

Clinical Social Work and Psychoanalysis: Introduction to the Special Issue

David G. Phillips

Published online: 13 November 2008
© Springer Science+Business Media, LLC 2008

Abstract As clinical social work developed in America it was highly influenced by the concepts and techniques of psychoanalysis and many of its practitioners became interested in seeking psychoanalytic training. More and more psychoanalysts are now coming from a background in clinical social work due to the development of a network of interdisciplinary training institutes and the opening of the Institutes of the American Psychoanalytic Association to non-medical candidates. This special issue considers how psychoanalysis may be affected as more of its practitioners and contributors come from a background in clinical social work. This introduction reviews the history of the development of clinical social work and outlines the issues related to “lay analysis” in this country.

Keywords Psychoanalysis · Clinical social work · Lay analysis · Free standing institutes · American Psychoanalytic Association

Introduction

The core principles of psychoanalytic thought have become so ingrained in the culture of our times that we may sometimes forget where they originated. Clinical social workers function in a variety of settings and do not always identify themselves as psychoanalysts or psychoanalytic psychotherapists, but even then concepts such as the inevitability of intra-psychic conflict, the importance of childhood development and infantile sexuality, the existence of unconscious motivation, and problems of working

with manifestations of transference and resistance may seem almost as obvious as the alphabet. Many clinical social workers are concerned about the currently diminishing role that psychoanalytic concepts have in graduate education while forgetting how basic these concepts have been to theory building in the field.

A number of clinical social workers seek, or have sought, advanced training in psychoanalysis and/or psychoanalytic psychotherapy. They may be motivated by several factors including lack of sufficient clinical content in their graduate education; lack of employment opportunities because of declining third party support for a range of human services, and; personal expectations, which may or may not be realistic, about the autonomy and other potential benefits of a career in private practice.

Many factors have contributed to enhanced opportunities for clinical social workers who are interested in this type of training of which I will mention three: (1) The development of a wide range of “free standing”, and basically independent, inter-disciplinary training institutes; (2) The opening of the training programs in the Institutes of the American Psychoanalytic Association which were, for many decades, closed to non-medical candidates; (3) The passage, starting in the 1960s, of a wide range of certification and licensing laws which have greatly enhanced the legal standing of clinical social work practitioners in virtually every state.

Clinical social workers constitute the major group of providers of mental health services in this country. No one knows if they will become the major group of practicing psychoanalysts, but there is little doubt that their presence will have an impact on the field of psychoanalysis. As they complete their experience as candidates in psychoanalytic training it is to be expected that a certain number of them will move on to become supervisors, teachers, authors, training analysts, and administrators in psychoanalytic

D. G. Phillips (✉)
400 East 89th Street APT 14 H, New York, NY 10128, USA
e-mail: dgphillips@nyc.rr.com

institutes. Perhaps their experience of socialization to the field of psychoanalysis will leave them homogenized, and similar in their outlook and practice to analysts from any other background. Perhaps, however, their common experience of a social work background will affect their approach as psychoanalysts and, in turn, affect what they, or at least some of them, may contribute to training, theory, and practice. Prediction of the future is always a risky practice, but this Special Issue of the *Clinical Social Work Journal* attempts to grapple with some of these questions; to identify some of what is essential to clinical social work and to suggest how psychoanalysis may be affected as more and more of its practitioners come from a background in that field. In this brief introductory chapter I will review the history of the development of clinical social work; review the issue of “lay analysis” in America, and orient the reader to the Special Issue by outlining the current situation regarding clinical social work and organized psychoanalysis.

This project has resulted from the efforts of a number of people, and I am particularly grateful that the subject was of sufficient interest to have attracted the participation of some of our busiest and most respected authors who contributed the seven original articles and the comments in the *Clinical Social Work Forum*. I am also very grateful to Jane Hall who edited the Forum and to the Editor in Chief of the Journal, Carol Tosone, whose patience and support made everything possible. The efforts of these individuals are to be credited for any value that the contents of this Issue may have.

The Evolution of Clinical Social Work

In the late 1800s, the philanthropy of private and religious organizations was beginning to develop into the profession of social work in the United States. The first organized training program of this emerging profession was offered in the summer of 1898, and by 1904 a full 8 month schedule of training was offered by the New York School of Philanthropy (now the Columbia University School of Social Work). The development of the field of “psychiatric social work”, the term that preceded “clinical social work”, was closely tied to the evolution of the overall profession of social work.

Psychiatric social work is usually considered to have originated in 1904 when the eminent psychiatrist Dr. Adolf Meyer, of the Manhattan State Hospital, encouraged his wife to visit the families of hospitalized patients to supplement their treatment by understanding the “sources of sickness” in the community. Two years later, a graduate social worker, Ms. E. H. Horton, became the first social worker to be employed in an institution for the mentally ill. Her statement, made a 100 years ago, expresses both the

person-in-situation perception and the social change orientation that is still characteristic of clinical social work: “This work is based on the perception that disease is frequently caused by adverse social, moral, or industrial conditions and cannot be permanently cured unless these conditions are changed” (New York Charities Aid Association Annual Report, 1909–1910, p. 45).

The central figure of early psychiatric social work was Mary Jarrett, Director of the Social Service Department of the Boston Psychopathic Hospital. It was Jarrett who coined the term “psychiatric social worker”, and who, in 1918, developed an 8 week course to help social workers learn to deal with the emergency needs of psychiatric patients. This summer program was the origin of the Smith College School for Social Work which opened in 1919 as the first school to offer a curriculum for the training of psychiatric social workers. Jarrett also founded the Psychiatric Social Worker’s Club which became, in 1926, The American Association of Psychiatric Social Workers and was one of the five organizations which, in 1955, was merged into the newly formed National Association of Social Workers. The practice of psychiatric social work, as articulated by Jarrett, emphasized the social worker as an intermediary between the primary patient, the patient’s family, and the resources in the community which could aid in the patient’s treatment (Pearlman 1974).

The exciting new ideas of psychoanalysis began to impact psychiatric social work and the broader field of social work after the First World War. The treatment of soldiers and veterans suffering from the traumatic effects of war, who were referred to as “shell shocked” at that time, gave impetus to Freud’s work and to the new ideas of understanding and treatment with which psychiatric social workers were identified. Jarrett continued to be concerned with developments in the rest of the profession, and as early as 1919 she stated the goal of disseminating psychodynamic knowledge for the use of all social workers (Pearlman 1974).

Another important step in the development of psychiatric social work came in the early 1920s when demonstration child guidance clinics were founded in eight cities by the Commonwealth Fund. Social workers supplied the majority of professional staff in these clinics with responsibility for dealing with the social and environmental forces which affected the “disturbed” child. Although psychiatric social workers started as intermediaries between the clinics and the parents it was quickly seen that the parents were often more disturbed than the child who was the “primary” patient. The role of the psychiatric social worker began to shift to that of therapist for the parents, and often, because of a lack of psychiatric personnel, to that of primary therapist for the child as well (Alperin 1977).

Psychiatric social workers from these settings became one of the main groups seeking formal psychoanalytic

training after the Second World War, and the experience gained in these settings led to increased understanding of human relationships which influenced theory and teaching in all of direct practice done by social workers during that period (Pearlman 1974).

In the Great Depression of the 1930's there was a loss of funds for mental hygiene treatment, and many psychiatric social workers moved into positions in the “newly established public welfare agencies concerned to build a system which not only provided financial aid but also considered the ‘common human needs’ of relief clients” (Pearlman 1974), p. 676. This movement contributed further to the influence that psychoanalytic concepts had on the wider field of social work.

Another important development of the 1930s was the emergence in psychoanalysis of the concepts of ego psychology, and their growing influence on teaching and practice in the field of social work. These concepts finally began to provide a theoretical synthesis between “the social order and the psychological depths” which had always been the dual concerns of social work—it was the ego which was the unifying force (Briar and Miller 1971, p. 19).

Psychiatric social workers continued to function with increased independence in the 1940s and 1950s. In psychiatric hospitals they worked as members of the treatment team with the primary responsibility for evaluating and working with the patient's family, but the severe lack of psychiatric personnel often meant that the psychiatric social worker took on primary responsibility for the treatment of the patient (Nacman 1977).

As previously noted psychiatric social workers became the primary therapists in a number of treatment settings, and having been exposed to psychoanalytic concepts and treatment approaches they became interested in seeking advanced training in psychoanalytic institutes. These developments have been described by authors who witnessed them first hand. Martin Bergmann, for example, has written (1988, p. 366):

Another entrance (to the field of psychoanalysis) was provided for social workers who learned to treat children in such institutes as the Jewish Board of Guardians. Many psychoanalysts at that time had the idea that patients not yet ready for psychoanalysis should be treated by a social worker, who would help them to cope with reality problems and prepare them for analysis. Many social workers who began their work in this way later became lay analysts.

An important development, taking place in 1948, was the founding of the training program in psychoanalysis and psychotherapy of the Postgraduate Center for Mental Health in New York City. This was America's first inter-disciplinary training program, and the first institute to offer

psychoanalytic training to social workers and it became the model for a number of other programs. The training program of the National Psychological Association for Psychoanalysis was founded in the same city and the same year. This program was based on Freud's dream of an analytic university in which students would be selected based on personal qualities and aptitude for analytic work rather than on academic degrees. It is not surprising that one of the founders of this institute was Theodor Reik, one of the many prominent Europeans displaced by the Second World War and the analyst who was a central figure in the controversy over “lay analysis” of the 1920s, to be discussed in the next section.

This then is a brief survey of the situation encountered by American “psychiatric social workers” in the late 1940s and 1950s. Their graduate education had often exposed them to psychoanalytic concepts, and many of them held positions in which they had significant responsibility for the treatment of individuals and families and further exposure to psychodynamic ideas and methods. There was a beginning development of a group of “free standing” and independent institutes which would consider them for advanced training in psychoanalysis and/or psychoanalytic psychotherapy based on their social work degrees or, in some cases, based simply on their interest in psychoanalysis and their talent for it.

If, however, they looked to the oldest and best established network of analytic training programs in the United States, the institutes under the aegis of the American Psychoanalytic Association, they were excluded by that organization's peculiar and rigid policy which prohibited the training of non-medical candidates. Some students found training in the newly developing, free standing, inter-disciplinary institutes. Some participated in the informal, “bootleg” training which took place when some of the displaced European analysts who were accustomed to the training of non-medical candidates met Americans who “were looking for a home in the analytic community” (Blanck 1998, p. 1243). (Blanck states that Paul Federn and Theodor Reik were just two of the prominent European analysts who participated in this bootleg training.) Many potential candidates, however, both social workers and psychologists were locked out by the policy on “lay analysis”. In the next section I will briefly review the issue of “lay analysis”, and the subsequent developments that have, for clinical social workers, come close to eliminating that issue as an obstacle.

Lay Analysis and Organized Psychoanalysis

In the early 1900s, as psychoanalysis began to develop in Europe, practitioners who were interested in learning and practicing this new field came from a variety of

backgrounds. Freud's well known work on "lay analysis" (1926) was written in response to charges of malpractice of medicine that were brought against Theodor Reik in Vienna. It is, perhaps, an inevitable irony that these charges were brought against Reik, who came from a background in psychology, by a patient who was an American physician. The patient accused Reik of malpractice when his condition deteriorated after several weeks of analysis and he became dis-satisfied with his treatment (Sherman 1988).

Freud was not only opposed to excluding lay analysts he thought that a medical background could be harmful to prospective analysts, and even discouraged prospective analysts from studying medicine (Jones 1957). Freud maintained these views to the end of his life, and had a special concern regarding the way that psychoanalysis developed in the United States. In a letter written in 1938 he responded to a rumor that he had given up his views on lay analysis with the following unequivocal statement:

I cannot imagine how that silly rumor of my having changed my view about the problem of Lay Analysis may have originated. The fact is, I have never repudiated these views and I insist on them even more intensely than before, in the face of the obvious American tendency to turn psycho-analysis into a mere housemaid of Psychiatry (Jones 1957, pp. 300–301, cited in Kirsner 1990, p. 179).

As psychoanalysis developed and became organized in America (the American Psychoanalytic Association was founded in 1911) it became vital to mark out the territory in which it would function and establish who would be empowered to practice. It was important to its leaders to exclude "quacks" who would harm the reputation of psychoanalysis by practice which was incompetent and not backed by appropriate training. Also, and not incidentally, it was financially important to exclude potential rivals for analytic patients. Eissler (1965, p. 36) has described the basis on which this process of distinction was carried out by the newly formed American Psychoanalytic Association:

It may have been important to use analytic criteria to mark the distinction between "genuine" and "spurious" analysis, but instead this distinction was made equivalent to that between professional analysis by physicians (medicine being the prototypical profession) and the quasiprofessional "rabble" of lay analysts.

In his valuable history on the issue of lay analysis in the United States Kirsner (1990, p. 177) gives the following statement which captures the mood of the times:

The Americans were very keen to achieve professional and scientific recognition. An abstract of a

paper given by Clarence Oberndorf to the New York Psychoanalytic Society said, "Much propaganda must still be done in America to gain scientific recognition, and to counteract undue, harmful popularity" Oberndorf and his colleagues had made a political decision to embrace medicine directly and eschew popularity, regarding popularity as being the realm for quacks. Oberndorf dismissed other schools of analysis as pure quackery and was most concerned that "correspondence school psychoanalysts" and the like would demean psychoanalysis.

The leaders of the American Psychoanalytic Association during this period were so determined to claim psychoanalysis as a medical practice that they, evidently, proposed a law in the New York State Legislature which would have made the practice of lay analysis illegal. The supposed existence of this law has entered the realm of analytic mythology and for example Bettelheim (1984, pp. 33–34) has stated "So adamant were the American analysts that psychoanalysis must be restricted to physicians that in 1926 the New York State Legislature declared illegal any analysis not conducted by a physician". A current review, however, (Kirsner 1990) has stated that such a law never was passed in New York, or any other state, and that the leaders of the American Psychoanalytic Association lied to the leaders of the International Psychoanalytic Association and to Freud himself in claiming its existence.

After the intense debates of the 1920s a long silence fell on the topic of lay analysis in America. Eissler, however, in 1965 argued in favor of lay analysis calling medical education an expensive luxury which did not include the humanist and liberal arts perspective that was really more meaningful as a basis for psychoanalytic training. He concluded that by restricting itself to candidates from a medical background psychoanalysis was narrowing itself and cutting off an important new pool of individuals who could contribute to the field. But by the time Eissler's book was published the developments that would begin to resolve the issue of lay analysis—at least for clinical social workers—had already begun to take place. As previously noted the numbers of "free standing", inter-disciplinary institutes had been increasing since the 1940s. In addition, beginning in the 1960s, a number of states began to enact certification and licensing laws which would offer legislative support and recognition to the profession of social work and, in many cases, to the independent practice of clinical social workers. (The licensing law which took effect in New York State in 2004 specifies that both "psychotherapy" and "psychoanalysis" are within the scope of practice of Licensed Clinical Social Workers.) "Psychiatric social workers" had become "clinical social workers" rejecting the previous title which, it was thought,

implied supervision by psychiatrists. They had begun to form organizations to advance their educational and legislative concerns, and to refer to themselves as constituting a profession (Phillips 2000).

In the carefully researched article published in this issue Richard Lightbody has detailed the internal process of evolutionary change that was gradually moving the American Psychoanalytic Association toward a more open admissions policy which would include consideration of social workers as possible candidates. In the 1980s, however, there was a “revolutionary event” which significantly accelerated the process of change within the American Psychoanalytic Association. This event, also described by Lightbody, was the lawsuit brought against the American on behalf of five psychologists, supported by the American Psychological Association, who charged that that organization’s admission policies constituted restraint of trade which violated Federal anti-trust laws. The lawsuit was settled in 1988 with a significant victory for the psychologists and the concept of more open access to psychoanalytic training for non-medical candidates. The lawsuit was brought only on behalf of Ph.D. psychologists and its settlement only had a legal impact for that group, but as described in Lightbody’s article, a movement toward greater openness had already been evolving in the American Psychoanalytic Association. The settlement of the lawsuit did not require that organization to consider non-medical candidates other than psychologists, but the idea of opening admission to a wider group of mental health professionals gained strength, in part, as a way of avoiding further lawsuits from other groups of mental health professionals (Wallerstein 1998).

At the time of this writing, in the first decade of the 21st century, every psychoanalytic training program in this country is open to clinical social workers with a doctorate on an essentially equal basis. There are still a small number of programs which do not accept clinical social workers who have a Master’s degree, and the future of those situations is hard to predict. If past history is any indication it is likely that those programs will change as clinical social workers continue to gain increased legal standing through licensing, and the programs come under pressure because of declining applications from members of other professions.

Lightbody quotes a colleague in the American Psychoanalytic Association who predicts that the future typical member of that organization will be “a woman social worker on a second career”. It is possible that the future typical psychoanalyst in America will be a clinical social worker, but this Issue makes no effort to make such a prediction. Its goal is simply to identify some factors that are basic to clinical social work and to suggest how psychoanalysis may be affected as more of its practitioners, at every level, have a background in that profession.

In her comprehensive theoretical paper Eda Goldstein considers the elements of values, knowledge, and skills that constitute the unique clinical social work identity, how that identity is integrated for clinical social work psychoanalysts and how psychoanalysis has evolved to the extent that it now includes much of what clinical social work has traditionally valued. Joyce Edward’s paper, a “companion” to Goldstein’s theoretical contribution, is more personal and talks of her journey from clinical social work to psychoanalysis and how her social work training and experience formed the core of her professional identity and influenced her practice as a psychoanalyst.

In the only clinical paper in the collection Erika Schmidt contends that a background in clinical social work is perfect preparation for a child analyst, and that the pragmatic heart of social work can be instructive in understanding and explaining effective therapeutic interventions in psychoanalysis. In her powerful historical paper Elizabeth Danto details the social change orientation of the early European psychoanalysts, and argues that this orientation, so basic in social work, makes it the perfect companion to connect to psychoanalysis and help it to return to its earlier roots.

In considering what clinical social workers and clinical social work may contribute to psychoanalysis it was necessary to note what they have already contributed. It was of importance, therefore, to recall the work of those giants of observation, treatment, and theory Selma Fraiberg and Gertrude and Rubin Blanck in this collection. Vivian Shapiro has contributed an article on Fraiberg, and Patsy Turinni and Diana Siskind wrote on the Blancks. I was particularly gratified, and the reader will also be, that those authors not only know the work of their subjects, but knew them personally and worked closely with them for many years during their lifetimes.

In reading these thoughtful and scholarly papers the reader will notice the pervasiveness of many themes that are central to clinical social work and familiar to professionals from that background. The emphasis on evaluating the individual in the context of his or her environment; the idea that treatment needs to be flexible, pragmatic, and not dominated by adherence to doctrine; the awareness of the importance of the therapeutic relationship as being a crucial element in bringing about change, and; the attention to social pressures and the willingness to participate in activities leading to social change are just some of those themes.

Clinical social workers will become more prominent in psychoanalysis, in part, because there are many of them who are interested in psychoanalytic training at a time in which there are declining numbers of potential candidates from a background in psychiatry. Progress in achieving licensing has enhanced the stature of clinical social work, and helped make it possible for many professionals from

that field to practice independently. And, as noted, a great number of analytic training programs are now open to clinical social workers, both free standing institutes and those within the American Psychoanalytic Association.

Furthermore, as Goldstein points out in her article psychoanalysis has now evolved to the point that it increasingly includes many of the values and concepts to which clinical social work has always adhered. And, as Danto states, social work can help psychoanalysis to reclaim its legacy of dedication to social justice. Clinical social work, in other words, will be a central defining force as psychoanalysis moves towards both what it will become in the future and what it has been in the past.

References

- Alperin, R. M. (1977). Social work has a problem: A psychosocial study. *Clinical Social Work Journal*, 5(2), 149–159.
- Bergmann, M. (1988). Who is a lay analyst? *The Psychoanalytic Review*, 75(3), 360–379, Fall 1988.
- Bettleheim, B. (1984). *Freud and man's soul*. First Vintage Books
- Blanck, G. (1998). Lay analysis in the postwar years. *Journal of the American Psychoanalytic Association*, 46(4), 1243–1245.
- Briar, S., & Miller, H. (1971). *Problems and issues in social casework*. New York: Columbia University Press.
- Eissler, K. R. (1965). *Medical orthodoxy and the future of psychoanalysis*. New York: International Universities Press.
- Freud, S. (1926). *The question of lay analysis: Standard Edition 20*. London: The Hogarth Press.
- Jones, E. (1957). *The life and work of Sigmund Freud*. New York: Basic Books.
- Kirsner, D. (1990). Is there a future for American Psychoanalysis? *Psychoanalytic Review*, 77(2), 175–200.
- Nacman, M. (1977). *Social workers in mental health services: EncyloPedia of social work* (17th ed.). Washington: National Association of Social Workers.
- New York State Charities Aid Association Annual Report. (1910). New York: New York State Charities Aid Association.
- Pearlman, H. H. (1974). Social work in psychiatric settings. In S. Arieti (Ed.), *American handbook of psychiatry* (2nd ed.). New York: Basic Books.
- Phillips, D. (2000). Is clinical social work a profession? Preliminary considerations. *Clinical Social Work Journal*, 28(2), Summer 2000.
- Sherman, M. (1988). Theodor Reik and lay analysis. *Psychoanalytic Review*, 75(3), 380–392, Fall 1988.
- Wallerstein, R. (1998). *Lay analysis: Life inside the controversy*. Hillsdale, NJ: The Analytic Press.

Author Biography

David G. Phillips, DSW, was formerly Director of Social Work at the Postgraduate Center for Mental Health. He is currently an Adjunct Associate Professor in the Wurzweiler School of Social Work, Yeshiva University, and is in the private practice of psychoanalysis and couples therapy in New York City.