative actions work with and reach beyond existing cultural forms and produce ideational and material results in time.

We live in a world where the fundamental question, "Why are we here?" is so far not an empirical question. But this is a fundamental question of the conscious human personality, apart from science, and we try to answer it directly through science, metaphorically through art and story, and pragmatically through our actions related to what we decide makes our lives meaningful. These efforts create the cultural forms that we use and share with one another, and this is Rank's insight that collapses the dichotomy between our evolved biology and culture, and why he advocates going "beyond psychology;" that is, going beyond psychological models that attempt to explain human behavior as rational or predictable. Indeed, in this world meaning itself is indeterminate and springs from individuals or groups of individuals, making the study of human creativity essential to our anthropological endeavors.

Hallowell writes:

In Homo sapiens, personality, society and culture have been conceptually differentiated for special types of analysis and investigation...[but] they cannot be postulated as independent variables in the study of modern man or in human behavioral evolution. (Hallowell 1963/1976: 299)

Because it appears that as a species, we create culture, it appears that culture is us. Culture is always changing because we change it, even as we leave other parts alone. Culture is what we create, discover, and share, it is what we are born into, what we use to meet our needs and desires, and what we use to solve our problems. Culture is expressed in our relations with one another and in what we feel. It is our own created medium for growth, and the variety of cultural forms we may produce as a species appears potentially limitless.

Hallowell also observes:

In the behavioral evolution of the primates, the great novelty was not simply the development of a cultural mode of adaptation. It was the psychological restructuralization that made this new mode of existence possible and also provided the potentialities for cultural *re*adjustment and change. The psychological basis of culture lies not only in a capacity for highly complex forms of learning, but in a capacity for transcending what is learned - a potentiality for innovation, reorganization, creativity, and change. (Hallowell 1963/1976: 297, italics in original)

Creativity, a human capacity of the willful and expressive body which is always in relationship to others, however passionately or ambivalently, continually reaches beyond culture to find new forms, meanings, explanations, and adaptations. What emerges is neither determined nor predictable, but there do seem to be certain patterns that repeat across different settings and over time, particularly in terms of our human interrelations. In the present study, students creatively develop a professional use of self - both a cultural model and an individual creation -

in order to satisfy their impulse to help others and create meaning in their lives. Their willful actions in the context of relationships create culture.

As Sapir, Hallowell, and Rank noted, it is not only our self-awareness and deeply felt social nature that are primary features of the human psyche, but our creativity. Ultimately, the human will in the context of relationships creates and uses cultural forms to mediate our individual and collective experience, and ideally, one might argue, our own and others' development.

Mental Health Concentration
Evaluation

CORE AREA V
DEVELOPMENT OF PRACTICE AND INTERVENTION SKILLS

A. OBJECTIVE: PROFESSIONAL USE OF SELF	Fall	Spring
1. Shows ability to differentiate one's own feelings, values, attitudes and behavior from that of others, as they impact the treatment process.		
2. Evidences appropriate sensitivity, care and warmth with people.		
3. Shares personal information selectively and purposefully, in response to appropriateness of client need.		
4. Demonstrates awareness of self and responds to client objectively and rationally rather than out of own needs and personal reactions.		
5. Shows maturity in dealing with conflict and stress, and the ability to use these emotions in a constructive manner.		
6. Demonstrates appropriate assertive behavior.		
7. Demonstrates appropriate use of authority.		
8. Shows ability to serve as a role model for client.		
9. Sustains professional involvement in uncomfortable and/or threatening situations.		
10. Demonstrates the ability to shift goals and methods in the face of changing circumstances.		
11. Demonstrates skills in working as part of an inter-disciplinary team, and in relating appropriately to other professionals in the Mental Health setting.		
12. Understands the client, patterns of feeling and behaviors and works with that in a therapeutic way.		
13. Understands one's own pattern of feelings and behaviors toward the client and works with that in a therapeutic way.		

APPENDIX B: Data Codes and Coding Procedures

I tagged field notes, class notes, and student interviews with colored labels. Each colored label indicated a broad coding category. I wrote abbreviations for the sub-codes within each color category on the label. The broad categories and sub-codes were generated by my research questions (how do social work students form relationships with clients, how might their personal selves be involved, and what pedagogical models do they encounter in the program) and my cumulative familiarity with the data's salient patterns and themes.

Blue (Relationship):
Student-client relationship formation (creation of relationship, intersubjectivity, transference, counter-transference, etc.)
Genuineness
Boundaries
"Processing" emotion, events
Attachment, attachment theory
Being a "secure base" as a therapist (from attachment theory)
Empathy
Compassion
Client examples

Red (Students' Backgrounds):
Professional Use of Self - especially as it relates to participant's past (also yellow) Participant's personal or family history
Participant's current or past psychotherapy
Discussion of "wounded healer" model

Green (The Program and Its Models):
Program, curriculum
Discussion of classes
Discussion of field placement
Field supervision / Role modeling
Discussion of client populations
Cross-cultural awareness or diversity issues, students' "lens"
Person-In-Environment (PIE) Perspective
Discussion of Micro/Macro practice distinctions
Discussion of National Association of Social Worker's (NASW) *Code of Ethics* (respecting the client's right to self-determination, Start Where the Client Is At, dignity and worth of person)
Classroom learning examples
Field learning examples

Yellow (Becoming A Social Worker):
Professional Use of Self - especially as it relates to participant's present (also red)
Development
Self-Awareness (S/A)
Significant emotion
Significant motivation
Significant cognition or cognitive style, including "says a lot"
Emotion work (EW)
Social work mission and field (SW)
Talk about being or becoming a social worker/therapist (SW'r)
Diagnosis issues (DX)
Political issues (POL)

The Mantras: Trust the Process (T the P), Start Where the Client Is At (also coded   green), No Judgements, It Depends, It's All About the Relationship

Pink:
Current family or living situation, current marriage or romantic relationship

Pink & White:
Department of Mental Health (DMH) paperwork

Purple:
Discussion of ethnographer/interview participant interaction (in interviews)
Discussion of person-centered interviewing (in interviews)
Discussion of ethnographer in the field (in field and class notes)

Orange:
Interview questions/answers specific to program quarter

APPENDIX C: First-Year Student Lab Course: Selected Exchanges by Quarter

      This data is provided to give the reader a sense of the students' experiences and educational process during their first year as it emerged in the student Lab course. Due to the volume of data, what appears below is partial, selected to convey the primary themes and telling exchanges of the course.

      Students met in this group four times per quarter. Lab is a place where students share their experiences (particularly their problems) in their field placements and classes, interrogate their development as social workers, and perhaps most crucially, explore their individual emotions and their emotion management (particularly with respect to feeling grief, helplessness, frustration, and burnout). As noted previously, Lab is one place where a student is able "to explore the very experience he is undergoing and...orient himself theoretically" with peers and guiding instructors (Taft 1942a: 69). In general, students are initially overwhelmed, but over the year they gain confidence in their ability to manage their emotions and experiences as professional social workers.

      The below is taken directly from the notes taken as I sat in on the students' first-year Lab course. As explained in the First Quarter Introduction, each quarter the student Lab is run by two different pairs of professors, one from the academic faculty and one from the field faculty. I followed the same group of eighteen students all year (there were five different Lab groups).

      Each quarter I designate the professors as "Professor #1" and "Professor #2." I designate a comment made by a student with "ST." Where I write "Students:" the following comments are made by several different students. If an exchange requires following one or two particular students, I number those students accordingly.

First Quarter Lab:

      After making their own introductions, the two professors facilitating this quarter's Lab ask the students to introduce themselves. The students follow the familiar routine: they state where they are from, whether their concentration is Micro (direct practice with clients) or Macro (indirect, or policy and administration practice), and their population of interest (e.g., children and families, older adults, those with mental illness, etc.).

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<u>First Quarter Lab, First Meeting:</u>

Professor #1: What are your expectations of Lab?

Students: It's supposed to be a support group. To go over the socialization process of becoming a social worker. To connect class to field. Honestly, I wanted this to be a support group - that reporting seminar was really hard stuff.

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Professor #2: You are forming your social work identity now, and that's one of the things that you will be doing in Lab, too. You will be in the same group all year, and you will notice your group dynamics and group process. You will watch the process going on in the room. This is also a chance for you to get to know six faculty members in a different way.

Professor #1: I am hoping people will be open with each other, and I am hoping you will be genuine. These are two of the most important things you will learn over the next two years. These are core things in the profession. I hope you will take this seriously. You can learn from each other. You will also need a sense of humor.

Professor #2: I hope you gain insight into what you are going through, and I hope the group will help in your growth and development. Please maintain each other's confidentiality. What happens in Lab stays in Lab. *[Laughter.]*

Professor #1: This Lab is not group therapy, even if students find it therapeutic. We want to see the things you encounter in the field through your eyes, and we will try to problem-solve with you when you encounter difficulties. Also, give us feedback on this Lab. Are you getting your needs met? We want to know how this is working for you.

Professor #2: Now, how are you all doing?

ST: I am realizing that I am going to be responsible for people. It's a big commitment. Now when I'm with my old college friends, I wonder, who am I?

Professor #2: Adjustment to a helping role can be stressful.

ST: My field placement is really intense. I'm in an elementary school where kids don't have enough desks. They sit on the floor.

Professor #1: Even if you are Micro, important to process what's happening on a Macro level.

ST: What's the definition of processing?

Professor #1: What do you think? Is it internal or external?

ST: It takes place on the inside, but it is an interaction with the external environment.

ST: I'm working in a psychiatric hospital. I sat with a client this week, and I couldn't imagine someone more depressed. I felt like the energy was being sucked out of me.

ST: Yes, the feeling of grief is almost unbearable. I work with DCFS [Department of Child and Family Services] kids. I can only deal with it by feeling gratitude for own life. That helps me feel whole.

ST: It's okay to appreciate your own good fortune.

ST: It helps to be in a group of people who want to help children. They support each other.

ST: My field placement is an agency that helps people with AIDS. Death is on everyone's shoulders, but there workers support each other too. There has to be a lot of laughter.

ST: I miss my old job, I still want to help those kids, but I need a degree to do more.

Professor# 1: Look at people who aren't burnt out – how do they do it? Don't just take care of others, take care of yourselves – practice what you preach. It helps to ask yourself, why am I doing this? Why are you here? You have choices. If you burn out, you can switch your focus, your job within social work - that's what getting an MSW can do for you.

ST: We're talking about the possibility of burnout and it's only the third week. *[Laughter.]*

Students: I do yoga. I meditate when I can. It's really important to eat well and sleep. Sometimes you don't need to process it all out, but just cry, and that's okay.

Professor #2: Take the long view. Are things going in the right direction in general? Remember you cannot save the world. It is a cliché, but it is important to remember that it is good to help just one person at a time.

ST: I love my field placement. *[Other students murmur agreement.]*

ST: This is different than undergrad. I feel more engaged with the learning process. Now I am out in the world. I feel lit, on fire. *[He laughs. There is laughter among the students.]* I am really happy.

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First Quarter Lab, Second Meeting:

Professor #2: How are you doing?

ST: I had a nightmare about one of my clients, a girl whose family situation worries me a lot.

Professor #1: We can talk about how to maintain your boundaries, that's an important part of your use of self. There is no easy separation of the personal and professional.

ST #1: I'm frustrated. Does this field or paradigm really help people? Or are we just baby-sitting these groups? Should we push them? I see strengths. I know that people pushing *me* helped me. But maybe I'm green, impatient.

Professor #2: It sounds like you desperately want to help but don't know what to do. You don't know what to do next week and you don't want to feel guilty again.

ST #1: I just got nailed. *[The student laughs and the student's face turns red.]*

Professor #2: You don't think the faculty feels that way, decade after decade? *[Chuckles.]* You said you were lucky that people pushed you...the people who helped you may not even know how much they helped you. It's the same with you and your clients. You may be helping more than you know. You are all having those moments with clients where you help them– and they may not even be the moments that you think. *[Laughs.]* It's really being there and hanging in and trying to be helpful.

ST: I worked in a setting where it seemed like the other workers had no feeling. And I was pissed. I used to cry when families went back to abusers. The other workers would say, you can't get this upset, you won't last in the field.

ST: There is a tension between idealism and reality in social work.

ST: It seems like you can be either jaded or too emotionally invested. It's hard to be in the middle, and that's where the struggle is. So maybe feeling the struggle is good.

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First Quarter Lab, Third Meeting:

Professor #1: How's everybody?

ST: I have been thinking about the question, why are you doing this? Why are you going into social work? Because I am an optimist. The news is very despairing. At my placement we work with foster kids, and I see people working really hard to help people with very little to work with. That's optimistic. I feel like I get it more now. It's almost a spiritual thing. There's a sense of community there. I draw from that.

ST: It is grim. On a Macro level, the world right now is pretty grim. But I am seeing clients put up a fight, ask for help. Even in the homeless population, and that gives me hope there's a chance for their survival.

ST: I am Micro, but I'm here because it's the Macro stuff that makes me mad. But there is power in the changes that people can make for themselves and for others, too.

ST: My Micro class has nothing to do with my placement. There's no connection, because I am in a psychiatric hospital and the patients get discharged immediately.

ST: My experience is exact opposite - my clients are in a residential facility for life.

[Students discuss their wide variety of placements.]

ST: I got a cool assignment from my field supervisor. She said, "Don't think about what another person is thinking, think about what they might be *feeling*. Do this with a lot of people, from your clients to grocery store clerks." It's been a pretty interesting exercise. *(Students murmur and nod.)*

ST: Like the 555s. It took awhile to get - okay, that's the *thought*. What's the *feeling? [A lot of nodding and laughter among the students.]*[50]

Professor #1: Do you all understand the purpose of paying attention to feelings in the process recordings?

Students: Yes. It helps you get to what is happening with you. It keeps you present. It makes you aware of your biases. It makes you more aware of your own intentions. It slows you down so you can listen better.

ST: I was feeling very pessimistic about being able to help people last week as you know. I wondered, is this what I was hoping to get [from this program]? Then I casually interacted with a client, and he begins to really interact, and I draw on classwork. Later I realized – that wasn't just a casual lunch. That was something else. So I'm starting to have faith that the things we are learning can be really useful.

ST: Trust the process.

ST: It's like a mantra.

ST: All the work we have to do is stressful, but at least we're not competing with each other right now like students in medical school or law school.

Professor #1: We as faculty struggle with how we all teach and learn. People are different. How do you break down what you need to learn in social work education? The assignment from the field supervisor to pay attention to what people are feeling versus what people are thinking is a good example. How many of you are asking yourselves, how do class and field integrate? *[Students nod.]*

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[50] As mentioned in the ethnography, process recordings are forms that ask students to record a section of dialogue between themselves and a client, then state what the student's "gut level feelings" were during the exchange and the client's apparent affect or feelings. Students pick three exchanges from the beginning, middle, and end of the session. They record them from memory or from notes they took; they are not expected to record the dialogue verbatim but they try. The students then go over the form with their field supervisor.

Professor #2: Right now, you are going through what most social work students around the country are going through. It's not necessarily this program alone, or a result of the fast-paced quarter system. You have to step back and say, structurally, what is going on here?

Right off the bat, we have you in two separate worlds: class and field. I have struggled with this since I was an MSW student myself. How and why do we pull this off?

We have theory, which appeals to the intellect. We also have practice, which is emotional; it's empathetic, sensitive. Can you make human contact? Can you develop a rapport with clients? That is very different set of skills, it's not all about the intellectual appeal of theory.

Some more than others are sensing the connections between class and field, and some more than others are finding these connections tenuous. This may be affected by your particular field placement right now. Exit interviews with students tell us that students do put these things together over time. There's nothing wrong if you feel confused or overwhelmed now. Crying is okay. It's also okay if you vary as a group now.

Professor #1: What are you enjoying the most right now?

ST: The people. The people I work with, and the faculty and students here. They understand.

ST: The people, but also the motivation of the people in this class.

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First Quarter Lab, Fourth Meeting:

Professor #1: As a warm-up exercise right before the holidays, let's think about: What's a gift you would give yourself if you could?

Students: Sleep. A vacation. I'd go to the mountains and get away from people for a little while. Self-compassion. The ability to let stuff go. That feeling of being genuinely authentic - to be able to take that heart that you have and bring it into more places and have it last longer. To solve all my friends problems so I don't have to worry about them.

ST: Is self-care selfish? It seems like last priority.

Professor #1: Self-care is important. You're not heading into a time of more time and fewer responsibilities. In fact, the opposite. Your professional career may make school seem simple. There will be more relentless pressure. Especially if you are achievement-oriented, which you all are. And kids – if you have kids they are hugely demanding emotionally, physically, and financially. I don't say this to add to your anxiety or depression. *(Laughter.)* I am saying you can't look for things to magically structure themselves. You have to make time for what you need. I didn't know I needed it at your age. But self-care is important so you can continue to meet all of the demands of your life.

ST: I finally realized this education is not about grades but the process.

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ST: My field supervisor said her office is a safe space to be wrong. Having that was great.

ST: They say that, but you have to really believe it for it to work.
ST: I have made lots of mistakes, but fixing them has been very fulfilling. I was surprised by that.

Professor #2: There is little correlation between grades and MSW career success. It's your character and dedication. Use that information to cut yourself some slack regarding grades. It is more important to get control of yourself and your professional use of self. Take your education seriously, not your grades.

ST #2: My experience in field has been an incredible growth experience. The way I interact with people overall is not completely different, but it has changed pretty dramatically. The transformation is pretty incredible. The change. We'll have to ask Heather. *[Laughter.]*

Professor #2: So this change spills over into your other relationships?

ST #2: Yes. Just the idea of empathy. It sounds cheesy but it's true. A friend noticed I was being attentive to another friend's experience as we talked. When you have to relate to clients – you can't help but change and grow.

ST: I am learning to be interested and attentive without being invasive. There's a fine line with some clients. And one day I thought my field supervisor was getting up into my space a little too much. I felt like she was prying and it was uncomfortable. It was a good reminder that clients may feel that way. I always want to remember that, because I didn't want to talk to my supervisor for a little while after that, and I actually really like her. She was being too attentive, she just got too social-worky on me *[laughs]*.

Professor #1: Don't forget who you are. Genuineness is the most important thing. It was one of the first things that jumped out at me in my first practice class. Of course you need to be professional, but don't forget who you are. Be genuine.
        When I terminate with family therapy clients, I say that I often wonder what did or did not help them. I think maybe it would have to do with technical stuff, like drawing a genogram. But no. They always say: "You cared. We could tell." Don't forget that.

ST: I just had a conversation about being authentic with my field supervisor. You said in the first Lab meeting that we are developing our identity as a social worker. I see that being authentic is important now. I struggle with being competent, but also with being authentic. It can be a painful growth process. But now I laugh more with clients. I feel I am having break-throughs with them. I watch my field supervisor - she is gifted with clients. She is so skilled, but so herself. She is able to set boundaries for herself and for a client. I couldn't believe how

she did that - I could not do it. She said she graduated from the program five years ago, and she could not have done that in her first quarter.

Professor #2: Interesting – she is professional and herself.

Professor #1: Here is one last handout, called "Self-Awareness and Self-Understanding." It's one of the best paragraphs I have ever read about this. Remember your genuineness. Continue to connect with each other and check in with your peers.

Professor #2: This has been a great opportunity to get to know all of you. It has given me a visceral feel of what you all are going through. I'm not at all worried that you will be technicians or robots. We have eighteen characters in here – all pretty sharply cut. Listening to you frame your experiences has been great. I am saddened won't be following you, but drop in my office any time, my door is open. I was impressed with your self-reflection. I will miss you, but I know you will be doing well.

Professor #1: I agree. I'll miss you too. I was impressed with this group. I have been energized by these meetings. Next quarter, help the next facilitators get to know you and indicate what you want to happen in this group. Drop by my office any time. I'll check with your next quarter Lab facilitators to see how you are doing. Thank you and good luck.

Second Quarter Lab:

        After making their own introductions, again the two professors facilitating this quarter's Lab ask the students to introduce themselves. The students follow the familiar introduction routine, this time with greater comfort; they already know each other's backgrounds now. Most also spoke a bit about their current field placement.

Second Quarter Lab, First Meeting:

[Students speak positively about the Lab group in the first quarter. They say the group is probably too large, but they are attached to it.]

Professor #1: So how are your field placements?

ST: The hospital mental health system is frustrating. Patients are discharged before they are ready.

ST: It's pretty emotional. I'm still trying to cope with the emotional aspect of dealing with abused kids.

ST: The Student Psychological Center on campus does not provide enough sessions. Ten is not enough.

Professor #1: I keep a list of psychotherapists who offer a sliding scale for payment, and many of them love to work with MSW students. Contact me if any of you would like the list.

ST: This a taboo, but I don't like case management. I want to do therapy.

Professor #1: That is very honest, that's a hard thing to say. *[Two more students say they don't like case management.*]

ST #3: I love case management, but my supervisors have said I seem to lack emotion, I lack feelings. I am trying to self-disclose, but I am struggling.

ST: I am still trying to connect class to field. *(Students murmur agreement.)*

ST #4:   Doing the process recordings takes so long, and I feel like I make the same mistakes over and over.

Professor #1: What do you mean, mistakes?

ST #4: I feel like I say the wrong things. I don't know if I am getting anywhere with my clients.

Professor #1: It sounds like many of you want a quick fix for your clients, which is what they may want, too. You are having trouble trusting the process. *[She addresses Student #2.]* When you are with a client, are you worried about making a mistake, or are you in the moment with them?

ST #4: I don't feel grounded enough to *be* in the moment. Sometimes I feel like, I don't have time for all this. I am thinking about a million things when I am with the client.

Professor #1: That's the key. It's okay to be in the moment with a client *and* not feel competent at the same time – it's okay to feel those feelings that you dread.

ST: I agree with that, but, I'm trying to chill out, but I don't know if I'm getting what I need. Are we going to learn CBT [cognitive-behavioral therapy]?

Professor #1: Next quarter. We start with attachment theory in your Micro practice classes in order to follow the developmental process – attachment begins in infancy.

Professor #2: You know it's all about the relationship you develop with clients. You will learn that.

ST: I'm learning it's about what I want to make out of the theory when I am trying to help a client. What works for a teacher may not be what works for me. I work in an emergency room. I used to be afraid of the patients and I also wanted to fix them. Now I just try to help them meet their most immediate needs before they get discharged. There's no fixing in that setting. Once I realized that, I could actually connect with them more.

ST: We're not going to be done with our education when we leave here. *[The professors nod.]*

ST: The *Cross-Cultural Awareness* class is insulting, we should all know this.

Student #3: Actually a lot of emotion has come up for me in *Cross-Cultural Awareness.* I'm starting to feel a lot in there. I identified with the some of the people who experienced racism in the one of the films we watched. And in the class on religion – more emotion came up there.

[There is a lot of talk about seeking psychotherapy to deal with the emotions that are coming up for the students.]

Professor #1: A lot of feelings have come up in this meeting, and I am trying to think about how we can be helpful to you. As a therapist, I want to say, just sit with these feelings. It seems like you want something more from us, though.

ST: To be honest, it's good to hear we are not alone.

Professor #1: It's tough to handle the anxiety of not knowing exactly what you are doing.

Professor #2: I almost didn't go back to my MSW program for my second year. You will feel better next year.

ST: We still haven't talked in this group about what drew us here. *[Students murmur agreement.]*

Professor #1: Yes, students often have a lot in common that way.

Professor #2: Are there any topics you want to focus on in our next meeting?

ST: It's actually good to vent, to see where we are. *[Most students nod in agreement.]*

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Second Quarter Lab, Second Meeting:

Professor #2: How is it going, guys?

Students: Self-exploration is getting exhausting. Field placement is tough.

ST: My field supervisor is not attuned to me *[wry laugh]*.

Professor #1: Good word *[smiles and nods]*. *[Laughter among the students; the word "attunement" heard a lot in relation to attachment theory this quarter.]*

ST: I really respect my supervisor, but the other day she said something that seemed catty. It was a great reminder that even in this profession of healing and helping, people are still human.

ST #5: You know I work with clients dying from AIDS. After not hearing from a client for a week, I got message from his sister that died. I wanted to call back the sister and say she was sorry, but my field supervisor said no. She said calling her would be personalizing it - the call would be for me. I'm not sure how I feel about that.

Professor #1: That's a tough one. We talk a lot about those kinds of ethics in this work.

ST: *[Addresses Student #5.]* How are you doing now?

ST #5: It's hard. Death is hard.

Professor #1: You all face a lot of difficult things in this work.

ST #3: I work with DCFS [Department of Child and Family Services] kids. I thought I would be okay, but I was not emotionally prepared for this.

Professor #1: Lab is a place to process this stuff, but please come talk to me if you would like to consider seeing a therapist to process it more.

ST #3: *[Nods.]* This is an interesting education.

[The students sit with that. A few moments of silence. The professors look concerned.]

Professor #1: Ever since graduation, I have met with a group of four to six other graduates from the program once a month. We have about a two-hour dinner and check in with other and process our work. I would really encourage you all to do that. It is really helpful. It's one of the best things I have done for my professional development.

Professor #2: I also work with DCFS kids. It's not easy. *[Addresses Student #3.]* Please come by my office if you want to talk.

ST #3: I knew when I came here this might happen. I knew I would need help. It's scary but I am ready for it. *[Chuckles.]* My field supervisor pointed out that I make a lot of sound effects when can't verbalize my feelings.

Professor #2: You often walk right into your own issues in the beginning of this program.

ST: I did. *[Some other students nod.]*

Professor #2: We faculty struggle with the curriculum; we try to give you what you need to do this work. It's not easy. But you can do it. Next year will be different.

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Second Quarter Lab, Third Meeting:

Professor #1: Hi guys, how are you?

ST: Honestly, I have never been so unhappy.

ST: This has been the worst two weeks of my life. But at least it feels safe here to share that. *[Students murmur agreement.]*

ST: It's hard to say if I feel worse after school days or field days. It's easy to jump on the band wagon and complain about the program, but I don't want to be unhappy for the next year and a half. But it feels good to vent, too. I'm trying to figure that out.

ST: I would still recommend this program because it is small, and there *is* a sense of community and I do feel safe to share. I can't imagine going through all this shit and not having that.

Students: *[Laughter.]* Yeah, no kidding. That's true. At least we can all talk about it.

ST: Do Labs and our "town hall" department-wide meetings exist to give students a false sense of control?

ST: Other programs you might not get to complain.

ST: Good point.

Professor #1: You know we encourage advocacy, but we faculty are indeed afraid you students will picket about the mid-term exams.

ST #3: *[Addresses the students.]* Do you guys take home your process recordings? I used to, but my field supervisor told me to stop. She said it's too much to process all the stuff with the DCSF kids at home. She said I need boundaries.

Students: Yes, I do them at home. I take them home because I don't have time to do them at work. I don't like to, but I have to - there's no time at placement.

Professor #1: Ideally, you are not supposed to take process recordings home. You should have time to do them at your field placement. You do need those boundaries.

ST #3: My field supervisor tells me to sit with my feelings and process my emotions, but it's like, argh! *[He makes a stabbing motion with his pen at his heart. There is laughter among the students.]*

ST: Most of us are used to being in an academic program where learning is more quantifiable. But the learning that we do - the bulk of it is not academic.

ST: The teachers always say, trust the process. So it's okay to be frustrated, maybe, because it takes time.

ST: Right, the learning is not easily quantified. How does venting about my field placement help me become a better practitioner? I don't know. Trust the process.

ST: A lot of my own personal stuff has come up. It's hard for me not to focus on the past or worry about the future. I am trying to stay in the present moment.

ST: Academically I am not challenged, but emotionally I am very challenged.

ST: I agree.

ST #6: I haven't said much in this Lab, but I think I need to process something.

ST: Go for it.

ST #6: I work for DCFS [Department of Child and Family Services]. I was part of an incident out in the field, in someone's home, where there was a gun and a SWAT team and I thought my kids [her clients] were in danger. I still haven't processed it. But I don't know what I am looking for.

[Student #6 explains what happened and the students discuss the incident.]

ST: Do you feel safe enough in your *Cross-Cultural Awareness* section to bring this up there?

ST #6: No.

ST: There's a difference between "trust the process" and trust the people in your section.

ST: *Cross-Cultural Awareness* is not helping us actually deal with ethnic issues in field.

ST: I see it as helping me understand my own lens, not how to work with diverse populations.

ST: But they don't tell us what to *do* with our counter-transference. It's just *there.*

[The students sit with that for a few moments.]

ST: The *Cross-Cultural Awareness* sections are supposed to be a place to reveal and discuss our automatic biases, but people don't feel safe to do that.

ST: It's not feasible or realistic to feel safe in groups that big.

ST: The "safe space" idea seems forced in those sections.

Professor #1: Sometimes it's not safe. And you are right, the class is pushing you to share.

ST: I think we get the goal of the sharing, but it's not realistic. We know we are future professional colleagues. No one wants to say something they will regret.

ST: I asked a religious student if they felt homophobic towards me. It did not go well. *[The other students in that in that section agree.]*

ST: Why does this Lab feel safe? Because it's about the program and we're all in it together?

ST: We're not being asked to share our biases about a diversity of populations. We're not being graded.

Professor #1: I want to validate this. I hear you that it is not always safe to share in sections. Follow up with me individually if you need to, want to, if you can.

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<u>Second Quarter Lab, Fourth Meeting:</u>

Professor #2: Last meeting of the quarter. How are you?

ST: I often feel underestimated by program.

Professor #2: Please talk to your teachers about that. Students often come to this program with diverse backgrounds, strengths and a variety of undergraduate majors, so we teach everything starting at a basic level.

ST: I am having a hard time choosing my second-year placement. Part of it is my own deal about figuring out what I want to do, but I was wondering how you all are dealing with it.

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[Students discuss the practicalities of researching second-year field agencies; many say talk to the second-year students about their current experiences where they are.]

ST: I told faculty member and some second-year students I was looking forward to feeling competent when I get my degree. They just looked at me. So I said, does anyone feel competent when they get their degree? And they said no. *[Laughs ruefully.]*

ST: Does anyone else feel a sense of competition regarding the second-year placement? It's so weird because it's been such a supportive environment. But now we're competing for jobs. *[Other students agree and make jokes about this.]*

ST #6: I am going to have a really hard time terminating with my clients. I've been on a team with other students from this program at my DCSF placement. It's weird to think that next year I'll be alone.

ST: Termination is weird. Saying good-bye to clients. Is that starting already?

Professor #1: It starts at the beginning of next quarter.

ST #1: My supervisor asked me to find out why one of the kids in foster care wasn't taking his medication. I was authentic with him. I just said, hey, I'm supposed to ask you this question. The kid said it was because he noticed the doctor wrote his prescription before the kid even started talking. The poor kid felt uncomfortable and mad.
    I tried authenticity again when I terminated with a client ho was moving to another city. I was honest and loving, and it seemed to go well. I think I am starting to feel like a social worker - I am starting to get this thing.

Professor # 1: Is anyone else starting to feel more ownership of the profession, like a social worker? *[Many students say yes.]*

ST: I am definitely conscious of termination issues. A lot of my clients have trust and abandonment issues. I feel bad saying good-bye.

ST: I feel that way with the foster youth too. I don't know if I have established enough of a secure base so that when I go away they'll still have something to hang onto, a really secure object-relation.

ST: Give them a transitional object.

Professor #2: The child welfare system is a mess, as I'm sure you discovered. Ironically it is the system most identified with social work, but unfortunately many with a master's degree in social work leave.

ST: How do you not burn out in that system?

ST #6: I think this year I *have* made a difference in the lives of some foster youth. And that's what we're supposed to be doing as social workers.

ST #3: There is a bill in the state legislature right now that is trying to limit the number of cases that a DCSF worker has to follow at any one time to twenty-three.

[The professors wish the students luck and tell them to stop by their offices any time.]

Third Quarter Lab:

Two new professors facilitating this quarter's Lab course greet the students and introduce themselves. In high spirits, the students go around the room and introduce themselves, and collectively explain to the professors how the group had functioned in the previous quarters. They said the group was a place to vent and to support one another in their professional development. The students frequently referred to themselves as a group when explaining themselves to the professors, neither of whom had taught this cohort yet. One student said, "We're a pretty cohesive group, and we like to talk." When one professor asked if the group had any ground rules, the students knowingly parroted the routine, saying in a sing-songy way: "Respect each other, don't leave angry, keep it in the room." One student jokes, "Love each other," and the other students laugh. One student adds: "It's been a pretty good group, safe." One professor repeats, "A safe group?" and the students nod.

<p align="center">***</p>

Third Quarter Lab, First Meeting:

[The students launch into a discussion of their behavior in the "Psychopathology" course.]

Students: A lot of us are being rude. We're snotty. The teacher was called in at the last minute. It's not her fault she is unprepared.

Professor #1: Perhaps you should meet with her. Then speak with your academic advisors if that's not helpful.

ST: I have another teacher who has a private practice in a wealthy community. I don't want to hear about her bourgeois clients and their imaginary problems. *[Laughs.]* And I'm one of those people, I go to therapy.

ST: We sent feedback to the faculty about one of our mid-term exams, and we got a form letter that said "Trust the Process."

ST: But they changed the exam.

Students: Yes. Right.

ST: *[Addresses the Lab facilitators.]* We like the research methods class.
Professor #1: How's field?

Students: Good. Much better. *[There is a general buzz in the room. The student seem positive about their field placements now.]*

Professor #2: How is termination with your clients going?

Students: Okay. Just starting. It's hard.

Professor #1: Termination is always a big deal. Previous losses may come up - for your clients and for you. As we get closer to the end of the school year, we need to process these things. Many clients won't show up for their last appointment because they don't want to deal with it. This can be hard for you. It's good to talk about that, to process it with supervisors.

ST: My supervisor said some clients can't leave a relationship without getting mad, so be prepared for that.

ST: My field placement has a party every time a worker leaves because it is therapeutic for the kids, but I'm not so comfortable anticipating that.

Professor #1: Sometimes rituals like that are very important. You may look back later and appreciate it.

ST #7: My clients will have no counseling during the summer because there are no student interns. That really bothers me. *[Several students agree.]*

Professor #2: That sounds like a good Macro project.

ST #7: Right. I'll talk to my supervisor about that. I have to do something, because I can't leave knowing that they'll be on their own.

<p style="text-align:center">***</p>

Third Quarter Lab, Second Meeting:

[The students discuss their second-year placement interviews.]

Professor #2: So far these interviews sound formal. Has anyone been able to let down their guard a bit and be truly yourself in an interview?

ST: I spoke about my positive experiences at my first-year placement. My interviewer was a social worker. She asked me, what about the pain? So I told her about a client, one girl who suffered just terribly at the hands of foster parents. I started to cry. I said "Sorry," and the interviewer gave me a tissue and said, "It's okay, that's your genuine self, and this work can be demanding because it involves your personal self."

ST: I have been crying for a different reason. I'm supposed to work for the public child welfare system after graduation because of my stipend, and I've spoken to at least ten older social workers who say to just try and pay off the stipend, don't go work in the system. Unless you do adoptions. They say in-patient is especially terrible.

ST #3 and ST #6: *[These two students who work in the system address Student #7.]* You'll do fine. I've heard that too. Don't let them scare you.

ST #3: I cried all the way home from placement the other day. There were termination issues that were not handled well. I expected to process emotions in field supervision, but it did not happen. My supervisor is not so good.

ST #6: I have cried all the way home too – but not every time.

[There is a discussion about how students are supposed to get an hour and a half of supervision per week. Some students are surprised; they do not get that. Some say they want to cut it short even if they do get it because they don't feel their supervision is good. One says he feels like his field supervisor's therapist. The professors seem concerned by all this.]

Professor #1: It is important to get that supervision. It is important to build a relationship with your field supervisor so you can feel comfortable discussing counter-transference issues.

ST #3: *[He tells two heart-breaking stories about his clients, two different abused children who did not get the services they needed.]*

Professor #1: There are two sides to this: a policy side and emotional side.

ST #3: You need a therapist if you work for DCFS [Department of Child and Family Services].

Professor #1: Maybe everyone in this whole program needs one. I know some of you are seeing therapists – it's good for self-awareness. *[Professor address Student #3.]* Do you still want to do this work?

ST #3: Yes. But I don't want to become cold. To move kids around from abusive homes to foster home to foster home without feeling anything. And not wanting to become cold, but to care, is what I *bring* to my practice right now. I don't want to lose that.

Professor #1: *[Addresses the whole group.]* It is important at a policy level to remember this. To remember this is a social worker's experience in the system.[51] Not so many workers in the system have MSW's.

ST #8: I have a client who is suicidal. It's a lot of pressure.

Professor #2: Have you talked with your field supervisor about this?

ST #8: Yes. A lot.

[There is much discussion about how the student can handle this professionally and personally.]

<div align="center">***</div>

<u>Third Quarter Lab, Third Meeting:</u>

[Students discuss termination and leaving their clients.]

ST: My clients will have no one this summer. There is constant staff turnover in these agencies, so the kids never get a long-lasting relationship. These systems are so dysfunctional.

ST: It's social work. It's poor pay, there's no money. Everyone says, "No one's in it for the money." I used to think that was funny.

ST: I never laughed, I never thought that was funny.

ST: We're supposed to be selfless, but I don't think having money takes away from that. Selflessness is in your heart and the kind of work you do from the heart, not in your paycheck.

ST: You can make more money flipping burgers than saving people's lives. There should be a union. *[Students discuss labor unions.]*

Professor #2: Let's go back and think about the emotional coping you have to do with seeing clients' situations. Now you are young and resilient, but these things can wear on you and cause burnout. How do you cope with your feelings?

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[51] Student #3 goes on to work for a state legislator, and is intent on reforming public child welfare policy.

ST: I just had an interview to work for the Program for Torture Victims. The interviewer said, are you taking care of yourself? That is important. You can get hardened – you have to figure it out.

ST: It's a tricky balance. Everyone has to figure it out for themselves.

ST: Therapy helps.

ST: I try to think of changing the systems as a gradual on-going process.

ST: Colleagues are important - you understand each other.

ST: Happy hour with everybody here helps.

ST: Humor really helps me cope.

ST: Laughing and crying helps me. Have to get it out one way or another.

ST: Sometimes there is too much processing going on, sometimes you can be *too* in tune with your emotions. *[There is laughter and nodding among the students.]*

Professor #2: It can be helpful to think about the help you have given. Also journaling can be helpful – you can really get it out put it in a safe place.   If you don't get it out, you begin that hardening process. Journaling has been helpful to me.

ST: I have been thinking about starting a regular meeting of colleagues like our last facilitator mentioned.

ST #9: Has anyone really been able to leave work at work?

ST: I do my paperwork at work now.

ST #9: But what about just thinking about clients?

ST: You mean not bringing emotions home - I don't know if you can be human and not do that.

ST: One child screamed at me, slammed the door and told me to leave her house. That was really hard. It was because I was just one more person who left her in the system.

Professor #2: Think of this [coping with emotions] as a process – you don't just either do it well or not. It takes time to figure out the line. It took a long time for me to figure it out.

ST: I don't want to terminate with this group.

ST: What the Micro/Macro divide in here? Because we're not going to see each other.

[Students alternately raise hands if they are concentrating in Micro or Macro practice.]

ST: It's too bad [the cohort] gets split into separate tracks next year. We do need both perspectives.

<center>***</center>

Third Quarter Lab, Fourth Meeting:

ST #3: I finally went to my field supervisor and shared my emotions. I was really nervous, but it went well. All of my cases ended badly, and I really needed support, so I framed it that way. I thought she was going to criticize me. I felt vulnerable to attack. But I asked for her help and support in coping rather than just giving updates on my client situations like I usually did.

Students: That's great. Good for you.

ST #3: I wish I had done it sooner. My supervisor was great. I wanted to apologize for talking about her in Lab.

ST #7: I arranged to work at my placement over the summer, so my clients will be seen - by me.

ST #10: I just found out I got wait-listed for law school - for the joint MSW and J.D. program here. I am so anxious.

ST: Great opportunity to start Buddhist practice. *[There is laughter among the students.]*
Sorry, I guess that's not the most elaborate empathic statement.

ST #10: Oh no, I felt it *[laughs]*.

ST #11: One of my clients with conduct disorder kid is missing. Her mom got evicted. I'm afraid she's homeless.

Professor #2: Write her a letter. Leave it in her file at your agency when you leave so she can get it if she comes back.

ST #11: Good idea.

Talk reassuring each other they have helped clients in ways they might not know.

ST: I am having separation anxiety about end of first year. *[Laughs ruefully. Students nod.]*

ST #1: This is the first time I have felt I really have a community around me. I don't have to explain myself.

Professor #2: This is an especially close program, and it seems there is a lot of growth here. So what can you do for closure?

ST: We're having a big party next Tuesday.

ST: I've never been in a place where they continually say process, process, process. So this summer, I may take a break. *[The students laugh and agree.]*

ST: We need a little regression before more growth [next year].

Professor #2: You feel sad because this has been such a valuable time. So feel those feelings, like the Buddhist comment.

Professor #1: This is an educational experience to feel those feelings – the termination feelings. I still remember my terminations and it was a long time ago. It's a big deal. So you can let yourself feel it and go through it – it's good. It helps in knowing what your clients might go through - you can give them space to feel their feelings, too.

Professor #2: I want to thank you guys for sharing your experiences in here.

Professor #1: I have noticed a gentleness and professionalism in the comments people have made to support each other.

Professor #2: Congratulations on finishing your first year!

[The professors encourage the students to come see them anytime. The students fill out a course evaluation, then take a group photo.]

APPENDIX D: Anna's Final Process Recording

       Anna wrote this final process recording in response to her field supervisor's question, "How will you know you have learned something when you leave here?" She read this aloud and gave me a copy of it for this study (and dissertation) in our final interview.

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There are times in life when even the "sane" feel out of sorts. What do we all really want? What do we need?

I think what I've learned is that it is just a moment that can be absurdly powerful.

If you can let me know for just a moment that even if I am crazy you will not desert me, I can be okay.

In social work, I presume this is the power of normalizing the elements that be; whether the diagnosis is schizophrenia, infidelity, AIDS and/or so forth. If you can look me in the eyes and for a moment try and understand me with all that you are, I just might see myself with kindness. I believe that it is only in this moment I'm allowed a space to change, if I so choose.

So then, am I so different than my client, than my father, than my friend? No, I am not. That is the "alarming possibility." Life can be fucked up in just a moment...

Of course, there is so much more, but it is my belief that this is a start to the beginning. I may never truly understand my client but I am obligated to understand myself. I am obligated to acknowledge the moments of my life where I have been desperate, alone, terrified, useless; moments I have felt true success, happiness and love. I am obligated to look at my own demons and strengths; for I too am human...I too am as faulted as I might be brilliant.

I get "it;" as much as I do not want to understand it at times, I've had a glimpse of the "power" that lies within the intimacy of therapy and/or any relationship. The question is will I go there, and/or can I? What will my client bring and what will I do with it? Will I be ready? Will I be able? Will I know if I am either? I cannot know for sure at any given moment but if I am consistent, at least I am stating that I am trying, and at most I am conveying that I have not given up.

I have committed to being the secure base regardless of the yelling, the incomprehensible dialogue, the anger, the somaticized teeth grinding, the constant indecision and the pre-empted termination...and with that, I better damn sure realize I will need my moments too.

So then I have a few options, but in effort to not bore anyone with my sometimes (yet hopefully) philosophical nonsense, I will acknowledge what I consider my most significant option while in my field placement.

This year, field supervision has been a tremendous experience. As an "apprenticing" therapist I have at times felt insecure, lost, confident, with and without the skills necessary to be effective.

I feel that my supervisor has embodied the ideology of "trusting the process." I was allotted room to grow and develop and for that I am incredibly grateful. Although it is difficult to explicitly explain what it is to trust the process; I can say this...whatever it is, it is something. What it is, is based on your perception.

Because my field supervisor trusted the process, and trusted me, I could in turn consider trusting myself. To date I have many more risks to take. The privilege of supervision has been to have someone available to question the risk I did not take without judging whether it was right or wrong, but rather providing options for what else could be done.

So then how will I know I learned something when I leave here?

In retrospect I know I have learned something, because I can verbalize my time here, if I push myself to do so. It is difficult sometimes for me to pull apart the pieces, because I think the way I learn is to take it all in at once and sift through it over time. However, even my old schemas won't allow me to deny "I took in all I could while I was here." And to whatever I stuffed away for any psychoanalytic reason, I know that I will come in contact with "it" again, that I don't have to worry about.

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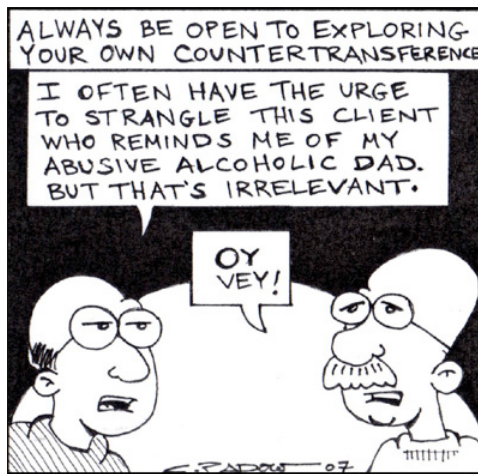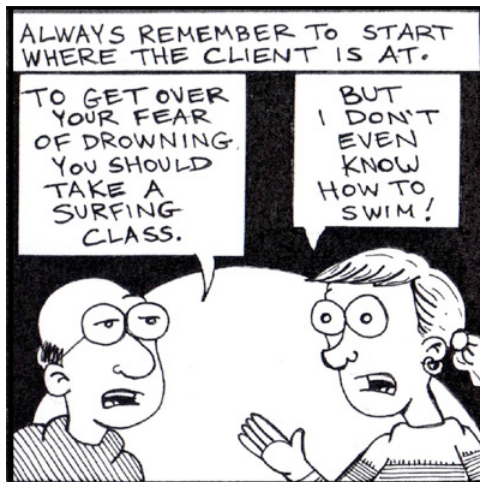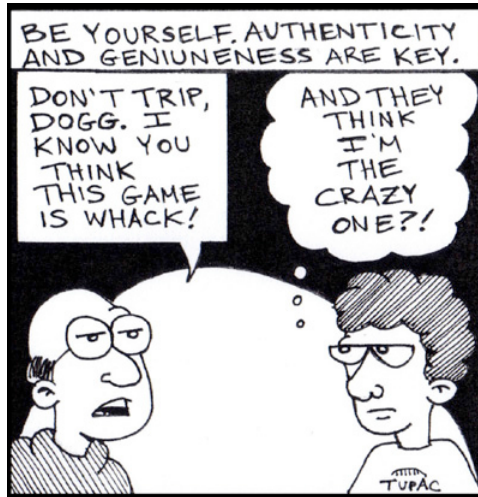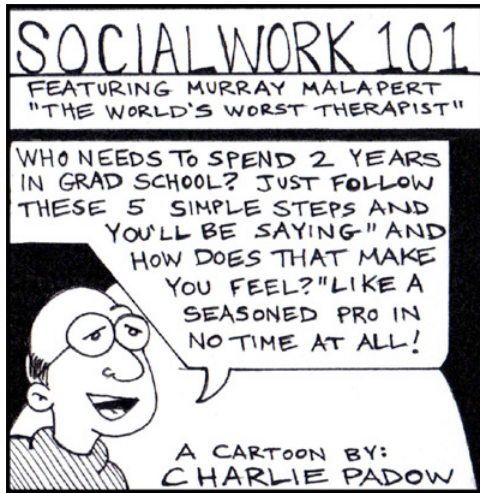
APPENDIX F: Person-Centered Interview Guide

General Interview Questions Asked Every Quarter:

How is it going? What do you think of your classes? How is your field placement? How is field supervision going? How are things going with your clients? Can you give any examples of your work with clients? Is there anything else you want to add to this quarter's "snapshot" of your experience?

Specific Interview Questions by Quarter:

First Quarter: Tell me a little bit about yourself. Why did you decide to pursue a master's degree in social work?

Second Quarter: Did you think about your own attachment history during the Micro practice class? Did you think about your parents' attachment history?

Third Quarter: On Orientation Day, the Director of Field Education told students they would change. Do you remember that? Do you think you changed over the course of this year? If so, how? What do you think makes a good social worker?

Fourth Quarter: Why are you interested in working with this particular population?

Fifth Quarter: Deeper discussions of students' family backgrounds, current personal therapy if any, and how their personal histories or aspects of their personalities   may effect their work with clients.

Recently a social work student said to me, "Social work students are drawn to suffering." What do you think of that?

Discussion of current news story about a boy who was kidnapped and finally found after several years. Two psychologists presented opposite expert opinions: 1) He will never get over this, and 2) He can definitely get over this. What do you think? Is healing (from trauma) possible? What do you think of the professor writing on the board, "healing = coping" versus "healing = cure" regarding the severely and chronically mentally ill?

What do you think of the idea that therapists are often "wounded healers?"

Sixth Quarter: How is termination with clients going? Do you have a particular approach as a social worker now? Do you think you have changed as a result of this program? If so, how? What do you think of the often-repeated phrase "Trust the Process," now printed on the cohort's class t-shirt?

APPENDIX G: Questionnaire Results and Questionnaire

As noted in the Introduction, the purpose of this questionnaire was to asses the representativeness of my student interview sample in relation to the larger student cohort in the Master's Program in Social Work on a number of variables and patterns that emerged during my research. I handed out the questionnaire during students' last class with a cover letter and a stamped return envelope addressed to myself at the Department of Anthropology at UCLA. Students could either leave the questionnaire in my mailbox in the Department of Social Work or mail it me.

The total number of students in the cohort was 88. The total number of student respondents to the questionnaire was 62. This was a response rate of 70.45%. The results indicate that the project's core interview participant sample was representative of the larger cohort.

The presentation of data below also allows for comparison among students according to practice orientation. The project's primary interview sample consisted of 14 "core interview participants" who were the first 14 students to enroll in the project's longitudinal person-centered interviewing process. Of this group, 12 were Micro practice students specializing in Mental Health Services (this orientation was the primary focus of my project) and 2 were Macro practice students (for comparative purposes only). The 14 core interview participants began interviews during the first quarter of the six-quarter program. Five additional interview participants enrolled in the second quarter; here their data is calculated with the other respondents. The project's total interview sample of 19 students represents 22% of the entire student cohort.

After noting basic demographic information, I present the results of selected questions. The presentation of these results follows a particular format. First listed are the results according to the total number of student respondents. This is intended to convey a sense of the cohort.

Second are the results according to the 14 core interview participants. These results are then further specified by the participants' concentration in the program: either Micro practice with a specialization in Mental Health (n = 12, or 48% of the Micro/Mental Health students in the data), or Macro (n = 2, or 5% of the students in the data). These results are the basis for comparison between the interview sample and the rest of the data, particularly the results from the Micro/Mental Health students.

Third are the results of each question according to all students with a Micro practice concentration in social work (including the 12 core interview participants). These results are then further specified according to Micro students with a specialization in Mental Health who were NOT part of my interview sample (n = 13, or 52% of the Micro/Mental Health students in the data; this group is the most relevant for comparison with the interview sample) and Micro students with a specialization in another area (i.e., Gerontology; Children, Youth and Families; School settings; Health or Medical Social Work).

Fourth are the results of each question according to students with a Macro practice concentration in social work. Thus, the presentation of selected results will be according to the following format:

Total Number of Student Respondents (n = 62):

Core Interview Participants (n = 14):
      Core Interview Participants - Micro/Mental Health (n = 12):
      Core Interview Participants - Macro (n = 2):

Total Number of Micro Student Respondents (n = 46):
      NOT Core Interview Participants - Micro/Mental Health (n = 13):
      Micro/Other Specialization (n = 21):

Total Number of Macro Student Respondents (n = 16):

The section on Ethnic/Racial Origin will also include "raw data" for reasons explained below. A discussion of the selected questionnaire results appears in the Introduction in the section entitled "The Students." Results marked with an asterisk receive particular attention.

Results of Selected Questionnaire Items

Demographic Information

1. Age

      Total Number of Student Respondents (n = 62):
      Mean = 27.56
      Median = 26
      Mode = 23

      Core Interview Participants (n = 14):
      Mean = 28.28
      Median = 26
      Mode = 23, 24

2. Male or Female

      Known data regarding entire cohort (n = 88)
      M: 12 (14%)
      F: 76 (86%)

      Total Number of Student Respondents (n = 62):
      M: 9 (15%)
      F: 53 (85%)

      Core Interview Participants (n = 14):
      M: 3 (21%)
      F: 11 (79%)

3. Marital / Relationship Status

      Total Number of Student Respondents (n = 62):
      Single: 27 (44%)
      Divorced: 2 (3%)
      Engaged: 8 (13%)
      Married: 13 (21%)
      Committed Relationship: 10 (16%)

Core Interview Participants (n = 14):
Single: 6 (43%)
Divorced: 0
Engaged: 3 (21%)
Married: 4 (29%)
Committed Relationship: 1 (7%)

4. **Parent or Guardian**

   Total Number of Student Respondents (n = 62):
   Yes: 5 (8%)

   Core Interview Participants (n = 14):
   Yes: 1 (1.6%)

   Total Number of Micro Student Respondents (n = 46):
   Yes: 4 (6.45%)

   Total Number of Macro Students (n = 16):
   Yes: 1 (1.6%)

5. **Social Work Program Concentration and Specialization** (as declared by students in the second year of the program)

   Total Number of Student Respondents: 62 (70.45% response rate)

   Total Number of Macro Student Respondents: 16 (26%)

   Total Number of Micro Student Respondents: 46 (74%)

   Total Number of Micro/Mental Health Student Respondents: 25 (40%)
         -Core Interview Participants - Micro/Mental Health: 12 (19%)
         -**NOT Core Interview Participants - Micro/Mental Health:** 13 (21%)
         -**Micro/Other Specialization:** 21 (34%)

6. **Ethnic/Racial Origin**

   My main point in sharing this data is show that my interview sample does not differ significantly from the rest of the cohort. There is a great deal of social and cultural diversity among the students. About half of the student respondents identified themselves as Caucasian or White, as with my interview sample, while the other half identified themselves differently.

   To allow for an expedient comprehension of the data, I use common broad categories of persons based on the data to summarize the findings. However, I also include the "raw" data, or exactly how students responded, because this particular questionnaire item prompts a complicated identification. This self-identification is a kind of cultural and historical artifact in itself. In fact, students were taught in this program that "race" is a less than scientific designation, and "ethnicity" is also subject to interpretation.

   The self-identifications are reported in alphabetical order. The terms "Caucasian" and "White" have no agreed-upon definition, and their connotations may vary. For this reasons, I did not "collapse" the terms into either the category of Caucasian or White in the raw data.

Total Number of Student Respondents (n = 60)[52]:

African-American and White: 1 (2%)
Asian: 15 (25%)
Caucasian/White/Jewish: 30 (50%)
Latina/o or Hispanic: 14 (23%)

Raw Data:
African-American and White: 1
Armenian: 1
Asian: 2
Asian Indian: 1
Asian-Korean: 1
Caucasian: 9 (one elsewhere also identifies as Jewish with Eastern European heritage)
Caucasian (Italian/European): 1
Caucasian/Jewish: 2
Caucasian/White: 4
Chinese: 1
Chinese, Asian-American: 1
Chinese/Irish: 1
1/4 Chinese, 1/4 French-Canadian, 1/4 Irish, 1/4 English: 1
Japanese: 2
Japanese/Chinese American: 1
Korean American: 2
Latina: 5
Left blank: 2 (elsewhere noted self and at least one parent immigrated to US)
Mexican: 2
Mexican-American: 3
Mexican and Caucasian: 1
Mexican, Scottish, other: 1
Salvadoran American: 1
South Asian: 1
Vietnamese: 1
White: 11 (one elsewhere states having European and Jewish cultural heritage)
White/Caucasian: 1
White/ Hispanic: 1
White/Jewish: 1
Core Interview Participants (n = 14):

Asian: 3 (21%)
Caucasian/White/Jewish: 7 (50%)
Latina/o, Hispanic: 4 (29%)

Raw Data:
Caucasian: 3 (1 elsewhere identifies as Jewish with Eastern European heritage)
Jewish/Caucasian: 1
Chinese/Irish: 1
Korean-American
Mexican-American: 1
Mexican and Caucasian: 1
Mexican: 2
South Asian: 1
White: 3

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[52] This item was unanswered on two questionnaires; on both a recent history of immigration was also noted.

Core Interview Participants - Micro/MH (n = 12):

Asian: 2 (17%)
Caucasian/White/Jewish: 6 (50%)
Latina/o, Hispanic: 4 (33%)

Raw Data:
Caucasian: 3 (1 elsewhere identifies as Jewish with Eastern European heritage)
Jewish/Caucasian: 1
Chinese/Irish: 1
Mexican-American: 1
Mexican and Caucasian: 1
Mexican: 2
South Asian: 1
White: 2

Core Interview Participants - Macro (n = 2):

Asian: 1
Caucasian/White/Jewish: 1

Raw Data:
Korean-American: 1
White: 1 (elsewhere states having European and Jewish cultural heritage)

Total Number of Micro Student Respondents (n = 44)[53]:

Asian: 10 (23%)
Caucasian/White/Jewish: 24 (54%)
Latina/o, Hispanic: 10 (23%)

Raw Data:
Armenian: 1
Asian Indian: 1
Asian: 1
Caucasian: 8 (one elsewhere also identifies as Jewish with Eastern European heritage)
Caucasian/Jewish: 2
Caucasian/White: 4
Chinese: 1
Chinese/Irish: 1
1/4 Chinese, 1/4 French-Canadian, 1/4 Irish, 1/4 English: 1
Japanese: 2
Korean American: 1
Latina: 4
Left blank: 1 (elsewhere noted self and at least one parent immigrated to US)
Left blank: 1 (elsewhere noted one parent immigrated to US from Italy)
Mexican: 2
Mexican-American: 2
Mexican and Caucasian: 1
Mexican, Scottish, other: 1
South Asian: 1
Vietnamese: 1
White: 7
White/Caucasian: 1
White/Jewish: 1

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[53] Again, this item was unanswered on two questionnaires; on both a recent history of immigration was also noted.

NOT Core Interview Participants - Micro/Mental Health (n = 13):

Asian: (23%)
Caucasian/White/Jewish: 7 (54%)
Latina/o, Hispanic: 2 (15%)
Left blank: 1 (8%) (elsewhere noted self and at least one parent immigrated to US)

Raw Data:
Asian Indian: 1
Asian: 1
Caucasian: 5
Caucasian/Jewish: 1
1/4 Chinese, 1/4 French-Canadian, 1/4 Irish, 1/4 English: 1
Latina: 2
Left blank: 1 (elsewhere noted self and at least one parent immigrated to US)
White: 1

Micro/Other Specialization (n = 21):

Asian: 5 (24%)
Caucasian/White/Jewish: 11 (52%)
Latina/o, Hispanic: 4 (19%)
Left blank: 1 (5%) (elsewhere noted at least one parent immigrated to US)

Raw Data:
Armenian: 1
Caucasian/White: 4
Chinese: 1
Japanese: 2
Korean American: 1
Latina: 2
Mexican American: 1
Mexican, Scottish, other: 1
Vietnamese: 1
Left blank: 1 (elsewhere noted one parent immigrated to US from Italy)
White: 4
White/Caucasian: 1
White/Jewish: 1

Total Number of Macro Student Respondents (n = 16):

African-American and White: 1 (6%)
Asian: 5 (31%)
Caucasian/White/Jewish: 6 (37.5%)
Latina/o, Hispanic: 4 (25%)

Raw Data:
African-American and White: 1
Asian: 1
Asian - Korean: 1
Caucasian: 1
Caucasian (Italian/European): 1
Chinese, Asian-American: 1
Japanese/Chinese American: 1
Korean American: 1
Latina: 1
Mexican-American: 1
Salvadoran-American: 1

White: 4 (one elsewhere states having European and Jewish cultural heritage)
White/Hispanic: 1

Results of Selected Questions

15./16. Did you immigrate to the US? Did at least one of your parents immigrate to the US?:

Total Number of Student Respondents (n = 62):
Total either self and/or parents immigrated to US: 27 (43.5%)*
    Self only: 1 (1.6%)
    At least one parent: 18 (29%)
    Both self and parent: 8 (13%)

Core Interview Participants (n = 14):
Total either self and/or parents immigrated to US: 5 (36%)
    Self: 0
    At least one parent: 5 (36%)
    Both self and parent: 0

        Core Interview Participants - Micro/Mental Health (n = 12):
        Total either self and/or parents immigrated to US: 4 (33%)
            Self: 0
        At least one parent: 4 (33%)
        Both self and parent: 0
        Core Interview Participants - Macro (N = 2):
        Total either self and/or parents immigrated to US: 1 (50%)
            Self: 0
        At least one parent: 1 (50%)
        Both self and parent: 0

Total Number of Micro Student Respondents (n = 46):
Total either self and/or parents immigrated to US: 22 (48%)
    Self: 1 (2%)
    At least one parent: 16 (35%)
    Both self and parent: 6 (11%)

        NOT Core Interview Participants - Micro/Mental Health (n = 13)
        Total either self and/or parents immigrated to US: 7 (54%)
            Self: 0
        At least one parent: 5 (38%)
        Both self and parent: 2 (15%)

        Micro/Other Specialization (n = 21):
        Total either self and/or parents immigrated to US: 11 (52%)
            Self: 1 (5%)
        At least one parent: 7 (33%)
        Both self and parent: 3 (14%)

Total Number of Macro Student Respondents (n = 16):
Total either self and/or parents immigrated to US: 5 (31%)
    Self: 0
    At least one parent: 2 (12.5%)
    Both self and parent: 3 (18.75%)

20. Did you experience any of the following while growing up? [See questionnaire for list of commonly identified "risk factors" or potentially emotionally challenging life events or circumstances meant to assess students' early history of "affliction" (Kirmayer 2003)]:

Total Number of Student Respondents (n = 62):
Yes: 49 (79%)   Range of number of reported challenges: 1-7

Core Interview Participants (n = 14):
Yes: 12 (86%)   Range 1-7

> **Core Interview Participants - Micro/Mental Health (n = 12):**
> Yes: 11 (92%)*   Range 1-7
>
> **Core Interview Participants - Macro (n = 2):**
> Yes: 1 (50%)   Range 2

Total Number of Micro Student Respondents (n = 46):
Yes: 35 (78%)   Range 1-7

> **NOT Core Interview Participants - Micro/Mental Health (n = 13):**
> Yes: 12 (92%)*   Range 1-7
>
> **Micro/Other Specialization (n = 21):**
> Yes: 12 (57%)   Range 1-7

Total Number of Macro Student Respondents (n = 16):
Yes: 14 (87.5%)   Range 1-5

20m. Experienced Severe Financial Hardship While Growing Up (item from list referenced above)

Total Number of Student Respondents (n = 62):
Yes: 18 (29%)*

Core Interview Participants (n = 14):
Yes: 4 (29%)

> **Core Interview Participants - Micro/Mental Health (n = 12):**
> Yes: 3 (25%)
>
> **Core Interview Participants - Macro (n = 2):**
> Yes: 1 (50%)

Total Number of Micro Student Respondents (n = 46):
Yes: 9 (20%)

> **NOT Core Interview Participants - Micro/Mental Health (n = 13):**
> Yes: 3 (23%)
>
> **Micro/Other Specialization (n = 21):**
> Yes: 3 (14%)

Total Number of Macro Student Respondents (n = 16):
Yes: 9 (56%)*

22./23. Have you ever been a client in psychotherapy? If yes, when? Before beginning the MSW program, after beginning the MSW program, or both before and after beginning the MSW program?

Total Number of Student Respondents (n = 61)[54]:
Yes: 39 (64%)
     Before only: 9 (15%)
     After: 10 (16%)
     Both before and after: 20 (33%)

Core Interview Participants (n = 14):
Yes: 13 (93%)
     Before only: 0
     After: 3 (21%)
     Both before and after: 10 (71%)

       Core Interview Participants - Micro/Mental Health (n = 12):
         Yes: 12 (100%)*
            Before only: 0
            After: 2 (17%)
            Both before and after: 10 (83%)

       Core Interview Participants - Macro (n = 2):
         Yes: 1 (50%)
            Before only: 0
            After: 1
            Both before and after: 0

Total Number of Micro Student Respondents (n = 45)[55]:
Yes: 31 (69%)
     Before only: 7 (15.5%)
     After: 7 (15.5%)
     Both before and after: 17 (38%)

       NOT Core Interview Participants - Micro/Mental Health (n = 12)[56]:
         Yes: 11 (92%)*
            Before only: 2 (17%)
            After: 2 (17%)
            Both before and after: 7 (58%)

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[54] This item was unanswered on one questionnaire; this was possibly inadvertent as the the entire third page of this questionnaire was blank.

[55] Again, this item was unanswered on one questionnaire; this was possibly inadvertent as the the entire third page of this questionnaire was blank.

[56] Again, this item was unanswered on one questionnaire; this was possibly inadvertent as the the entire third page of this questionnaire was blank.

Micro/Other Specialization (n = 21):
Yes: 8 (38%)
Before only: 5 (24%)
After: 3 (14%)
Both before and after: 0

Total Number of Macro Student Respondents (n = 16):
Yes: 8 (50%)
Before only: 2 (12.5%)
After: 3 (18.75%)
Both before and after: 3 (18.75%)

Social Work Student Questionnaire[57]

1. Age_____

2. Gender_____

3. Current relationship status (please circle):

    Single   Divorced   Engaged   Married   Committed to life partner

4. Currently a parent or guardian (please circle):   Yes   No

5. Ethnic/racial origin_____

Student Information

6. Undergraduate major:_____

7. 1st year concentration (please circle):   Micro   Macro

8. Expected specialization (please circle):   Children and Youth Services   Gerontology

    Health Services   Mental Health Services   Non-Profit Sector Services

9. 2nd year concentration (please circle):   Micro   Macro

10. 2nd year specialization (please circle):   Children and Youth Services   Gerontology

    Health Services   Mental Health Services   Non-Profit Sector Services

11. Stipend, if any (please circle):   CALSWEC   GSWEC   CALSWEC II/DMH

                                                    IUC   other (please indicate)_____

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[57] This questionnaire was approved by UCLA's Institutional Review Board.

12. How did you pay the **tuition** for your Master's in Social Welfare? (Please circle all that apply.)

stipend   grants   student loans   employment   savings   help from family/spouse

credit cards   other (please indicate)_____

13. How did you pay your **living expenses** while a student in the program? (Please circle all that apply.)

stipend   grants   student loans   employment   savings   help from family/spouse

credit cards   other (please indicate)_____

Background

14. Did you feel safe in your neighborhood/community while growing up?   Yes   No

15. Did you immigrate to the US?   Yes   No

16. Did at least one of your parents immigrate to the US?   Yes   No

17. How many siblings do you have, if any? _____

18. If you have siblings, please list their gender and age:

_____

_____

19. With whom did you live as you were growing up? (For example, biological parents and siblings; shared time between divorced parents; foster or step-parents during certain ages; adopted siblings, step-siblings, grandparents, etc.)

_____

_____

_____

_____

20. Did you experience any of the following while growing up? (Please check all that apply.)[58]

_____Death of a parent

_____Death of a sibling

_____Chronic serious physical illness - parent (not mental)

_____Chronic serious physical illness - sibling (not mental)

_____Chronic serious physical illness - self (not mental)

_____Significant mental illness in parent (such as schizophrenia, bipolar disorder, major

         depressive disorder, borderline or other personality disorders, etc.)

_____Significant mental illness in sibling (such as above)

_____Substance abuse in parent or primary caregiver

_____Substance abuse in sibling

_____Substance abuse - yourself

_____Witnessed domestic violence between adults in your home

_____Witnessed child abuse of sibling

_____Child abuse of yourself

_____Understood parents experienced child abuse when they were growing up*

_____Severe financial hardship

_____Close, supportive relationship with parent or guardian*

_____Close, supportive relationship with sibling*

_____Close, supportive relationship with an adult other than parent (i.e., teacher, relative)*

_____Close, supportive relationship with friend*

_____Close, supportive relationship with romantic partner*

_____Close, supportive ties with community or culture*

_____Excellence or unusual achievement in a particular area (i.e., sports, arts, academics)*

_____Any event or experience you found particularly challenging (please indicate):

         _____

____Any event, experience or activity you found particularly rewarding (please indicate):*

         _____

_____

[58] Items marked with an asterisk (for the purposes of this Appendix only) were NOT considered "potentially emotionally significant challenges" or "risk factors" when calculating these findings.

21. Did you work in social services before attending the MSW program, either paid or voluntary

    (please circle)?   Yes   No

22. Have you ever been a client in psychotherapy (please circle)?   Yes   No

23. If yes, when (please circle):

    Before beginning the MSW program

    After beginning the MSW program

    Both before and after beginning the MSW program

Future Plans

24. Do you plan to continue a career in social work (please circle)?   Yes   No   Unsure

25. In the future, do you expect to work (please circle): Primarily on a Micro level

    Primarily on a Macro level

    On both Micro and Macro levels

26. Do you plan on getting licensed as a clinical social worker, that is, getting your

    L.C.S.W. (please circle)?   Yes   No   Unsure

27. What **client population** do you expect/want to serve **in the next year?** (For example,
children and families, older adults, gangs, the homeless, the chronically mentally ill, etc.)

_____

28. In what type of **setting** do you expect/want to work **in the next year?** (For example, public
agency, non-profit organization, private practice, school, medical, etc.)

_____

29. Ideally, what **client population** would you like to serve in 3 years? _____

_____

In 5 years?_____

In 10 years?_____

30. Ideally, in what type of **setting** would you like to practice in 3 years? _____

_____

In 5 years?_____

In 10 years?_____

31. Is there anything you would like to add about your experience of becoming a social worker over the past two years? (For example, valuable learning experiences, most useful aspects of your education, if you feel you have changed as a person, things that surprised you about social work, strategies of self-care, changes in perspectives, etc.) *Use back of sheet if necessary.*

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