

## ICSW Convocation Speech – June 11, 2011

Dean Eldridge, Founding Dean Palombo, Dr. Shelby, members of the ICSW community, and graduating doctoral students and their significant others, family members, and friends: Greetings. I am honored to have been invited to deliver this year's convocation address at ICSW. Of course, as a native Chicagoan and SSA graduate, I think I've been aware of ICSW's existence almost since the year in which it was founded; but who could have predicted in 1981 how ICSW would have evolved – into a leading, nationally-recognized academic center for advanced training and research in clinical social work. So, I am delighted to be here today.

Let me begin by offering my heartfelt congratulations to both of this year's ICSW graduates. Yours is a momentous achievement, representing many years of commitment, hard work, and physical, emotional, and financial sacrifice. And, in recognition of the rarified level of scholarship that you have attained, you now get to call yourselves, "doctor." Of course, this is hardly the sole motivation for all that hard work and sacrifice, but on the other hand, it doesn't hurt. Anyway, that's what I thought. So, the day after I graduated from SSA in 1982, I became Dr. Brandell – everywhere. And I mean *everywhere*. (I should probably add as a little footnote that the University of Chicago, per convention, is probably the one place where folks with a Ph.D. still can't refer to themselves as "doctor," but are instead addressed as "Mr." or "Ms.") Anyway, I was so proud of that title. I think I may even have used it when I ordered pizza. Sometimes, it led to confusion, however. For example, I once called up for an appointment with a dermatologist, and when they asked me my name, I told them I was Dr. Brandell. "Oh, are you a doctor, or a patient?" "Well, I'm a patient, but I have a doctorate." "So, what

kind of a doctor are you, exactly?” “Well, I have my Ph.D. in social work.” “Oh, you’re a *social worker*.” And, I wanted to say, “Well, yes, I *am* a social worker, but I’m *more* of a social worker...” or something to that effect. Because having that Ph.D. *does* make you different.

But beyond permitting me to impress doctors’ receptionists and the person who takes phone orders for deep dish, what else has that doctorate helped me to accomplish? And, far more important, what can it help you to accomplish? Well, since it’s always easier to start with the problem(s) and then their history, let’s begin there.

Your doctorate is in *clinical social work*, with a particular emphasis on dynamic theory and practice. This makes you absolutely unique among doctoral graduates in the social work profession. As you know, virtually all doctoral programs in social work are geared toward the production of social work researchers and scholars, and social work programs are no longer able to hire masters-level faculty for tenure-bearing faculty positions. Now, that wasn’t always the case. About thirty years ago, when I received my first teaching assignment as a doctoral fellow at the University of Chicago (it was in 1980) Helen Harris Perlman was still on the faculty. Now, you may or may not know that this prolific and legendary clinical scholar, who introduced us to the “problem-solving approach” in social work, did not possess a doctorate. And, she was hardly the exception. Indeed, at that time, the outstanding majority of clinical social work faculty in social work graduate programs across this country were highly experienced, masters-level practitioners. In fact, it has only been in the last 30 years or so that doctoral-level social workers have gradually assumed faculty positions once occupied by the likes of Perlman, Bernice Simon, Ruth Koehler, Dean Schneck, and so many others. The

thinking was that social work, which had always been treated as a sort of illegitimate step-child in the academy, could only benefit from populating its faculty lines with doctoral-prepared faculty. Finally, we could begin to make a convincing argument that social work really is a scientific discipline, has its own body of knowledge, and so forth. And of course, a concurrent development was that most universities were increasingly wary of hiring non-Ph.D.'s into tenure-bearing faculty lines. Now, most doctoral students twenty-five or thirty years ago were "returning scholars" – that is, they'd already been out in the real world, working in family service, out-patient psychiatry, counseling centers, and private practice; in fact, many doctoral programs wouldn't even consider you seriously for admission until you'd been out of school practicing as a social worker for a year, or two or three. So, it looked like a win-win for everybody: social work programs, which would enhance their standing in the academy; prospective students, who'd have an opportunity to study with seasoned practitioners who also understood the importance of research to advance the profession; and future clients, who – albeit, less directly – would nevertheless reap the benefits of this new, rigorous programmatic climate.

Except, you'd be wrong. In less than 20 years, everything seems to have changed, and the current reality is really quite at variance with the ideal that I've just described. First, virtually all of those seasoned clinicians who used to teach on social work faculties are gone. Second, most social work doctoral programs readily admit students with little, if any postmasters practice experience. After all, the overriding aim is to produce researchers – not clinical scholars or advanced-level practitioners. And, of course, it's these very same students, once they graduate, who are now routinely hired to teach in graduate-level social work programs. Although in many instances, they've never seen a

real client outside of their MSW field practicum, it is these folks who end up teaching human behavior, methods, and even advanced year practice courses once they're hired. And, let me tell you, they might be real expert in grounded theory and inferential statistics, but they don't know a whole lot about clinical practice – which is the heart of social work. If students are lucky, their advanced courses in clinical practice are taught by full-time clinicians hired by the schools to do what their own full-time faculty are no longer able to do; however, this is hardly a solution, since it has led in most schools to a two (or even three) -tiered faculty hierarchy in which curriculum decisions are made by full-time faculty who don't have a clue about clinical social work; the part-timers teaching these clinical courses, the overwhelming majority of whom do not possess doctorates, are all-too-often treated as mere hired hands, with understandably little stake in the academy.

Another related problem that I am sure you'll recognize is the gradual marginalization of psychoanalysis in academic social work. Although this trend is rooted in historical tensions within our profession, contemporary issues have also contributed to the widespread failure to acknowledge the salience of psychoanalytic ideas in the instruction of social work graduate students. The influence of managed care, efforts within the academy to accommodate to a narrow definition of empirical science and the domination of biological models of causality are among those factors.

But what are some of these challenges, more specifically? I promise not to go into a tremendous amount of detail, but perhaps it would be useful to review what we have already confronted and are currently up against as proponents of psychodynamic theory and practice within the greater social work community:

- First off, there are historically *divisive tensions between social policy and clinical social work* (macro vs. micro practice), which pervade our social work literature, inform the agenda of our national organizations, and are also reflected in curricular mandates and constraints;
- Then, there's the *critique that psychoanalysis is not sufficiently appreciative of the role of the environment*;
- Third, *quick-fix and consumer-driven approaches*: We should somehow make psychoanalytic practices consonant with single-session therapy, psychoeducational interventions, non-dynamic brief treatment, and so forth;
- Fourth, *using what works simply because it works*: Pressure within the profession to teach students clinical techniques or methods apart from their theoretical origins, the argument being that students need instruction in "hands-on" applications, and don't need to be burdened by theory;
- Fifth, *uneasiness with psychoanalytic views of psychopathology*, which are not resonant with the "strengths" perspective in current social work literature;
- Sixth, *opposition to psychoanalytic ideas* on the basis that they are conjectural, untested, and unsubstantiated by empirical methods, or in more contemporary parlance, not evidence-based;
- Next, *discomfiture with the complexity of psychoanalytic theory* on the part of both students and non-analytic colleagues, which may lead to confusion and intellectual resistance;
- Then, *ambivalence in regard to basic psychoanalytic precepts and principles*, such as the existence of the unconscious;; the idea that behavior is motivated and serves lawful purposes; or the genetic perspective – that the past persists into the present;
- And finally, *resistance to fundamental psychoanalytic assumptions regarding the nature of therapeutic action and of the relationship in psychotherapy*, particularly those ideas which highlight the transference-countertransference matrix.

Okay, now I have outlined what I believe to be some of the more significant problems that I have faced as an academic and strong proponent of a psychoanalytic

perspective. To personalize this just a bit, I can tell you that when I was a lowly assistant professor without tenure at Michigan State University, back in the mid-1980s, a senior colleague, a policy professor who had nothing but contempt for clinical practice in general and psychoanalysis in particular, actually warned me against socializing with the senior clinical scholar on our faculty at the time, Dr. Max Bruck (who retired many years ago but remains a very dear friend). She implied that he was a “bad” influence, and that his ideas – which were avowedly psychoanalytic – were “dangerous.” (The real irony here is that this particular policy professor was well-known throughout the university community as an unreconstructed Marxist!)

Okay, I think I’ve said more than enough about the problems and the history that underlies them. I’ll skip the dynamic formulation and get right to the treatment plan here, because by this time, you are probably wondering, “Well, how does all of this apply to me?” Maybe your principal motive in going for this Ph.D. was for the advanced training in clinical practice, and you intend to remain in the practice arena. And that’s perfectly fine. As graduates of this outstanding academic institution, you will bring a great deal to all of your clinical work, irrespective of the setting in which that work might occur. But, see, I’m really pitching something here. I want to convince you of the importance of applying the knowledge and experience you’ve gained through this wonderful program to the education of *masters-level* social workers. We need you desperately in academic social work. Maybe not as a full-time academic (as I mentioned earlier, there are many part-time clinicians teaching at MSW programs across the country), but with your sophisticated understanding of developmental theories, psychopathology, clinical process, method, and technique, as well as research methods, you represent something unique,

something that has been missing in academic social work, or perhaps was never even really a part of it. I have heard psychoanalytic social work colleagues argue that it's okay if students don't get a decent clinical education at the masters level, because they can always purchase good supervision as postmasters practitioners, or go for some sort of advanced clinical training. Well, maybe; but that has always struck me as an example of unfortunate *ad hoc* reasoning. Why not improve the teaching in our graduate clinical curricula? And why wait? I, personally, am not ready to give up on this, and I see it as a sort of fatalism on the part of those who have resigned themselves to MSW education being essentially beyond redemption. Even if you're doing it part-time, I believe you can make a difference. So, please consider the possibility. At my school, Wayne State, about 20-25 students typically sign up for my "psychodynamic track" each year. Maybe that seems like a small number, but over the years, at least eight or ten of my former students have sought advanced training (one is currently at Michigan Psychoanalytic) and several are themselves, now teaching.

Incidentally, when I entered University of Chicago in 1978, a teaching career was the furthest thing from my mind. I was thinking some combination of private practice and perhaps a clinical directorship somewhere. But, then I studied with Erika Fromm and Joe Palombo, and served for a year as Janet Kohrman's teaching assistant, and I began to consider the possibility that maybe a teaching career wouldn't be a bad way to go. And, it hasn't been. In fact, there have been many gratifications along the way.

So, I want to close by again congratulating you on becoming "doctors." Enjoy this wonderful accomplishment today and throughout your careers. I wish you every success. Thank you.