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Presented by  
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Thank you for the honor and privilege of addressing the 2016 graduates of the Institute for Clinical Social Work doctoral and Master's programs...

I am going to speak to you today as both a social worker and a psychoanalyst, and as someone who has worked to integrate both of these traditions into my professional identity. I hope that this may provide some guidance for each of you, as you craft your own unique clinical social work identity. As a social worker, I affirm a central tenant of professional social work—that its core concept is the “person-in-environment” and, with this concept at its core, social work, perhaps inevitably, takes as an aspect of its mission the goal of social justice with a commitment to disadvantaged or vulnerable populations. As a psychoanalyst, I prioritize the importance of subjectivity and each person's effort to make meaning of personal experience. I am also a child analyst, so I respect the power of the developmental push forward. The analyst's empathy and framework for understanding subjectivity can be put to work in the analytic or therapeutic situation, but can also work effectively outside the consulting room in schools, community organizations, or any place where people gather. These are highly compatible values—the person-in-environment, social justice, subjectivity and meaning-making—and contain the revolutionary spirit of early social workers and the pioneers of psychoanalysis.

Both social work and psychoanalysis became increasingly established as professions during the 1910s, 20s, and 30s as practitioners defined the boundaries of each discipline and as formal training and education paths were set up. The relationship between these two professions has been a curious one,

allied in many ways, yet also distinctive and hierarchical. Social work is a magpie discipline that borrows theories of development, theories of technique and theories of change from other disciplines, including psychoanalysis, psychology, education and sociology. Social work, as Carolyn Saari (1986) said, is better defined by its values, goals and ethics than by the content of its theory. In contrast, psychoanalysis is defined by the content of its theory, even as this content has expanded greatly. And it has always made claims to be a science, alongside its hermeneutic tradition.

The professionalization of social work coincided with the increasing authority of psychoanalysis in mental health and this profoundly influenced social work training. The early explicators of social work practice borrowed psychoanalytic concepts to carefully circumscribe the professional boundaries of social work, differentiating it from psychoanalysis. Social workers practiced something called “casework” which addressed conscious or preconscious material, used cognitive and educative techniques and intervened at the level of behavior rather than ambitiously aim to moderate influences of character or pathology (Hollis 1964/1972). That was left to the psychoanalyst. The term “casework” as a distinctive form of practice is now dated, but the cautious restriction of its goals reflects the historical position of social work in relation to psychoanalytic theory and the deference of the social work profession to the role of psychoanalysts. Connie Goldberg (1995) recalls her social work education in the heyday of the hierarchical medical model (which of course was also a gendered model) that social workers were complicit with but also strained against. She says, “The general aura surrounding social work training was that there was something else possible [that is, psychoanalysis] in terms of working with clients (not to be called patients), something preferable to what I was equipped to do, and something by which I was being judged” (p 88).

The exalted position of psychoanalysis for the social work profession and within the mental health field at large shifted in the 1960s and 1970s. If social

workers had been taught that the unconscious was only the purview of psychoanalysis, by the 1980s and forward, they are more typically taught that psychoanalysis is, at best, irrelevant and misguided and an outmoded form of intervention. Numerous and complex social, cultural, economic, intellectual, and political factors contributed to this change. During this time, “clinical social work,” as one thread of social work practice, came into being. Clinical social work maintained its alliance with core psychoanalytic concepts to explain human development and clinical practice, though often more acceptably called psychodynamic rather than psychoanalytic. But clinical social workers revolted against the second-class status they held in the mental health hierarchy. (You, graduates, are beneficiaries of this change.) They took charge of their own training, as exemplified by the significant impact of the Institute for Clinical Social Work, and they established clinical social workers as fully authorized mental health professionals.

At the same time, the field of psychoanalysis shifted as well. Organized psychoanalysis responded to the crisis of credibility, loss of status, and reduced numbers of psychoanalytic patients with education, outreach, lobbying, public relations efforts, and importantly, more interdisciplinary cooperation. The successful 1989 restraint of trade lawsuit brought by the American Psychological Association against the American Psychoanalytic Association opened psychoanalytic training in American institutes to non-MDs, which, ironically, has infused life into these psychoanalytic institutes, bringing in psychologists, social workers and others. (In Chicago, this includes a number of ICSW graduates.) Along with this and of course partly because of it, there has been a proliferation of schools of psychoanalytic thought and non-traditional institutes offering psychoanalytic training, generating a political, ideological and theoretical struggle over the definition of psychoanalysis. As a body of theoretical knowledge and as a profession, psychoanalysis has expanded to encompass theoretical ideas and practitioners that do not fall under its traditional definition, bringing enormous

challenges to the field, whether approached as a therapy or a theory of human functioning.

Interestingly, we are now back to the future, as this broader view of psychoanalysis clearly encompasses important territory of clinical social work. The practice wisdom of social work fits well into thinking of psychoanalysis as relevant to other areas of practice and to many aspects of the problems of living. Social work generally has had a more flexible attitude toward authority and rules and social workers have typically treated more people with a broader range of psychological, social and economic problems than other mental health professionals and in a variety of settings. Unlike psychoanalysis, which recognized the “widening scope” in the 1950s and 60s, social work has always had a widened scope and a pragmatic heart as well. Now psychoanalysis is coming around and a specialty area called “community psychoanalysis.” Stuart Twemlow, one of the founders of this specialty, wrote (with Henri Parens) an influential article titled “Might Freud’s Legacy Lie Beyond the Couch?” (2006) and he obviously answers with a strong, “Yes!”

He endorses that the “legacy of Freud include...the application of his ideas beyond the couch and outside the consulting room. There is little doubt that psychoanalysis will have a key place in the training of mental health professionals, and that analytic concepts will be implemented in the training of those who manage people and need people skills for that management, and that psychoanalysis as therapy as well as psychoanalytic psychotherapy will continue to be the lynchpin of dynamic psychotherapies. But we, as did Freud himself, do not think these contributions will be psychoanalysis’ greatest legacy. We hold the position that until psychoanalysis is recognized as a body of knowledge that can be applied to understanding and solving pressing community and social problems, rather than hold to its limited application to the treatment of patients with specific psychiatric diseases, or in training those who treat them, it will lose its pioneering relevance in the ‘social brain’ initiative in the 21<sup>st</sup> century” (p 431).

He presents a cogent argument for a broad definition of psychoanalysis, one that includes psychoanalysis as a form of therapy, but also recognizes its enormous value when brought to other settings. This sounds a lot like clinical social work to me, and it is the arena in which clinical social workers have always practiced. Twemlow goes on to say that community psychoanalysts “have foremost advocated learning from the community in vivo what the existing problems are and asking to be part of the team that is problem solving, asking just how we can be helpful.” This sounds to me a lot like the social work refrain, “start where the person is at.” You can see that I am building a case for this enlarged vision of psychoanalysis, which employs fundamental clinical social work principles.

In a paper that is frequently quoted these days, Freud (1919) called for the extension of psychoanalytic help to all. “The conscience of society will awake and remind it that the poor man should have just as much right to assistance for his mind as he now has to the life-saving help offered by surgery; and that the neuroses threaten public health no less than tuberculosis...When this happens, institutions or out-patient clinics will be started...so that men who would otherwise give way to drink, women who have nearly succumbed under their burden of privations, children for whom there is no choice but between running wild or neurosis, may be made capable, by analysis, or resistance and of efficient work. Such treatments will be free” (p 167). Freud ends this article (which is actually a defense of an analytic attitude) by recognizing that it will be necessary “to alloy the pure gold of analysis with the copper of direct suggestion [etc]” (p 168), but that it is critical to maintain the principles of a “strict and untendentious” psychoanalysis. “Untendentious” is a key word here.

There is an inevitable tension between providing therapeutic help to individuals and working toward change at a macro-level to address social ills that plague communities. I think the concept of citizenship helps bridge that tension. Martha Nussbaum argues for a quality called “compassionate citizenship” which requires that people have “an understanding of their own vulnerabilities, needs

and fears, weaknesses that all human beings share.” If they “lack the language in which to characterize their own inner world, and they are by the same token clumsy interpreters of the emotions and inner lives of others. This emotional illiteracy is closely connected to aggression, as fear is turned outward, with little real understanding of the meaning of aggressive words and acts for the feelings of others” (<http://www.humanity.org/voices/commencements/martha-nussbaum-georgetown-university-speech-2003>)." Psychotherapeutic help, whatever form it takes and wherever it takes place, is one way to support emotional literacy so that fears can be contained rather than directed outward. This is such a pressing problem in our violence-prone world. To be a compassionate citizen requires emotional literacy, so that compassion can be extended to others and on behalf of the community. Whether we call it community psychoanalysis or clinical social work, we have skills, ideas and commitment to change the world by helping to develop compassionate citizens, whether the intervention is at an individual, group or community level.

Let me tell you a story about this. It is a special story because this is a project that ICSW has supported with student interns as it has grown, from the Woodlawn Vulnerable Student Initiative to The Holding Circle now. In the beginning, it had no name, but it had the energy and commitment of an educator volunteer. A principal invited to a south side elementary school and he looked for ways to be useful there. He was an acquaintance of mine and he knew of my interest in community work with children, so he invited me to see what was happening at this school. We spent some time talking with teachers, observing in classrooms and learning how the school worked. We discovered that in each classroom, there were a few children who took up an inordinate amount of the teacher's time because of their disruptive behavior and we began to develop a project to address this problem.

The kindergarten teacher worried about a new boy in her class who was a mystery to her. He spoke to no one, had no interest in classroom instruction, had

few math or literacy skills, and mostly wandered restlessly around the room, in his own world. He only interacted with peers to provoke them and periodically he erupted in explosive tantrums during which he threw objects or overturned furniture. Because he was not learning and the teacher was so perplexed by him, we thought tutoring might help. My colleague, B, agreed to tutor him, and I provided consultation to support him. B quickly discovered that he could not engage M in any kind of activity resembling learning. In fact, he could not figure out anything that interested M. Instead, M wandered around the room, never really engaging with anything. I hypothesized that this wandering without intent or goal reflected a barely integrated sense of self. I encouraged B to follow M's lead, with the conviction that if he did, M would lead him to what he needed. This, of course, is not how educators usually work, so I was bringing in an analytic attitude. This went on for weeks. The first glimmer we had that M even noticed B was when he asked, "Is my name in your cellphone?" Now we knew that M had the beginning idea of a relationship between the two of them and that he wanted to be known.

M and B found some things to do together. B had an old manual typewriter that captured M's attention though he had no interest in the letters, words or writing, he just played with the keys. Reading remained a very distant goal, but without a relationship with his tutor, I knew that M would not be motivated to read. I encouraged B to continue to follow M's lead and to begin to establish rituals with him, which they did. One day they discovered a wagon and M took a ride in it. B said he heard a very unusual sound and at first did not recognize it. It was the sound of M's spontaneous laughter.

One day I received a panicked phone call from B, who told me that he had failed with M and that the whole tutoring situation had blown up. M had hauled off and slugged B in the face, pronouncing, "You're not my friend anymore." I understood that this was M's way of telling his tutor how much he mattered to him and that M was scared and anxious about the fact that his tutor mattered to

him. I told B to continue the weekly sessions and to be assured that he indeed was M's friend. Now we could see why M was not interested in learning, because no one was really interested in him as a person. Children need to know they matter before they can make learning matter. M suffered from a level of emotional neglect that had developed into learning and behavior problems. B and I could discuss the meaning of M's difficulties, with the conviction that comes from experiencing them in living color through the medium of M's relationship with his tutor. B needed the psychoanalytic perspective to be able to contain his own anxiety when confronted with M's mode of interaction, and M needed B to be able to stay with him. They continued to meet to the end of the school year.

At the end of the year, the families of the kindergarten students gathered in the school gym for a graduation ceremony. Each student marched to the front, said their name, and told what they wanted to be when they grew up. All the children except one had a conventional idea about the future—they wanted to be a policeman or a singer or a teacher. M stood up, announced his name and said, "When I grow up, I want to be a grown up man." In this vision of his future, M explained that he had identified with his tutor, the grown up man, and this is the beginning of being able to learn and to be interested in learning. M also explained that now he could imagine a future for himself.

This is the kind of psychoanalytically informed work that can happen in a setting where there is a psychoanalytically informed clinician. It is the person-in-environment, it is a move toward social justice that M receive the kind of help he needed, it is a deep understanding of his subjectivity, and it assisted him in creating meaning for himself. It is excellent psychoanalysis and it is excellent clinical social work.

ICSW is a unique institution in many ways. Of all these ways, I focused today on ICSW's melding of the social work and psychoanalytic traditions, which I think in many ways represents the future of psychoanalysis. As you step into

your futures as the grown up men and women of clinical social work, you too represent a proud tradition and a future for psychoanalysis and clinical social work. May you have productive, fulfilling careers that honor these traditions.