THE UNIVERSITY OF CHICAGO

# Shaping psychiatric paradigms: Clinical social work in Chicago's South Side, 1970-1990

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**Abstract**

In the 1970s and 1980s, dramatic transformations in psychiatric science, psychotherapeutic modalities, and the contexts and value of psychiatric care triggered a biomedical revolution in the psychiatric professions. Unlike in psychiatry, where the biological psychiatrists and the psychoanalysts battled for control of the profession, clinical social workers adopted a pluralistic pedagogical and practical approach to mental health treatment. The changes in clinical social work theory and practice at the University of Chicago's School of Social Service Administration and surrounding psychiatric field sites in Chicago's South Side exemplify this structural shift in the profession. I use archival research and in-depth interviews to explore clinical social workers' experience of training and practice in this era and explain the effects of the biomedical revolution on clinical social work in Chicago.

## Introduction

*Humanistic charity or scientific profession? The constitutive concern of American clinical social work*

On November 18th, 1976, social worker and psychoanalyst Rudolf Ekstein gave a speech at the Charlotte Towle Memorial Symposium hosted by the University of Chicago School of Social Service Administration. Trained in Freudian psychoanalysis in Vienna in the late 1930s and forced to flee the Nazis in 1939, Ekstein arrived in America hoping to teach psychoanalysis. Instead, he enrolled in a master's program in Social Service at Boston University in 1941 after encountering what he considered to be irreconcilable differences—"practical, intellectual, and emotional obstacles"—between the American and European models of psychiatric treatment.[1] Ekstein became a leading reformer in social work in the northeastern US and an advocate for training all mental health care workers in psychoanalytic theory.[2]

In his lecture, Ekstein reflected on the state of the social work profession in the US and its evolution from a "mere charitable cause" to a "professional function."[3] Echoing the late Charlotte Towle—a psychiatric social worker, educator, and reformist at the University of Chicago in the 1930s, 40s, and 50s—he warned against the integration of politics and science into social work, calling for continued commitment to the early aspirations of the profession. "Are we to be revolutionaries or missionaries?" he asked. "Are we to believe in lasting social change that makes a society adequate in its efforts to contribute to the life of the individual, or are we to believe in the kind of response that goes with faith, dedication to a suffering person, offering a new lease on life through love and faith?"[4]

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[1] Rudolf Ekstein, "Professional Training or Professional Education," *Clinical Social Work Journal* 7, no. 2 (1979): 153, https://doi.org/10.1007/BF00760477.
[2] David James Fisher, *Rudolf Ekstein (1912-2005)*, vol. 62, 2 (The Johns Hopkins University Press, 2008), https://doi.org/10.1163/9789401205702.
[3] Ekstein, "Professional Training or Professional Education," 153.
[4] Ekstein, 154.

Ekstein's questions reflect an enduring tension in the history of social work and the professional identity of the clinical social worker. Psychiatric social workers, who became "clinical social workers" in the mid-70s, inherit both the medical associations and methods of psychiatric care and the humanitarian ethic of social work. If psychiatry maintains professional authority by managing scientific uncertainty through regular revolution, social work mediates the ambiguity of its role in society by preserving its founding ideals—pragmatism, humanism, and altruism.[5] The clinical social worker, then, provides a uniquely contested site of inquiry into the management of scientific uncertainty and professionalization in psychiatric care. Although clinical social workers and psychiatrists have similar scopes and methods in public and private practice—i.e., psychotherapy, diagnostic tools, and psychiatric knowledge—their professional jurisdictions have been markedly different and even opposed.[6]

As American psychiatry turned from psychoanalysis to biomedicine in the 1970s and 1980s, clinical social work emerged as a semi-autonomous discipline with distinct positions on the role of science, research, and psychotherapy in society. The University of Chicago School of Social Administration (SSA) and its surrounding institutional milieu—Billings Hospital, Michael Reese Hospital, the Student Mental Health Center, and the Chicago Psychoanalytic Center—constituted a microcosm of the intra- and interprofessional and scientific conflicts in social work

[5] For social work's interstitial and ambiguous professional identity, see Andrew Abbott, "Boundaries of Social Work or Social Work of Boundaries?: The Social Service Review Lecture," *Social Service Review* 69, no. 4 (December 1995): 545–62, https://doi.org/10.1086/604148; Carolyn Oliver, "Social Workers as Boundary Spanners: Reframing Our Professional Identity for Interprofessional Practice," *Social Work Education* 32, no. 6 (September 2013): 773–84, https://doi.org/10.1080/02615479.2013.765401; For a history of structural revolution and scientific uncertainty in American psychiatry, see Owen Whooley, *On the Heels of Ignorance: Psychiatry and the Politics of Not Knowing* (Chicago: The University of Chicago Press, 2019); Anne Harrington, *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness*, Norton paperback edition (New York, NY: W.W. Norton & Company, 2020).

[6] For the seminal literature on professional jurisdiction and competition in professionalization, see Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988).

at the national level.[7] Amid social and political change of the civil rights era in the 1960s and massively expanded funding for national mental health in the post-war decades, the development of psychiatric research, psychotherapeutic methods, and diagnostic technologies surged. In the 1970s, competing claims to the scientific efficacy of different psychotherapeutic modalities, political concerns about the power of the state and institutions in individual life, and financial pressure from the third-party insurance companies triggered a dramatic change in the ways psychiatric professionals in America learned, trained, and practiced.[8]

Clinical social workers responded to these shifts by questioning and expanding the boundaries of their practice. Social work journals from the mid-1970s featured ongoing debates about whether social workers should be able to prescribe psychotropic medicine, receive reimbursement through Medicare or third-party insurance, and practice certain types of psychotherapy. Rhetoric on these issues invoked concerns about the professional responsibility of the clinical social worker and the nature of their practice as either humanistic or scientific, juxtaposing the moral values of their work with efforts to professionalize by funding and centering scientific research in social work practice.

Using archival materials and in-depth interviews with clinical social workers and other psychiatric professionals who lived and worked in Chicago between 1970 and 1990, this study both describes and explains the effects of the biomedical revolution on the pedagogy and practice of clinical social work. Histories and sociological studies of the American psychiatric

[7] See Figure 1 in the appendix for a map of these sites.
[8] For a description of American psychology and politics in post-war America, see Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley London: University of California Press, 1995); For a history of social work and politics, see John H. Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States* (Cornell University Press, 1985), http://www.jstor.org/stable/10.7591/j.ctt5hh20f; Harrington, *Mind Fixers*.

professions follow physicians and national organizations in psychiatry.[9] Clinical social workers are absent from this scholarship, despite vastly outnumbering psychiatrists and clinical psychologists and working in the same hospitals, clinics, and social spaces with the same patients in similar capacities. The boundary between psychiatry and social work and the latter's omission from historical accounts has more to do with gender and class differences than professional education and certification.[10] A historical and sociological study of clinical social work during the biomedical revolution yields an alternative perspective on structural change. I suggest that the epistemic standpoint of the clinical social worker offers a previously unexplored route through these shifts in psychiatric knowledge and practice changed.[11]

While psychiatry experienced a total upheaval in practice because psychiatrists had the medical authority to treat patients with psychotropic drugs and psychoanalysis; clinical social workers did not have the same professional authority, and their primary treatment method remained psychotherapy even as the standards for diagnosing and treating mental illness became biomedical. I argue that the sociocultural conditions and professional commitments of clinical social work theory and practice changed the way the profession responded to a structural shift in scientific knowledge.

*An exceptional case study: The University of Chicago's School of Social Service Administration and social work in Chicago's South Side*

[9] Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York Weinheim: Wiley, 1997); Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America*, Course Book (Princeton, NJ: Princeton University Press, 2014); T. M. Luhrmann, *Of Two Minds: An Anthropologist Looks at American Psychiatry*, First Vintage books edition (New York: Vintage Books, 2001); Harrington, *Mind Fixers*.
[10] Abbott, "Boundaries of Social Work or Social Work of Boundaries?," 557.
[11] Alison Wylie, "Why Standpoint Matters," in *Science and Other Cultures: Issues in Philosophies of Science and Technology* (New York: Routledge, 2003), 31.

There are no histories of clinical social work in Chicago, and certainly none that draw on the perspective of clinical social workers still alive today. All access to these experiences will soon cease to exist. My interlocutors are in their late 70s and early 80s and many of the possible interlocutors I contacted were unable to speak to me or recently deceased. Using an oral history in tandem with archival material and ethnographic notes allows me to recreate parts of a historical world that might not have been remembered or reconstructed had this project been conducted just a decade later. Hierarchies of medical and scientific expertise often exacerbate disparities in research on medical and psychiatric professions. Medical doctors dominate historical and sociological narratives of care and cure. Most monographs on the history of mental health care focus primarily on physicians and participants of governing organizations, not on social workers or community psychiatrists.[12]

Chicago is a particularly apposite place for a history of American clinical social work. The roots of the profession lie as much in the settlement houses of Jane Addams and Sophonisba Breckenridge in the 1890s as the concerted methods of Edith and Grace Abbott and the Chicago School to establish a scientific sociology in the early twentieth century. Established in 1904, University of Chicago's Social Science Center for Practical Training in Philanthropy and Social Work—renamed the School of Social Service Administration (SSA) in 1920—became the first year-long training program for social work in the US. Social workers at the SSA founded the second academic journal of social work, the *Social Service Review (SSR)* in 1927, with the aim of understanding "scientific problems arising from the various aspects of social work."[13] Like

[12] Grob, *From Asylum to Community*, 2014; Paul Starr, *The Social Transformation of American Medicine*, Updated edition (New York: Basic Books, 2017); Herman, *The Romance of American Psychology*, 1995; Whooley, *On the Heels of Ignorance*.

[13] For a detailed history of the founding mission of the SSR, see Wayne McMillen, "The First Twenty-Six Years of the Social Service Review," *Social Service Review* 27, no. 1 (March 1953): 1–14, https://doi.org/10.1086/639078.

their predecessors, mid-century Chicagoan social workers and SSA faculty Charlotte Towle, Helen Harris Perlman, and Bernece K. Simon led efforts in professionalization, accreditation, and social work education reform at the national level.

In the latter half to the twentieth century, clinical social workers on Chicago's South Side lived and worked with—and sometimes married, like two of my interlocutors—some of the most influential figures in American psychiatry. SSA clinical social work students in the 1970s held fieldwork placements at some of the leading psychiatry departments in the country, including Billings Hospital, a cutting-edge research facility for biological psychiatry and Michael Reese Hospital, the home of the best residency for psychoanalysis in the 1970s and 80s.[14] UChicago's Student Mental Health Center remained predominantly psychoanalytic until the 1990s, and the Jung Institute and the Chicago Psychoanalytic Institute—the second oldest psychoanalytic institute in the United States—remain bastions of contemporary psychoanalysis today.

As the biomedical paradigm swept through American psychiatry and clinical social work in the 1970s, two schools of "relational" psychoanalytic thought developed by Chicagoan psychiatrists Franz Alexander and Heinz Kohut further destabilized the enterprise of American ego psychology and its figuration of the therapeutic relationship.[15] The ego psychologists developed a non-relational form of Freudian psychoanalysis that centers the fraught relationship between the patient's ego, or conscious mind, and their id, the unconscious biological and Oedipal drives formed in early childhood. Clinical practice of ego psychology required the

[14] Figure 1 in the appendix shows the SSA field sites where students were placed in the 70s and 80s.
[15] During and following WWII, American psychiatrists almost exclusively trained and practiced ego psychology, a distinctly American school of psychoanalysis branching from Freudian and other European traditions. Ego psychology was not just a therapeutic technique; it was also a medical science, a pedagogy, and a political philosophy; a multiplicity of concepts that "pushed the ideal of disciplinary autonomy to its limit."[15] Franz Alexander wrote that the mystery of psychoanalysis made it "the most individual type of treatment which medical science has ever produced." Franz Alexander, "Psychoanalysis in Western Culture," *American Journal of Psychiatry* 112, no. 9 (1955): 694.

analyst resemble a "blank slate" during the therapeutic encounter to effectively mirror the patient's psychic state. Alexander's theory of the "corrective emotional experience" and Kohut's theory of self psychology problematized the premise of the Freudian drive theory and the monadic model of the mind, positing that personality and the psyche develop through social interaction and relation rather than biological drives.[16] This relational paradigm, broadly construed, places greater importance on the potential for self-determination, change, and growth than non-relational ego psychology and seeks to expand the scope of psychiatry to the biological, social, and psychological domains of experience. Relational psychoanalysts' theoretical focus on the influence of interpersonal and environmental experiences on psychological development was more closely aligned with the humanistic orientation of social work than with the individuated self of ego psychology. The ascendance of self-psychology into the Chicago psychiatric community created a rift between the ego psychologists and relational psychoanalysts in the 1970s that would be overshadowed by the biomedical revolution in the following decades.

The community of clinical social work in Chicago was both representative and causative of the structural shift in the profession. I emphasize the role of Chicagoan clinical social workers in shaping not only the direction of their budding profession but in the development and dissemination of new forms of psychiatric knowledge and practice. This work analyzes the historical and social coproduction of psychiatric knowledge and scientific research within an exceptional profession.[17] In this period of rapid change, why and how did the inheritance of

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Alexander.[16] William Borden, "The Relational Paradigm in Contemporary Psychoanalysis: Toward a Psychodynamically Informed Social Work Perspective," *Social Service Review* 74, no. 3 (September 2000): 352–79, https://doi.org/10.1086/516409; Kate Schechter, *Illusions of a Future: Psychoanalysis and the Biopolitics of Desire*, Experimental Futures : Technological Lives, Scientific Arts, Anthropological Voices (Durham: Duke University Press, 2014), 14.

[17] Melani Cammett, "Positive Deviance Cases: Their Value for Development Research, Policy, and Practice," in *The Case for Case Studies*, ed. Jennifer Widner, Michael Woolcock, and Daniel Ortega Nieto, 1st ed. (Cambridge University Press, 2022), 219–38, https://doi.org/10.1017/9781108688253.011; Jason Seawright, "The Case for Selecting Cases That Are Deviant or Extreme on the Independent Variable," *Sociological Methods & Research* 45,

knowledge from the natural and social sciences change clinical social work in different ways that it did psychiatry? In what ways were the psychotherapeutic pedagogies and practices of the clinical social worker rendered effective within a professional psychiatric milieu that increasingly privileged logical empiricism over generalized knowledge and community-oriented practice? How did clinical social work manage the epistemic anxiety that pervades the psychiatric sciences—the lack of scientific proof of the etiology and corresponding diagnosis and treatment of mental illness—at a time of rapid structural change in psychotherapeutic technologies and research?

*How does the history of clinical social work work? Integrating the history of the sciences with contemporary social work scholarship*

Epistemological debates about knowledge acquisition and practice in contemporary social work often draw on the historical trends of the profession.[18] One such concern posits a constant linear progression of knowledge accumulation, in which social work evolved from its 20th century traditions of community and social practices into a technologically-advanced institution centered on scientific research and evidence-based practice.[19] This view reflects a philosophical framework rooted in Enlightenment-era conceptions of science, rationality, and social evolution that presupposes an ideal of technological progress as the basis of modernity. [20] For decades, social work reformers have lamented the profession's limited contributions to

no. 3 (August 2016): 493–525, https://doi.org/10.1177/0049124116643556; Rebecca Jean Emigh, "The Power of Negative Thinking: The Use of Negative Case Methodology in the Development of Sociological Theory," 2024.

[18] Kathryn R. Berringer, "Reexamining Epistemological Debates in Social Work through American Pragmatism," *Social Service Review* 93, no. 4 (December 2019): 608–39, https://doi.org/10.1086/706255.

[19] Berringer; Edwina S. Uehara et al., "Identifying and Tackling the Grand Challenges for Social Work," Working Paper (American Academy of Social Work and Social Welfare, February 2015).Berringer; Edwina S. Uehara et al., "Identifying and Tackling the Grand Challenges for Social Work," Working Paper (American Academy of Social Work and Social Welfare, February 2015).

[20] For critical analysis of conceptions of modernity in contemporary Science Studies scholarship, see Bruno Latour, *We Have Never Been Modern*, 3. print. (Cambridge, Mass: Harvard Univ. Press, 1994); Immanuel Wallerstein, "The End of What Modernity?," *Theory and Society* 24, no. 4 (August 1995): 471–88, https://doi.org/10.1007/BF00993520.

scientific research, claiming that social work's founding commitments to the humanistic values, moral claims, and pragmatic concerns reinforce its professional deficiencies when compared to its more "scientific" counterparts , psychiatry and psychology.[21] Calls for embracing a "scientific imperative" and championing "social progress powered by science" echo throughout the last half-century of social work literature.[22] Framed thus, social work scholars use the history of the profession primarily as a metric of progress to promote a future-oriented vision of an ever-expanding body of scientific knowledge and practices in an effort to elevate the status of the profession. The conservative-progressive friction in clinical social work is bound to the profession's conception of what counts as science, how to establish the efficacy of psychological care, and in what ways empirical evidence can and should be applied to the methods of clinical practice.

Drawing on critiques of modernity and scientism from the humanities and social sciences, other social work scholars offer opposing theoretical arguments for the use of history in this epistemological debate. One group of scholars suggests that the profession has distanced itself from its altruistic and voluntaristic origins in the settlement houses of the late 19th century and that historical examination can restore and preserve these humanitarian values.[23] This

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[21] John S. Brekke, "Scientific Imperatives in Social Work Research: Pluralism Is Not Skepticism," *Social Service Review* 60, no. 4 (June 1986): 538–54, https://doi.org/10.1086/644398; John S. Brekke, "Shaping a Science of Social Work," *Research on Social Work Practice* 22, no. 5 (September 2012): 455–64, https://doi.org/10.1177/1049731512441263.

[22] See calls for the scientific imperative and/or logical empiricism in the 1980s and 2010s: Francis J. Turner, "Reflections on Clinical Practice: Enough of Art, More of Science," *Clinical Social Work Journal* 3, no. 2 (June 1975): 128–34, https://doi.org/10.1007/BF02144260; Mary Gorman Gyarfas, "The Scientific Imperative Again," *Social Service Review* 57, no. 1 (March 1983): 149–50, https://doi.org/10.1086/644078; Walter W. Hudson, "Scientific Imperatives in Social Work Research and Practice," *Social Service Review* 56, no. 2 (June 1982): 246–58, https://doi.org/10.1086/644009; Brekke, "Shaping a Science of Social Work"; American Academy of Social Work and Social Welfare, "About," Grand Challenges for Social Work, accessed June 14, 2024, https://grandchallengesforsocialwork.org/about/.

[23] For a short history of psychoanalysis and the integrated approach in social work, see William Borden, "The Relational Paradigm in Contemporary Psychoanalysis: Toward a Psychodynamically Informed Social Work Perspective," *Social Service Review* 74, no. 3 (September 2000): 352–79, https://doi.org/10.1086/516409; For a history and critique of the rise of popular, humanistic therapies, see Harry Specht, "Social Work and the Popular

literature often takes a biographical form, using social work's "founding mothers," particularly Jane Addams, Mary Richmond, and Edith and Grace Abbott, for inspiration and instruction.[24] A second group views historical evidence as a tool to uncover and contend with legacies of social and epistemic injustice and their influence on present pedagogy and practice.[25] These scholars deal most often with subaltern or revisionist histories that center race, sexuality, class, and gender, particularly the integral role of queer and African American social workers in the profession.[26] The contours of these historiographical trends are often shaped by the contemporary politics of the profession and its feminized, voluntaristic valences; scholarship published since 2020 addresses the "whitewashing" of social work history and the "toxic white femininity" of its founding mothers.[27] Although the presentist focus—a prescriptive emphasis on the way the past

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Psychotherapies," *Social Service Review* 64, no. 3 (September 1990): 345–57, https://doi.org/10.1086/603775; For a critique of logical empiricism and the scientific imperative, see Martha Brunswick Heineman, "The Obsolete Scientific Imperative in Social Work Research," *Social Service Review*, no. September 1981 (1981): 371–98; Martin Bloom, "Applied Research in Social Work: Conceptions of Scientific Practice," *Social Thought* 5, no. 3 (June 1979): 7–21, https://doi.org/10.1080/15426432.1979.10383294.

[24] Elizabeth N. Agnew, "Meeting Needs, Promoting Peace: Jane Addams and Her Twenty-First Century Counterparts," *Soundings* 90, no. 3 (Fall 2007): 2017–2244; Elizabeth N. Agnew, *From Charity to Social Work: Mary E. Richmond and the Creation of an American Profession* (Urbana, [Ill.]: University of Illinois Press, 2004); Laura Visser-Maessen, "John Sorensen, Ed. A Sister's Memories: The Life and Work of Grace Abbott from the Writings of Her Sister, Edith Abbott," *European Journal of American Studies*, July 15, 2019, https://doi.org/10.4000/ejas.14785.

[25] Tricia Bent-Goodley, Colita Nichols Fairfax, and Iris Carlton-LaNey, "The Significance of African-Centered Social Work for Social Work Practice," in *Social Work*, by Viviene E. Cree and Trish McCulloch, 2nd ed. (London: Routledge, 2023), 205–9, https://doi.org/10.4324/9781003178699-40; Mel Gray et al., "Perspectives on Neoliberalism for Human Service Professionals," *Social Service Review* 89, no. 2 (June 2015): 368–92, https://doi.org/10.1086/681644; Nancy Ross, Catrina Brown, and Marjorie Johnstone, "Dismantling Addiction Services: Neoliberal, Biomedical and Degendered Constraints on Social Work Practice," *International Journal of Mental Health and Addiction* 21, no. 5 (October 2023): 3132–45, https://doi.org/10.1007/s11469-022-00779-0; G. Allen Ratliff, "Social Work, Place, and Power: Applying Heterotopian Principles to the Social Topology of Social Work," *Social Service Review* 93, no. 4 (December 2019): 640–77, https://doi.org/10.1086/706808.

[26] Linda S. Moore, "Social Workers and the Development of the NAACP," *The Journal of Sociology & Social Welfare* 21, no. 1 (March 1, 1994), https://doi.org/10.15453/0191-5096.2113; Karen I. Fredriksen-Goldsen et al., "'"My Ever Dear"': Social Work's '"Lesbian"' Foremothers—A Call for Scholarship," *Affilia* 24, no. 3 (August 2009): 325–36, https://doi.org/10.1177/0886109909337707.

[27] Kelechi C. Wright, Kortney Angela Carr, and Becci A. Akkin, "Whitewashing of Social Work History: How Dismantling Racism in Social Work Education Begins With an Equitable History of the Profession," *Advances in Social Work* 21, no. 2/3 (September 23, 2021): 274–97, https://doi.org/10.18060/23946; Samantha Guz and Brianna Suslovic, "'She Must Be Experimental, Resourceful, and Have Sympathetic Understanding': Toxic White Femininities as a Persona and Performance in School Social Work," *Affilia* 38, no. 4 (November 2023): 759–74, https://doi.org/10.1177/08861099231157337.

can and should be used in current contexts—of this body of literature can risk resemblances to a teleological critical historical and social scientific investigation can unmask the sociocultural contingencies inherent in the epistemological assumptions of the value of science and evidence in social work theory and practice.

A third, smaller body of historical social work scholarship draws on intellectual and social history to understand the ways in which social work knowledge acquisition and application have changed over time. These scholars attempt to situate, complicate, and reanimate social work's commitments to humanism, pluralism, and pragmatism through historical methods of analysis.[28] Like these scholars, I suggest that intellectual histories of clinical social work are epistemologically valuable to contemporary clinical social work because they reveal previously unexamined continuities and ruptures in questions about knowledge, practice, evidence, and authority. I follow the Foucauldian framework offered by social work scholar and my interlocutor Jerry Floersch in studying clinical social workers both as "specific intellectuals" that generate particular meanings, ideas, and experiences from their practices and "universal intellectuals" that employ and enforce the disciplinary power-knowledge imposed by social work and psychiatric theory.[29] I also draw upon social work scholar and interlocutor William Borden's figuration of social work as a fundamentally pluralist and pragmatist profession. Clinical social workers operate between the lived experience of those they care for and the theoretical methodologies of their discipline; in doing so, they recognize the limitations of singular theories

[28]"William Borden, ed., *Reshaping Theory in Contemporary Social Work: Toward a Critical Pluralism in Clinical Practice* (New York: Columbia University Press, 2010).Berringer, "Reexamining Epistemological Debates in Social Work through American Pragmatism"; Borden, "The Relational Paradigm in Contemporary Psychoanalysis"; Haluk Soydan, "Understanding Social Work in the History of Ideas," *Research on Social Work Practice* 22, no. 5 (September 2012): 468–80, https://doi.org/10.1177/1049731512441262.

[29] Jerry Floersch, "Reading the Case Record: The Oral and Written Narratives of Social Workers," *Social Service Review* 74, no. 2 (June 2000): 171, https://doi.org/10.1086/514475; Michel Foucault and Paul Rabinow, *The Foucault Reader*, 1st ed (New York: Pantheon Books, 1984), 67–75.

for grasping the "variousness and complexity of human problems" and the value of taking distinct and mutually exclusive approaches.[30] These and other scholars link the theoretical history of social work to American pragmatism—a philosophical tradition first articulated at the turn of the twentieth century by John Dewey, William James, and Charles Sanders Pierce that, among its many conceptual functions and definitions, "cultivates an irreverence toward stabilized and disciplined forms of knowledge, if risking the stabilized and disciplined professional identity entailed therein."[31]

Clinical social workers, as I will later demonstrate in detail, reformulate emerging knowledge practices through a pragmatic and pluralistic lens that seeks to reconcile the humanistic and scientific demands of their profession. Taking clinical social workers as agents, practitioners, and producers of psychiatric and social knowledge may reveal how psychiatric knowledge was rendered scientific by American psychiatry during the biomedical revolution. Characterizing psychiatric change in the terms of the clinical social worker suggests that nascent biomedical science and methods represented a particular set of promises and threats to the professional community in Chicago in the 1970s and 1980s.

**Methods and Materials**

I approached my data collection sequentially to build a basis of historical knowledge and identify the general outline of the professional shift before conducting in-depth interviews with clinical social workers.

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[30] Borden, "The Relational Paradigm in Contemporary Psychoanalysis," 371.

[31] Scholarship on the intellectual history of American pragmatism is remarkably vast, for contemporary work on the ways American pragmatism has been integrated into the helping professions see E. Summerson Carr, *Working the Difference: Science, Spirit, and the Spread of Motivational Interviewing* (Chicago ; London: The University of Chicago Press, 2023), 141; Berringer, "Reexamining Epistemological Debates in Social Work through American Pragmatism"; William Borden, "Experiments in Adapting to Need: Pragmatism as Orienting Perspective in Clinical Social Work," *Journal of Social Work Practice* 27, no. 3 (September 2013): 259–71, https://doi.org/10.1080/02650533.2013.818942.

*Analyzing discursive themes in clinical social work scholarship from 1973 to 1985*

First, I completed a mixed-methods analysis of digitized issues of two social work journals, *Clinical Social Work Journal* and the *Social Service Review,* over a 13-year period from 1973 to 1985.[32] I conducted a comprehensive review of all book reviews and articles and a discourse analysis of their treatment of different clinical methods to determine how discourse on clinical social work theory and practice changed in the profession of American social work during this period.I developed qualitative codes to represent different psychotherapeutic approaches, counted the number of journal articles and book reviews that referenced each approach during this decade, and collected qualitative evidence of changes in clinical social work theory and practice.[33]

I separated the psychotherapies into three categories based on a review of two casework textbooks in use at the University of Chicago School of Social Services during the 1970s. Histories of social work and psychotherapy indicate that there were three dominant therapy families, subdivided into a range of heterogeneous approaches: psychoanalytic theories, which drew most from Freudian, Kleinian, and Eriksonian traditions as well as ego psychology (Anna Freud and Heinz Hartmann), interpersonal theory (Harry Stack Sullivan), and self-psychology (Heinz Kohut); behaviorism, informed by the work of B.F. Skinner on operant conditioning and the neobehaviorists of the 1950s and 1960s[34]; and humanistic psychology, developed first by

[32] I bracket my analysis in this decade because it begins with the establishment of the *Clinical Social Work Journal* (*CSWJ*), the first journal focused on clinical social work as a subfield of social work, and continues into the 1980s, as psychiatry turned towards biomedical and psychopharmaceutical treatments and the DSM-III, the first diagnostic manual based on biological categories and empirical studies of disease, replaced the more nebulous, psychoanalytic diagnoses of the DSM-I and DSM-II.

[33] Steven Ruggles, "The Revival of Quantification: Reflections on Old New Histories," *Social Science History* 45, no. 1 (2021): 1–25, https://doi.org/10.1017/ssh.2020.44. For an extended discussion and justification of my approach, see Appendix 1.1. For an outline of the range and coding process of psychotherapeutic methods included in the journals, see Appendix 1.2, 1.3, and 1.4.

[34] Intensely critical of psychoanalytic theory, Skinner based radical behaviorism on the assumption that internal perception and experience were a direct reaction to the environment rather than an inner experience of that

Carl Rogers and Abraham Maslow and expanded by others in the 50s and 60s.[35] Carl Rogers, psychoanalysts Heinz Kohut, Roy Grinker, and Bruno Bettelheim and several other notable figures in psychiatry and psychoanalysis taught and worked at the University of Chicago in the 1970s and 1980s. In my analysis, I assume that the topics covered in these journals reflect the current concepts and controversies in the field of social work, while acknowledging that a gap often exists between developments in scientific research and theoretical orientations and implementation of research and theory in everyday practice. From the review of *CWSJ* and *SSR*, I identified a marked shift in clinical social work theory from a handful of generalist approaches to casework in the early 1970s to dozens of psychotherapeutic methods and courses on how to compare and integrate multiple approaches in practice in the 1980s.

*Collecting and reviewing archival materials*

The rapid expansion of methods in just over a decade evidenced a change in the profession at the national scale. To understand its effects on the local level, I narrowed the scope of my archival sources to clinical social work practitioners on the South Side of Chicago. I reviewed physical archives housed in the Hannah Holborn Gray Special Collections Research

environment. This framework, he wrote in a 1954 article titled "A Critique of Psychoanalytic Concepts and Theories," could avoid the "bifurcation of nature into physical and psychic" that Freud's theory of the unconscious required. B. F. Skinner, "Critique of Psychoanalytic Concepts and Theories," *The Scientific Monthly* 79, no. 5 (1954): 300–305. For Skinner, division between society and the individual was impossible; psychological science disproved individual freedom, and thus social control was not only necessary but inevitable.

[35] In response to the perceived limitations of psychoanalysis and behaviorism, humanistic psychology emerged in the 1950s as a "third force" in American psychology. Humanistic psychology aimed to carve out a "larger jurisdiction for psychology" by starting therapeutic work with the premise that individuals are capable of self-governance and self-growth. Humanistic psychologists were wary of giving too much political authority to psychological experts, emphasizing instead the equality of the patient and therapist in the clinical encounter and the autonomy of the individual in society. Alexandra Rutherford, *Beyond the Box: B.F. Skinner's Technology of Behavior from Laboratory to Life, 1950s-1970s* (Toronto: University of Toronto Press, 2009); Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley London: University of California Press, 1995), 265.

Center from SSA faculty (Helen Harris Perlman[36] and Bernece K. Simon[37]) and scholars in the Department of Sociology studying social work (Everrett Cherrington Hughes[38] and Andrew Abbott[39]). I also consulted the physical archives of the Crown School of Social Service Administration's Social Work Library to consult the faculty and staff directories and Social Work Announcements for the years 1966-1988. My work in the Special Collections took place from November 2023 to April 2024, and my research in the Social Work Library from March to April 2024. I used the archival materials to inform the development of my interview guides, recruit several of my interlocutors via information found in the Faculty and Staff Directory, and build a basis of knowledge about the history of social work in Chicago.

I also drew from oral histories and ethnographic notes collected during and after the period of interest. In May 2024, I collected and analyzed interview records and oral histories of clinical social workers (Helen Harris Perlman, Arlien Johnson, Bernece K. Simon from the Columbia Oral History Archives) and other psychiatric professionals (Billings psychiatrists Eberhardt Uhlenhuth and Jarl Dyrud) conducted between 1970 and 2010. In addition to these materials, I reviewed anonymized excerpts of unpublished ethnographic notes gathered by Andrew Abbott while conducting field research at Billings in 1971 and 1972. The information contained in the oral histories and ethnographic field notes provided a snapshot of what these

[36] Perlman, Helen Harris. Papers, Boxes 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 23, and audiovisual materials in box 26. Hanna Holborn Gray Special Collections Research Center, University of Chicago Library. For a guide to the archive, see  For a history of Perlman's life, see Mary Pharis's 1977 interview with Perlman: Mary E. Pharis, "A Conversation with Helen Harris Perlman," *Clinical Social Work Journal* 5, no. 3 (September 1977): 229–38, https://doi.org/10.1007/BF02233308.

[37] Simon, Bernece K. Papers, Boxes 13, 38, 39, 41, 43, and 47. Hanna Holborn Gray Special Collections Research Center, University of Chicago Library. For a guide to the archive and a brief biography of Simon, see https://www.lib.uchicago.edu/e/scrc/findingaids/view.php?eadid=ICU.SPCL.SIMONBK

[38] Hughes, Everett Cherrington. Papers, Boxes 87, 88, 89, 103, 104. Special Collections Research Center, University of Chicago Library. For a guide to the archive and a brief biography of Hughes, see https://www.lib.uchicago.edu/e/scrc/findingaids/view.php?eadid=ICU.SPCL.ECHUGHES

[39] Materials in Andrew Abbott's possession.

practitioners—some of whom served as both my interlocutors and historical subjects in the archives—understood their training and practice before, during, and immediately following the biomedical revolution. By working across past and present professional narratives, I aim to illuminate the similarities and differences in the ways clinical social workers understand and recount their experience of professional and scientific change.

*Conducting an oral history via in-depth interviews with experienced clinical social workers*

Concurrently, I laid the groundwork to complete an oral history of clinical social workers who worked, trained, and taught in Chicago and at the University of Chicago in the 1970s and 1980s. I submitted a research proposal for in-depth interviews to the Social and Behavioral Sciences IRB Office in December 2023, and received notice that it was approved and marked exempt in January 2024. I identified interlocutors by snowball sampling, web search, and consulting the Faculty Directory. I recruited participants through direct phone and email outreach using a formal email template introducing myself and my research. I conducted 16 semi-structured, in-depth interviews from March to May 2024 with 14 interlocutors (11 clinical social workers, one sociologist (interviewed twice), one psychiatrist (interviewed twice), and one clinical psychologist). The length of interviews ranged from 47 to 165 minutes, with an average time of 78 minutes. I interviewed my interlocutors in person at the location of their preference (home, office, café), on Zoom, or by phone and wrote 500–1000-word analytic memos within 24 hours of each interview. Fourteen out of 16 total interviews were recorded via Zoom or phone recording and transcribed using Descript software.[40] Transcriptions were edited and analyzed using MAXQDA software.[41] Codes were developed and implemented inductively using a process described in *Learning From Strangers: The Art and Method of Qualitative Interview*

[40] https://www.descript.com/
[41] https://www.maxqda.com/

*Studies*: coding, sorting, local integration, and inclusive integration.[42] In creating and using interview guides and qualitative analysis, I drew upon social work scholarship on the relevance and use of ethnography in social work research and practice.[43]

Throughout my sequential approach to collecting and analyzing data from 1) social work journal archives, 1973-1985, 2) archival materials from Chicago-based social workers and sociologists at UChicago's Special Collections and Social Work Library, 3) oral histories and ethnographic field notes from collected between 1970 and 2010, and 4) in-depth interviews with psychiatric professionals who practiced in Chicago between 1970 and 1990, I referred back to and restructured my thematic and chronological account of the ongoing shifts in clinical social work. Working across four different and distinct sets of data allowed me to confirm or complicate reports of change and continuity in clinical social work theory, pedagogy, and practice.

*Professional knowledge and structural change: using interviews and archives together*

To understand the factors that contributed to professional change in this two-decade period, I contextualize my interlocutors' retrospective reflections with contemporary historical perspectives from physical and digital archives. Combining oral history with a diverse collection of archival sources, I attempt a sociological and historical account of clinical social work in Chicago during the biomedical revolution that synthesizes the subjective, retrospective experiences of clinical social workers with the historical record of social work journals, personal and unpublished materials of Chicagoan social workers, and interviews.

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[42] Robert Stuart Weiss, *Learning from Strangers: The Art and Method of Qualitative Interview Studies*, First Free Press paperback ed (New York: Free Press, 1995), 157–68.
[43] Floersch, "Reading the Case Record"; Jerry Floersch, Jeffrey Longhofer, and Jacob Suskewicz, "The Use of Ethnography in Social Work Research," *Qualitative Social Work* 13, no. 1 (January 2014): 3–7, https://doi.org/10.1177/1473325013510985.

Despite widely accepted use since the rise of social history in the 1960s, oral history has long been criticized for relying on memory as a stable source of historical information.[44] Although more recent scholars argue that the unreliability of individual reminiscence is a strength—the subjectivity of memory may yield insight into the meaning individuals attach to past experience, and the relationship between "past and present, between memory and personal identity, and between individual and collective memory"[45]—reconstructing events that occurred half a century ago based solely on memory remains a challenge. People often create post hoc explanations of past experiences to fit into narratives that make their current lives intelligible or reinterpret their life course through others' historical analysis.

In this work, however, the retrospective data offers insight into the subjective experience of an underrepresented community of professionals and a unique advantage in analyzing and deconstructing a shift in scientific theory and practice. As Thomas Kuhn famously argued, practitioners of "normal science" often fail to recognize the "revolutionary period" that characterizes a paradigm shift as it occurs; the constant happenings of the present obfuscate the occurrence of significant structural change.[46] Kuhn likened this incommensurability to a Gestalt-switch in the mind of the participants: "the proponents of competing paradigms practice their trades in different worlds…the two groups of scientists see different things when they look from the same point in the same direction."[47] How practitioners understand their practice is co-constituted by the theories they use, the social and environmental context they practice in, and the way those change over time. Constructivist thinkers in social work emphasize the communal

[44] Mahua Sarkar, "Between Craft and Method: Meaning and Inter-subjectivity in Oral History Analysis," *Journal of Historical Sociology* 25, no. 4 (December 2012): 582, https://doi.org/10.1111/johs.12000.
[45] Alistair Thomson, "Four Paradigm Transformations in Oral History," *The Oral History Review* 34, no. 1 (January 1, 2007): 57, https://doi.org/10.1525/ohr.2007.34.1.49.
[46] Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 3rd ed (Chicago, IL: University of Chicago Press, 1996).
[47] Kuhn, 150.

production and dissemination of scientific theories that originate "among collectivities of individuals who share a particular set of goals, activities, values, and interests and who thus construct their 'regimes of truth'."[48] In this way, the differences between retrospective accounts and contemporaneous accounts of a scientific revolution point to differences in epistemic cultures and the conditions that produce them. Comparing these perspectives between archival and interview data can help identify the causal factors and historical contingencies that produce structural change in a professional community.

Often theorized as a Kuhnian paradigm shift, the biomedical revolution in psychiatry can be figured as a rupture in the ontological and epistemological model of the mind. Anthropological and historical accounts of psychiatrists in the 1980s and 1990s, particularly Tanya Luhrmann's *Of Two Minds: The growing disorder in American psychiatry*, reveal a marked opposition between biological and psychoanalytic practitioners.[49] Psychiatric professionals' conceptions of the etiology of mental illness—as an organic, biological disease or as an outcome of unconscious drives, desires, and childhood experiences—change the treatment the patient receives, but also the way they "see" patients, how they construct their professional and personal selves, and the nature of the disease itself.[50] These conceptions of the mind are created and reformed through competing psychiatric pedagogies, experiences, and cultures because psychiatry is a professional praxis: a craft that requires both a declarative and procedural knowledge.[51] The theory of psychiatric science transforms practice, the enactment of practice reshapes theory, and practice and theory together create psychiatric culture and identity. To

[48] Stanley L. Witkin and Shimon Gottschalk, "Alternative Criteria for Theory Evaluation," *Social Service Review* 62, no. 2 (June 1988): 207, https://doi.org/10.1086/644543.
[49] Luhrmann, *Of Two Minds*; Jonathan Michel Metzl, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Duke University Press, 2003), https://doi.org/10.2307/j.ctv111jjbf; Whooley, *On the Heels of Ignorance*.
[50] Luhrmann, *Of Two Minds*, 9.
[51] Luhrmann, 9.

understand clinical social workers' experiences of biomedicine and psychoanalysis, then, it is necessary to examine the ways they trained, treated, and taught in the past *and* how they make sense of those experiences several decades later with the benefit of hindsight. Conceptualizing and explaining the transformation in clinical social work during the biomedical revolution requires analysis across temporal and epistemological gaps between theory, practice, and pedagogy.

My interlocutors' recollections of the biomedical shift identify dramatic transformations in theory and practice even as records of practitioners from the era did not interpret new psychotherapeutics as signifying large-scale change. I use these retrospective accounts both as objects of study—i.e., how people construct discourse about the past and connect it to their present lives and the conditions of the profession today—and as reservoirs of expert knowledge about the theory, norms, and history of clinical social work. Weaving together clinical social workers' individual and collective memories with archival materials can provide a richer, more rigorous analysis of structural change that integrates past and present perspectives and reveals the discontinuities and contingencies inherent in the biomedical shift in psychiatry.

## Results

### *"Is Social Work a Profession?" Three waves of professionalization of clinical social work*

To frame my analysis of clinical social work in Chicago in the 1970s and 1980s, I identify three waves of professionalization at the national level. The first occurred between 1915 and 1925 during and after World War I, the second in the decade following World War II, and the third coincided with psychiatry's biomedical revolution during the 1970s. Using this periodization to frame clinical social work's historical development, I evaluate the effects of

transformations in psychiatric knowledge on clinical social work theory and practice during the third wave of professionalization.

The first wave coincided with a paradigm shift in the formalization of American medical education in the 1910s that required the physician be both scientist and practitioner, working within the known scope of medical practice but also advancing medical knowledge in the laboratory.[52] The synthesis of medical theory and practice in the figure of the medical professional prompted a reckoning in the general body of social work—primarily women working for little to no pay—about what made them organized professionals rather than charity workers. In 1915, medical educator and reformer Abraham Flexner was invited by preeminent Chicagoan social worker Edith Abbott to give a speech titled "Is Social Work a Profession?" at University of Chicago's School of Social Service Administration. In what was perhaps "the most significant event in the development of the intellectual rationalization for social work as an organized profession," Flexner answered his own question in the negative, suggesting that while social work was an intellectual activity, it did not generate its own knowledge. He added that the education of social work offered no real practical ability and the field of employment of social workers was "so vast that delimitation is impossible."[53] Some social work scholars argue that Flexner's positivist critique of social work's professional status catalyzed its shift from humanism to scientific practice.[54]

The decade that followed his speech bounded the formalization of a "scientific" casework method in 1917 through Mary Richmond's *Social Diagnosis*, the establishment of the first

[52] David M. Austin, "The Flexner Myth and the History of Social Work," *Social Service Review* 57, no. 3 (September 1983): 362, https://doi.org/10.1086/644113.
[53] Austin, 363.
[54] Austin, "The Flexner Myth and the History of Social Work"; Patricia McGrath Morris, "Reinterpreting Abraham Flexner's Speech, 'Is Social Work a Profession?': Its Meaning and Influence on the Field's Early Professional Development," *Social Service Review* 82, no. 1 (March 2008): 29–60, https://doi.org/10.1086/529399.

training program for psychiatric social work at Smith College in 1918, increased demand for psychiatric social workers in hospitals following World War I, and the absorption of Freudian psychoanalysis into American psychiatry.[55] Early psychiatric social workers claimed a distinct professional jurisdiction—unique social and practical skills that distinguished them from psychiatrists and other social workers—to justify their role. They cast psychiatric social work as the "most subtle and difficult of all case-work" and "impossible for the busy physician."[56] In line with the ecological model of professional competition, first wave reformers used scientific standards and psychiatric training to define, challenge, and "span" or expand the boundaries of their profession.[57] To establish a professional realm adjacent to psychiatry, however, psychiatric social work foregrounded individual psychic ills within the context of the profession's gendered associations and patients' social and material conditions.

The second period of professionalization accompanied the rise of the community mental health movement and the meteoric ascendance of American psychiatrists and ego psychology, a distinctly American branch of psychoanalysis, in the decade following World War II. Cultural and political interest in mental health, along with new psychotherapeutic methods, psychotropic medication, diagnostic technologies, and state funding for mental health transformed the psychiatric professions, American conceptions of the mind, and the role of psychological science in civic life in the latter half of the 20th century.[58] The 1946 Commission on Mental Health and the 1963 Community Mental Health Act established over 760 community mental health centers

[55] Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career 1880-1930* (Cambridge, Massachusetts: Harvard University Press, 1965); Mary Richmond, *Social Diagnosis* (New York: Russell Sage Foundation Publications, 1917).
[56] Lubove, *The Professional Altruist: The Emergence of Social Work as a Career 1880-1930*, 78.
[57] Abbott, "Boundaries of Social Work or Social Work of Boundaries?," 557.Abbott, "Boundaries of Social Work or Social Work of Boundaries?," 557.
[58] Herman, *The Romance of American Psychology*, 1995; Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton, N.J: Princeton University Press, 1991).

around the country, channeling federal funds away from psychiatric hospitals and into training programs for psychotherapists and social workers.[59] The ranks of psychiatric social workers, who would become "clinical" social workers during the third wave of professionalization in the 1970s, doubled in the post-war decades, and then tripled from 1975 to 1990, from 25,000 to 80,000.[60] Private practices for a new, paying clientele, the middle class "worried well," drew social workers away from social service agencies and hospitals. In 1975, the National Association of Social Workers (NASW), formed in 1955 through the unification of seven smaller professional associations, declared private practice an official mode of practice within the proper domain of social work.[61]

New accreditation requirements for social work education and psychiatric social work curricula meant that most social workers in the 1950s learned an applied version of psychoanalytic psychotherapy. Psychoanalytic institutes sought to expand training to psychologists and social workers in the 1940s and 1950s, but only through second tier, applied programs.[62] Full psychoanalytic training based on the theory of ego psychology was reserved for psychiatrists with medical education. Social workers' access to psychoanalysis was also limited by the difference in length of training (1-2 years for the new Master's in Social Work programs, as opposed to 5-6 for psychoanalytic training). Social work reformers held that caseworkers needed a pragmatic approach to mental health care, not abstract theory; they dealt with the "daily lives of real people, not imaginative constructs."[63] Psychiatric social workers treated normal,

[59] Grob, *From Asylum to Community*, 1991.
[60] Daniel Goleman, "New Paths to Mental Health Puts Strains on Some Healers," *New York Times*, May 17, 1990, sec. A1, B12, https://www.nytimes.com/1990/05/17/us/psychiatrists-under-pressure-special-report-health-new-paths-mental-health-put.html.
[61] Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States*, 188.
[62] Schechter, *Illusions of a Future*, 46.
[63] Robert D. Leighninger, "Systems Theory," *Journal of Sociology and Social Welfare* 5 (1978): 446–80; Philip R. Popple, *Social Work Practice and Social Welfare Policy in the United States: A History* (New York, NY, United States of America: Oxford University Press, 2018), 307.

middle and lower-class Americans and those considered to be 'unanalyzable'; the psychiatric elite elected to work only with upper-class, moderately healthy patients. As anthropologist Kate Schechter suggests, the practice of psychotherapy expanded in the 1950s because the "excluded therapist began seeing the excluded patient using the excluded theory."[64] Operating at the intersection between the individual and society, the psychiatric social worker was a major force in the integration of psychotherapy into the American public and psychological ideas into the American mind, altering notions of subjectivity, civil experience, and human nature that would reshape American life.[65]

Helen Harris Perlman, a professor of casework at the University of Chicago School of Social Work Administration, developed the "person-in-environment" approach that became the foundation of clinical social work pedagogy. In a 1948 presentation on "Classroom Teaching of Psychiatric Social Work" to the Annual Meeting of the American Association of Schools of Social Work (AASSW), Perlman remarked upon her students' "unmistakable shimmer of anticipation" at the prospect of learning psychiatric methods.[66] To Perlman's students, psychiatric social work was the "missing link between the teeming tenement and the ivory tower," a liminal subfield with greater professional authority than family and community work or social welfare.[67] For Perlman, the difference between psychiatry and psychiatric social work lay in the social worker's capacity for "social diagnosis" and relational familiarity with the patient's social milieu. Psychiatric social workers could not be psychotherapists, she argued, because of the length and content of social work degree programs and social workers' exclusion from

[64] Schechter, *Illusions of a Future*, 47.
[65] Herman, *The Romance of American Psychology*, 1995; Ellen Herman, "Psychology as Politics: How Psychological Experts Transformed Public Life in the United States, 1940-1970" (Dissertation, Brandeis University, 1993).
[66] Helen Harris Perlman, "Classroom Teaching of Psychiatric Social Work.," *American Journal of Orthopsychiatry* 19, no. 2 (April 1949): 306, https://doi.org/10.1111/j.1939-0025.1949.tb05150.x.
[67] Perlman, 308.

psychoanalytic training, but also because their professional knowledge offered something unique and essential to the practice of the psychiatrist. As in the first wave, mid-century social workers sought legitimacy through a foundation in "scientific" knowledge, but their professional status came from other humanistic qualities—altruism, pragmatism, and pluralism—not from science.[68]

For mid-century reformers, as for early twentieth century social work leaders, advancing social work professionalism through private practice and social action were often at odds. In 1957, professor of social work Ernest Greenwood responded with an unambiguous "yes" to Flexner's question from 1915: "Social work is a profession; it has too many points of congruence with the [sociological] model [of a profession] to be classifiable otherwise. Social work is, however, seeking to rise within the professional hierarchy."[69] Greenwood insisted that social work met the social scientific definition of the profession, but this status came with a price. Social workers "might have to scuttle their social action heritage as a price of achieving the public acceptance accorded a profession."[70] In 1953, Perlman urged her colleagues to "put the social back into social work," although she later admitted feeling pessimistic about its feasibility.[71] Psychiatric social work was thought to raise the scientific and professional authority of social work but threaten its humanistic origins and the jurisdiction of psychiatry. Despite rhetorical concerns, social work leaders recognized psychiatric social work as a necessary part of professionalization.

The third wave of professionalization coincided with the biomedical revolution in the psychiatric and then-emerging "neuro" sciences. In the 1970s and '80s, American psychiatry underwent a remarkable transformation in knowledge and practice, from the psychoanalytic

[68] Abbott, "Boundaries of Social Work or Social Work of Boundaries?," 561.
[69] Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States*, 188–89.
[70] Ehrenreich, 189.
[71] Helen Harris Perlman, "Social Work Method: A Review of The Past Decade," *Social Work* 10 (1965): 178.

conception of the mind to the biological model of the brain. New psychopharmaceutical treatments, the conjoined processes of deinstitutionalization and the disenfranchisement of the chronically mentally ill, and interprofessional politics led to the emergence of a new epistemological and ontological paradigm of mental health, spearheaded by a new type of psychiatrist. These biological psychiatrists treated mental illness not by insisting upon years of free association on a couch under the inscrutable gaze of a psychoanalyst, but through psychoactive medication and behaviorist psychotherapies, backed by scientific evidence generated in random controlled trials (RCTs) and published in new scientific journals.

Early historiography of the biomedical revolution characterizes the replacement of psychoanalysts' pseudoscientific hegemony by the truth-seeking scientific psychiatrists as a triumph of pure science over dogmatism.[72] More recent scholarship in social history and science studies frames the shift as a historically and socially contingent transformation in what rendered psychiatric knowledge scientific and what caused, constituted, and treated mental illness. Technological objects and images and the ways in which they were translated into research, medicine, and the sociocultural imaginary upended "the nature of the object of neuroscience and the types of knowledge that can render it into thought."[73] As new scientific theories permeated psychiatric training and practice, they reshaped how psychiatric professionals not only treated patients, but also how they saw and identified patients and their psychopathologies, configured their professional and personal selves, and created meaning out of everyday practice.[74] On the national level, the biomedical shift was in part an outcome of American psychiatry's failure to manage the scientific uncertainty around the etiology of mental illness, interprofessional

[72] Shorter, *A History of Psychiatry*, 502.
[73] Nikolas S. Rose and Joelle M. Abi-Rached, *Neuro: The New Brain Sciences and the Management of the Mind* (Princeton, N.J: Princeton University Press, 2013), 42.
[74] Luhrmann, *Of Two Minds*, 9.

competition in the psychiatric sciences, financial pressure from third-party insurance, and optimism about the efficacy of new scientific methods, especially pharmaceuticals.[75] Biological psychiatry rose to power through the success of the profession's "actor's category"; a "vision of psychiatry's identity and destiny that was summoned rhetorically into existence in the 1980s."[76] The economic and political dimensions of the shift were spurred by significant technological advances in experimental science that offered more compelling explanations of psychological symptoms and their cures.

During this professional revolution in psychiatry, clinical social work was coming into its own as a newly defined and somewhat estranged subfield of social work. In the wake of the 1960s civil rights and social welfare movements, social workers wondered whether psychotherapy should be a "fifth profession."[77] Reformers and critics continued to castigate clinical social workers for abandoning the poor in a misguided attempt to gain higher professional status by counseling middle-class neurotics.[78] The turn away from individual mental health and toward collective care led some social workers, including Perlman, to question whether "casework was dead" in the late 1960s.[79] The first standard definition of clinical social work was published by the National Association of Social Workers' (NASW) Task Force on Clinical Social Work in 1978.[80] Clinical social work, the task force suggested, was the

[75] Harrington, *Mind Fixers*, 6; Whooley, *On the Heels of Ignorance*.
[76] Harrington, *Mind Fixers*, 5.
[77] Helen Harris Perlman, "Confessions, Concerns, and Commitment of an Ex-Clinical Social Worker," *Clinical Social Work Journal* 2, no. 3 (September 1974): 221–29, https://doi.org/10.1007/BF01558273.
[78] Marion K. Saunders, "Social Work: A Profession Chasing Its Tail," *Harpers*, March 1957, 56–62; Perlman, "Social Work Method: A Review of The Past Decade."
[79] Helen Harris Perlman, "Casework Is Dead," *Social Casework* 48, no. 1 (January 1967): 22–25, https://doi.org/10.1177/104438946704800104; Helen Harris Perlman, "Can Casework Work?," *Social Service Review* 42, no. 4 (December 1968): 435–47, https://doi.org/10.1086/642284.
[80] Manny J. González and Caroline Rosenthal Gelman, "Clinical Social Work Practice in the Twenty-First Century: A Changing Landscape," *Clinical Social Work Journal* 43, no. 3 (September 2015): 259, https://doi.org/10.1007/s10615-015-0550-5.

"assessment of interaction between the individual's biological, psychological, and social experience" that allowed for "intervention in the social situation and the personal situation."[81] The establishment of the National Federation of Societies for Clinical Social Work in 1971, the founding of the *Clinical Social Work Journal* (*CWSJ*) in 1973, and the NASW's publication of the *Register of Clinical Social Workers* in 1976 made clinical social workers a powerful political body within the larger profession.[82]

The third wave of professionalization in clinical social work gave rise to independent governing bodies, scientific journals, third-party insurance coverage, and accreditation organizations and processes specific to clinical programs. These developments lent clinical social worker greater legitimacy as a scientific method and established programs of scientific research resembling those in biological psychiatry and neuroscience. Despite the general trend toward social and behavioral research in the 1970s, national organizations like the NASW emphasized that the clinical social worker should serve individuals, families, and groups from an integrated, psychosocial perspective.[83] Integrated approaches drew from knowledge of social conditions as well as a diverse range of new psychotherapies, including client-centered, task-centered, behaviorist, and an eclectic mix of psychodynamic, holistic, and pluralistic approaches.[84] Humanistic and psychodynamic methods often conflicted with behaviorist and "evidence-based" approaches, and public debates about the scientific basis of social work circulated in social work journals.[85] The conflict between holism, humanism, and the "art of psychotherapy" in social

[81] J Cohen, "Nature of Clinical Social Work," in *Toward a Definition of Clinical Social Work*, ed. P. L. Ewalt (Washington, DC: National Association of Social Workers, 1980), 22–32.
[82] González and Gelman, "Clinical Social Work Practice in the Twenty-First Century," 259.
[83] National Association of Social Workers, "Register of Clinical Social Workers" (Washington, DC: National Association of Social Workers, 1976).
[84] Specht, "Social Work and the Popular Psychotherapies."
[85] Turner, "Reflections on Clinical Practice"; Gyarfas, "The Scientific Imperative Again."

work and claims about what made psychotherapeutic theory and practice scientific, and therefore effective, remained central to the profession's anxieties and status.

Periodizing the waves of professionalization in American social work yields a macro-level, expository narrative of professionalization, but it does not explain the effects that the rapid shift in psychiatric knowledge had on the way clinical social work was taught and practiced at the local level, nor does it explore the ways clinical social workers experienced these shifts in practice. Examining the trends in clinical social work from the perspective of clinical social workers in Chicago's South Side complicates the boundary between scientific practice and humanism and places these concepts in their social and political context.

*Characterizing change: what did social and professional life look like for clinical social workers in the South Side?*

The experiences of my interlocutors represent an impressive diversity in psychotherapeutic training, approaches, and sites of practice in Chicago. When asked about their preferred psychotherapeutic method, they identified more than 14 theoretical and practical orientations across behaviorist, psychoanalytic, and humanistic paradigms—including but not limited to Jungian and Freudian psychoanalysis, self-psychology, pluralistic psychodynamic therapy, intrapsychic humanism, behaviorism and evidence-based practice, task-centered approaches, and family systems therapy. They spanned several decades of graduating classes at SSA (eight interlocutors were awarded AM degrees between the years 1963 and 1983, and four of those received PhD degrees), the Chicago Psychoanalytic Institute (five degrees in psychodynamic psychotherapy or and three in psychoanalysis between 1974 and 1999), and the Illinois School of Professional Psychology (one PsyD in 1983). Nine out of the 13 clinical workers had received psychoanalysis themselves, and seven had taken at least one class outside of their professional (AM, MD, or PsyD) training in psychoanalysis at the Chicago

Psychoanalytic Institute. My interlocutors trained or practiced at more than 15 different field sites in Illinois, seven of which were in the South Side of Chicago. Although most social workers in the era were women—one of my male interlocutors remembered just three men in his graduating class at SSA in 1973—of the clinical social workers I interviewed, four were men and seven women. All of my interlocutors were white and held advanced degrees; the absence of racial and class diversity reflects the largely white, male composition of the psychological professions in these decades. The marked disparity in pay, location, and types of practice between the predominantly white, middle-class graduates of SSA and their clientele—often lower class, Black women—was noted in several interviews and deserves far more space than it is given here.[86] Table 1 includes further demographic and professional details of my interlocutors.

Established in 1927, the University of Chicago's School of Social Service Administration was the second school of social work in the US. The archival materials of several famous social work reformers, including those of Helen Harris Perlman and Bernece K. Simon, illuminate a small part of the history of American social work during a period of transformative change. These materials and the stories of SSA students and faculty offer a window into the exceptional subfield of clinical social work as it was emerging in the 1970s during the biomedical revolution. In the words of SSA graduate William Borden (AM '83, PhD '87), the psychiatric practices of 1980s Chicago made up a "richly alive surround." My interlocutors lived through an era where the professions of clinical social work and psychiatry adapted the treatment methods and standards of biomedicine that are considered gold standards of care today.

[86] For a careful analysis of the entanglement of psychiatry, race, and class in the South Side in the 1960s, see Martin Summers, "Psychiatry, Mental Health Care, and the Black Freedom Struggle: Chicago's Woodlawn Mental Health Center," *Journal of American History* 110, no. 2 (September 1, 2023): 282–307, https://doi.org/10.1093/jahist/jaad231.

*Explaining the shift: What shaped the pedagogical and practical approaches of clinical social work in Chicago?*

In the early 1970s, clinical social workers had just started to encounter the technological changes in psychiatric science that historians cite in characterizing the biomedical shift—behaviorist psychotherapies, psychoactive drugs, and the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II, published in 1968). By the end of the 1980s, psychopharmaceuticals were ubiquitous in psychiatric practice and the DSM-III—published in 1980 and heralded as a triumph of "science over ideology" by the sitting president of the American Psychiatric Association (APA)—had replaced the psychodynamic diagnostic categories of the first two iterations with biomedical definitions for mental pathology.

Analysis of the interviews suggests that Chicagoan clinical social workers experienced a dramatic change in theory and practice in the early 1970s, but awareness of the biomedical shift is rarely apparent in the archives. Reflecting on his ethnographic notes from 1971, Abbott remarked on the opacity of this structural change:

> "The fundamental empirical fact here is that these people are basically at the cusp of a turning point. And they have no idea, and there's no reason they should have any idea. They think of it as a struggle in the department. Yeah. See, one of the things I haven't mentioned that's really important is that they're all distracted by Kohut."[87]

Abbott identifies an unavoidable difficulty of historical analysis: theories, practices, and environments are in constant flux, and this dynamic noise can hide the more significant changes that have lasting effects. Like Abbott, several social workers remarked that the early 1970s was the last period where psychiatrists and social workers alike could switch between the biomedical and psychoanalytic paradigms. Psychological professionals were just as fluent in psychoanalysis

[87] Chicagoan psychoanalyst who developed the new psychoanalytic theory of self psychology in the early 1970s, challenging American ego psychology, the dominant psychoanalytic paradigm at the time.

as they were in behaviorism; they used psychoanalytic language to describe pathological behavior even as they implemented behaviorist approaches to treat mental conditions. Abbott and other clinical social workers remarked on an intraprofessional friction in the Billings and Michael Reese hospitals in the wake of Kohut's new interpersonal psychoanalysis, self-psychology, but they also mentioned other factors in the change: mandatory reporting of diagnostic categories to third-party insurance companies after the 1980s, decreased funding for mental health training, research, and community mental health centers and state hospitals that had provided the majority of mental health care for low and middle income Americans in the post-war decades. Researchers at Billings, including the psychiatrist Eberhard Uhlenhuth, who featured prominently in Andrew Abbott's field notes, were involved in the new field of big data analysis made possible by technological advancements in computing power, and new psychotherapeutic drugs—sedatives Haldol, thorazine, and chlorpromazine; MAO inhibitors and tricyclic antidepressants, among others—were regularly prescribed at Billings by the mid-1970s.

Although they highlighted the technological and scientific advancements in the psychological professions, many of my interlocutors lamented a lost "golden age" in the 1960s and early 1970s; a promise of change in psychiatric care that never materialized. Kathleen Sullivan (AM '69) remarked:

> "I could say that I had the best of times and it all went downhill since then. You know, because that we had all that community mental health center money, and because there was all that new research happening, it felt like we were on the cusp of something…something new, another horizon…instead it was beginning of the end."

Colin Perreira-Webber (AM '73, CER '85 psychotherapy, CER '99 psychoanalysis) also attributed the failure of community mental health to the dearth of funding in the early 1980s and linked the rise of insurance companies to the expansion of behaviorist methods. While he was

practicing at a psychodynamically oriented community mental health center in the South Side in 1982, he noticed the polices started changing:

> "They decided that we could no longer just do long term treatment. We had to do short term treatment. And, and you could see patients for 10 sessions and then you had to terminate. And I said 10 sessions, that's a diagnostic. They said then you can just terminate with a person and have them come back next month and they'll open it up again. And I thought, come on, really? This is this is crazy. Why do we have to do this? Because we have to have these statistics to meet with the mandates, for the government and stuff. So it was at that time when community health centers, and mental health programs were changing, and they were shifting to meet the financial kind of input that was coming in. It was no longer based on the needs of the patient, it was more based on profitability of the agency."

Perreira-Webber, like many other interlocutors, was concerned by the financialization of psychotherapy and the way evidence-based practice was invoked to justify the incursion of the economic sector into health care. He also observed that the shift away from psychoanalysis in clinical social work was not a result of more convincing empirical evidence for behaviorist approaches, but instead an outcome of financial interests in the emerging health care market and the role of quantitative metrics in maximizing profit rather than optimizing patient care. Federal deinstitutionalization and divestment from mental health care had a more profound impact on clinical social work than it did on psychiatry or clinical psychology, as government subsidies for social services and programs for social work and community mental health were slashed in the 1980s. It is probable that external financial pressure from was a primary factor in the professional change in clinical social work, but it does not entirely explain the ways clinical social workers experienced professional change in Chicago in this era.

My interlocutors often noted the difference between their experience in the moment and their reinterpretation of that experience half a century later. In the following section, I draw on interviews, social work journals, and Helen Harris Perlman and Bernece K. Simon's archives to identify a few of the thematic changes and continuities in clinical social work in Chicago during

this period. I suggest that the methods and scientific character of clinical social work changed, but the profession's commitments to humanism and pragmatism resembled continuities even as the contexts of their use shifted.

*Change: Biomedical science and logical empiricism*

Concerns about the scientific efficacy of psychotherapy are present in records of psychiatric discourse in Chicago hospitals in 1971. In a conversation between a professor of psychiatry at Billings Hospital and a psychiatry resident during a case conference in 1971, the professor wonders whether psychotherapy is useful:

> "Uhli [Eberhard Uhlenhuth] is not sure if psychotherapy, especially psychoanalytic psychotherapy, is of any worth to any of these patients. He's just been talking, [In a case conference] he says to me [Abbott], since I was looking a little interested 'Listen carefully while they argue.' Resident concedes depression versus psychosis, take a different regimen."[88]

This conversation demonstrates several critical aspects of psychiatric practice in the 1970s. First, the professor of psychiatry is particularly dismissive of psychoanalytic psychiatry, which suggests that in his view, psychoanalysis is less effective than other types of therapy and certainly less effective than psychopharmaceuticals. "Uhli" as his colleagues called him, was a leading researcher in neuropsychopharmacology at Billings, and many social workers I spoke with worked under him and spoke of him fondly. One social worker and retired SSA faculty member, Karen Teigeser (AM '71, PhD '77) recalled that working under him helped her feel like she was doing something scientific, substantial, and challenging. Many clinical social workers recalled identifying scientific rigor with challenging curricula and contrasted their experiences in behavioral research with Uhli at Billings or training under Roy Grinker at Michael Reese to the

[88] Ethnographic field notes collected 1971-1972, in the possession of Andrew Abbott. Eberhard Uhlenhuth, or 'Uhli' as his friends, peers, and staff called him, was a Professor of Psychiatry and leading expert in neuropsychopharmacology.

less rigorous “humanistic” and “holistic” training they received at SSA. Teigeser described the SSA curricula in the early 1970s as “awful”:

> “I didn't feel that the curriculum was particularly challenging and that what I was doing with the clients was good. Connecting them with resources. Now the people that I worked with mind you had more resources than anybody in the city of Chicago. I was good at making phone calls and connecting people to resources. But I think that I could have done that when I was in 3rd grade. And so I didn't think there was much point in continuing this two-year program. So I was going to drop out. Then somebody said to me just a matter of luck somebody said to me there's a very interesting internship that's challenging and that's across the street [Billings Psychiatry Department].”

Teigeser was not alone in her concerns about the curricula at SSA and the usefulness of her education in practice. Other clinical social workers mentioned feeling disappointed in their experience at SSA and said that they learned more from outside resources, often in fieldwork or in hospital psychiatry departments. Nearly all of the social workers I spoke with said their real scientific and practical training was done in the field or in practice after receiving their master’s degree. William Borden, (AM ’83, PhD ’88, assistant professorship at SSA in 1989) reported feeling “self-employed in [his] education.” Florence Weissblatt (AM’77) reflected that she was never trained to diagnose or treat mentally ill patients at SSA. Most of her training was for social administration. There were only one or two courses for clinical methods in the mid-1970s and she learned almost nothing about psychotherapy. She developed a practical diagnosis approach: “I would have a diagnosis that I used in my head, but I wasn’t trained to diagnose people. There was no clinical social work at SSA when I was there. It was all agency work.” Although all of the faculty spoke extremely highly about the school and their colleagues after they returned to teach, the interviews indicate that there was a real concern about the scientific basis of psychotherapy, the effectiveness of clinical social work pedagogy, and the lack of scientific and

intellectual rigor (all three of which were often connected by the interlocutors) at SSA in the 1970s.

In the 1980s, the question of psychotherapy's scientific efficacy had evolved into a general recasting of psychoanalysis as regressive dogmatism across the psychological professions. William Borden (AM '83, PhD '88) suggested that "biological psychiatry was coming into its own in a different way":

> "There was emerging interest in neuroscience at the time, which would lead to the decade of the brain later. But ways of thinking I guess that I would see as reductive in terms of the biological domains of understanding."

Some social workers shared Borden's skepticism of behaviorism and neuroscience, but others viewed the trends toward biomedical knowledge and treatment as a way for social work to gain scientific and medical authority. Although the humanistic, anti-behaviorist social workers were outspoken and widely read in the 1970s in social work journals, they were outnumbered by clinical social workers calling for an empirical and scientific turn in theory and practice. In a 1975 book review titled "Reflections on Clinical Practice: Enough of Art, More of Science," Francis J. Turner calls for clinical social work pedagogy to develop "a kind of discipline into our practice that will permit us to develop our practice theory into a validated and communicable format"; to gather data in a standardized, systematic way on "large numbers of cases."[89] Turner worries that social work had responded to critiques from the natural and medical sciences by making impractical and unverifiable claims to the "irreducible complexity" of the human mind.[90] At the same time, other authors in the *CWSJ* expressed concern that there was a dearth of scientific evidence of the efficacy of psychotherapeutic treatment, and the few studies comparing psychotherapies indicated negligible difference in outcomes between theoretical and practical

[89] Turner, "Reflections on Clinical Practice," 131.
[90] Turner, 160.

approaches. This scientific uncertainty threatened the fragile professional authority clinical social workers had built for themselves out of their psychotherapeutic pedagogy and practices.

*Continuity: Humanism and Holism*

In an unpublished note to herself dated in 1982, more than 30 years after writing "Classroom Teaching of Psychiatric Social Work," Helen Harris Perlman reflected on the issues in teaching and practice of the specialty that continued to "reappear in other guises" or had yet to be resolved.[91] Specialization, she wrote, is a "kind of partialization. It makes the too-big problems susceptible to management, scrutiny, to being studied and experimented with its depth. It forces focus." For Perlman, psychiatric care remained a valuable and distinct skill to all social workers, but its tendency toward differentiation imperiled the entire profession: "it is a problem only when its practitioners take the part for the whole, when they fail to lift their eyes from their microscope to see how what they have discovered and developed connects with and affects the whole, to think about what parts of their particular endeavors may have significance for dissemination throughout the profession." Using metonyms of science—experiment, microscope—Perlman identifies the presence of psychiatric science in clinical social work as a threat to the "whole"—referring at once to the entire profession and the entirety of the "client-patient," or the human aspect of the work. Social workers often linked humanism—an orientation to the inherent complexity and unknowability of the human condition—and holism—a general, all-encompassing approach to considering the many possible factors in a problem or experience.

[91] Perlman, Helen Harris. "Note on 'Classroom Teaching of Psychiatric Social Work, 1949-1982" Box 18 Folder 12. Hanna Holborn Gray Special Collections Research Center, University of Chicago Library

Although the "two cultures" of science and humanism are often rhetorically opposed in the psychological professions, they were often used dialectically by clinical social workers. As logical empiricism swept through the psychiatric sciences, clinical social workers reckoned with their commitment to the humanistic aspect of their profession. In 1975 and 1976, the *CWSJ* published articles from an ongoing debate between clinical social workers about whether social work should be an art or a science. Unlike in psychiatry, where scientific practice was considered a fundamental basis for medical treatment, many social workers saw science as a challenge to social work's identity and responsibility. Scientific evidence was linked to clinical efficacy, and thus humanists, including my interlocutor Martha Heineman Pieper, often responded with critiques of logical empiricism. In 1981, Heineman called social work's adoption of an "outmoded, overly restrictive" scientific model "misguided," suggesting "alternative, less restrictive approaches" to evaluating clinical work.[92] A critical examination of the logical empiricist assumptions of this archaic methodology was required, she argued, because the type of science social work had created for itself was structurally flawed. Heineman was particularly concerned about the focus of empirical studies on demonstrating the efficacy of behaviorist approaches above all other treatment methods.

In a 1976 response to seminal social work scholarship that declared all psychotherapeutic methods equally empirically effective, Mary Pharis, editor of *CWSJ*, reflects that she is unconcerned by the lack of scientific evidence for any psychotherapeutic method:

> "While I have great respect for what the tools of science can accomplish, as most therapists do (and conversely, how many researchers, even those in this area, have equal respect for what psychotherapy can do?), nonetheless I do feel that good psychotherapy is more an art than a science. Some wholes are clearly more than the sum of their parts. I can tell you that a rainbow is only the refraction of light by water droplets resulting in the splitting of white light into its visible spectrum,

[92] Heineman, "The Obsolete Scientific Imperative in Social Work Research," 371.

> the component parts of which lie between about 3900 and 7500 Angstrom units. But you do not need to be a poet to know this leaves something to be desired as a description of a rainbow. There is simply more to it than that."[93]

Pharis did not suggest that psychotherapy is somehow scientific. Unlike the psychoanalysts who, in their war against the biological psychiatrists, often claimed scientific authority and objective truth by citing the outcomes of randomized control trials, Pharis saw the practice of the clinical social worker as a holistic engagement with experiential truth, an embodied and unquantifiable knowledge derived from her encounters and ongoing relationships with patients.

Many of my interlocutors identified Perlman and her "person-in-environment" approach as a pillar of the humanistic culture at SSA. Kathleen Sullivan (AM '67) said that she learned to appreciate the humanistic approach while learning from Perlman:

> "My first year of social work school [in 1967], I had Helen Harris Perlman and I remember her saying to us the very first day, she said, the eyes are the window to the soul. Which is a quote from, I think it's Joyce. I loved that. But, and I also remember her saying, Now the most important thing that you're going to have to learn about is relationships. And I was tremendously disappointed because it felt awfully boring to me. It wasn't science. I thought there'd be some theories and stuff. But no, she said it's all about relationships. Which of course it is, she's absolutely right. And so she was really a wonderful teacher. She made everything come from the heart rather than, well, that's an over exaggeration, but she talked about building trust and building relationships and talking, assessing strengths, expressing, you know, positive strengths that people had."

Karen Teigeser (AM '71, PhD '77) reflected that Perlman's method changed the way she thought about social work:

> "And again, once you understand this stuff, it seems absolutely simplistic. But Helen thought it and she developed a problem. What is it? Person, place, and problem…it's critical to framing everything that you do. I think of that as the foundation.".

[93] Mary E. Pharis, "Ten Reasons Why I Am Not Bothered by Outcome Studies Which Claim to Show Psychotherapy Is Ineffective," *Clinical Social Work Journal* 4, no. 1 (March 1976): 60, https://doi.org/10.1007/BF02142639.

Notably, most of my interlocutors, behaviorist and humanistic social workers alike, privileged the unknowable and unmeasurable elements of the patient's experience and the general impression of their condition rather than specific diagnostic metrics. Although divided on the role of science in social work practice, most clinical social workers recognized and celebrated the humanistic aspects of their work that necessarily exceeded what could be grasped empirically. The psychoanalytically and humanistically oriented clinical social workers often identified the tension between science and humanism in their practice and insisted that a holistic understanding of the human condition made them better practitioners. Their educational backgrounds appeared to be a significant factor in their orientation: those social workers drawn to humanistic and psychoanalytic theories were those that had studied humanities in their undergraduate degree, and those that were drawn to behaviorist or social research had studied the natural or social sciences.

In 1973, Perlman wrote an ambivalent but largely redemptive article of clinical social work entitled "Confessions, concerns, and commitment of an ex-clinical social worker," in which she argued that clinical social work, despite its limited, myopic focus and status-seeking stereotype, provided something that no other type of social work nor psychiatric care could.[94] Clinical social workers, Perlman suggested:

> "do not, typically, have quantifiable data—our daily involvement with individual instances does not provide for this. But social workers know the living-breathing organism in its dynamic transactions with its outer reality—in color, in depth, in action. Except anecdotally and fragmentarily we have not lifted this knowledge up from the individual instance to extract its dynamic imports and applications."[95]

Perlman, like many of my interlocutors, suggested that holistic, qualitative knowledge of human experience was necessary to create social change, but the present state of casework failed to

[94] Perlman, "Confessions, Concerns, and Commitment of an Ex-Clinical Social Worker."
[95] Perlman, 226.

bridge the gap between the individual and society. Clinical social work was uniquely situated to understand the complexity of individual concerns, offering a perspective that could promote social change by acting and accumulating knowledge at the level of the individual. For Perlman, the goal of the specialty, then, was to merge the dynamism of human nature with an understanding of social life.

*Change: Pluralism*

SSA faculty taught an increasing number of diverse approaches courses in the 1980s, including behavioral, task-centered, existential, milieu, group, and other therapies. The SSA tradition was largely administrative and social policy-oriented, but many SSA faculty and students trained, worked, and received analysis at the Chicago Psychoanalytic Institute, the Jung Institute, and from psychoanalytically trained psychiatrists at Billings Hospital. In the 1970s, social workers were trained in Perlman's applied psychodynamic approach to casework. Behaviorist psychotherapies entered the curricula at SSA in 1974, spurred by emerging research on the efficacy of therapeutic approaches and growing scientific consensus around the biological basis of mental illness. In the 1980s, there was a rapid expansion of the number and type of courses offered in the "clinical casework" curricula, including many classes that compared psychoanalytic and behaviorist methods with a scientific and critical lens. Clinical social work students were most often trained to integrate these approaches or to choose the approach that best fit their personal professional model. An emerging emphasis on integrated pluralism transformed a singular, nebulously defined, and inclusive approach to a generalized curriculum that exposed students to a range of differentiated approaches evaluated and compared through contemporary scientific metrics and conceptions of efficacy.

My interlocutors suggested that clinical social workers, particularly those working in psychoanalytic traditions, were marginalized at SSA in the 1980s as the school recentered social policy in place of casework. William Borden (AM'83, PhD '87), a psychodynamic clinician that taught psychoanalytic coursework at SSA remarked that he "was not at home in this culture that was emerging in the school at the time…certain perspectives were acceptable and good and promising and others were bad. And I lived in my experience of either the marginal or the suspect. But I also wanted very much to be open to empirical lines of study across the disciplines and try to figure out what findings seem useful and make sense, how we might be able to call upon those and put those to use." Borden and other interlocutors often associated humanist approaches with psychodynamic theory but remarked on the usefulness of evidence-based approaches as part of a holistic and pluralistic model.

The majority of the clinical social workers commented on the eclecticism of the therapeutic approaches they learned, applied, and taught. Often, social workers aligned themselves with versions of psychotherapy that reflected the social orientation and pragmatism of social work. Several emphasized that the most important part of a therapeutic relationship was its commitment to the actual circumstances and realistic prospects of the patient, given the social environment they lived within. Put differently, eclectic approaches were often the best ways to guide the solutions to the individual's social problems. William Borden (AM '83, PhD '88) remarked on the beauty and usefulness of this eclecticism in social work while training at SSA:

> "And I was really fortunate to be able to do an internship in psychiatry at Chicago. At a time when again, there was this real pluralism, and a real interest in the different paradigms of therapeutic action. The psychoanalytic, the behavioral, the cognitive, the humanistic group therapy, family therapy music therapy. Art therapy, dance therapy, it was a richly alive surround."

Borden also suggested that eclecticism should be central to the pedagogy and practice of social work. Trained at the Chicago Psychoanalytic Institute and working in the Winnicottian tradition

of psychoanalysis, he held that a pluralistic approach was the best way to address an individual's problems in the practical context of their social environment.

> "[Winnicott] was trained as an analyst, but he idealized social work. He thought of social work as what he called the ultimate form of holding, meaning that social workers could create ways of really co-creating ways of working with clients in light of actual circumstances and realistic prospects. And that could include concrete services, home visits."

Borden's reference to "actual circumstances and realistic prospects" reflects a clear connection between pluralism and pragmatism in clinical social work in the 1970s and 1980s. Jeanne Marsh (AM '73, PhD '78) said that she became interested in the task-centered approach because of its pragmatic use:

> "I thought the best way of thinking about it was the eclectic task-centered approaches that emphasized that the theories we use should be guided by the problems that we solve."

Not all social workers believed that a pluralistic approach was useful, however. One clinical social worker remarked that all psychotherapeutic approaches besides the one that she had developed, practiced, or taught were not only useless but dangerous to clients. In journal articles and editorials on "clinical eclecticism," opinions were divided throughout the 1970s. Some articles suggested that all clinical social workers should take a multimodal approach to each individual case, others expressed skepticism of pseudoscientific approaches and unease about the gulf between social work students' knowledge of theory and application of theory in practice.[96]

*Continuity: Pragmatism and the Integrated Approach*

Social service and mental health professionals care for clients with multifactorial socioeconomic and medical problems in high-stakes contexts with limited resources. They

[96] Srinika Jayaratne, "A Study of Clinical Eclecticism," *Social Service Review* 52, no. 4 (December 1978): 621–31, https://doi.org/10.1086/643681; Michael S. Kolevzon and Jacqueline Maykranz, "Theoretical Orientation and Clinical Practice: Uniformity versus Eclecticism?," *Social Service Review* 56, no. 1 (March 1982): 120–29, https://doi.org/10.1086/643984; Peter M. Kettner, "A Framework for Comparing Practice Models," *Social Service Review* 49, no. 4 (December 1975): 629–42, https://doi.org/10.1086/643322.

counsel clients on their thoughts and behaviors while contending with poverty, food insecurity, housing instability, chronic health conditions, and lack of family or community support. Their clients' problems seemingly never have clear causes or ready resolutions. Rather than "curing" the client by reaching a discrete end, social workers refocus on "helping" through selecting the best means available given their immediate circumstances. As Summerson Carr suggests, social service professionals act according to the principles of American pragmatism, particularly those articulated by philosophers John Dewey, William James, and Charles Sanders Peirce.

The pragmatist approach resembled that used by Jarl Dyrud, a famous psychiatrist at Billings in the early 1970s, but he was considered the exception to the rule. In his ethnography, Andrew Abbott notes that: "a resident says [Jarl Dyrud] combines behaviorism and analysis successfully. He's a really good therapist." Stan McCracken, too, remembers that Dyrud was one of the last psychiatrists who had an integrated approach: he had "one foot in both camps…he right at the cusp. I think that he was either the last person that was pushed out because of age, or the first person that wasn't." Most psychiatrists, however, split along the line that separated the psychoanalytic, humanistic, and socially oriented approaches from the neurobiological, behaviorist, and psychopharmacological approaches. Like Abbott, Borden recalled Jarl Dyrud combining the two approaches to understand the ordinary conditions of the patient:

> "Dyrud was very interested in the ways we live our lives in particular…his powers of observation were extraordinary…very attuned to gaps in psychotherapy or in my accounts of the person's life and…also much interested in the humanities and philosophy. And he really encouraged me to continue to read widely he thought every clinician should know the classics; Shakespeare, Greek tragedy, there was an expansiveness and a richness and a humility that was really formative. I felt so very fortunate, in that way."

Borden identifies and supports the connection between the founding values of pragmatism, pluralism, and humanism in clinical social work, insisting in interviews and his

scholarship that the professional caregiver must understand the human condition from many lenses to understand and treat it. Borden suggested contemporary relational theorists "take a dialectical approach to human experience, attempting to bridge theoretical systems and empirical research through critical inquiry and comparative analysis."[97] This pluralist, dialectical approach, writes Borden, aligns with the "fundamental humanistic perspectives" that shape core tenets of social work practice: pragmatism, individual self-determination, and social and political influence.

Although all my interlocutors reflected on the value of a humanistic and integrated conception of the mind and the individual, the ways in which clinical social workers defined their integrated approaches differed. In comparing his approach with Borden's, who he described as a "theoretical integrationist," Stan McCracken (AM '78, PhD '87) said:

> "My approach to integration is a different one, it's called assimilative integration…where you have a kind of a foundation thing that you learn and learn that very well, and then you add other things to it. So I was trained as a master's student in behaviorism, and that at that time was applied behavior analysis and classical behavior symbiotic interactionists. So in my case, I started out behavioral, then cognitive behavioral was added onto that, and then DBT was added onto that, and then there was some family stuff that was added on, and then later spirituality and attending to that. And so I picked up the spirituality and social work practice course about 2011, maybe."

Whereas McCracken accumulated approaches over the course of his career according to the needs of his patients and the gaps he saw in his care, another social worker with behaviorist methods was more focused on the demonstrated scientific evidence:

> "Joel Fisher's approach…he would look at the literature and identify elements that were effective, so it didn't matter what kind of the treatment package was called. He basically had an analytic framework. So let's say he started with kids, and if a child has a problem with attention deficit disorder, [he might ask] what are the components that are effective in different kind of treatment approaches? One of them might be the token economy, or relaxation training, or exposure. For example, the area that I know best was OCD. And if you look at the different

[97] Borden, "The Relational Paradigm in Contemporary Psychoanalysis."

> approaches to OCD, what are the components that are effective in OCD? Exposure of some kind, response prevention maybe not, but definitely exposure, teaching people how to tolerate the feelings, distress tolerance…and so that was one approach where you just pick and choose. Take these little things out of there."

The humanistic or psychoanalytic clinicians were more likely to apply a theoretical approach, whereas the behaviorists were often more interested in an evidence-based or assimilated approach, but there were exceptions. Clinical social workers were less critical of their peers approaches than many psychiatrists were of each other. Whereas the psychoanalysts were portrayed in contemporary journalism as derisively dismissing the biological psychiatrists for the latter's reductive approach to mental illness in the 1980s,[98] many of the clinical social workers respected and even admired their coworkers' approaches and encouraged their students to take a variety of courses to develop an individualized, integrated approach. Teaching students how to compare psychotherapeutic approaches and develop their own practice became increasingly necessary as new psychotherapies became part of the SSA curriculum and therapeutic practice in the 1980s. Many of the ways psychotherapeutic methods were compared were based less on case studies—the preferred psychoanalytic pedagogical tool—and more on large-scale quantitative studies that compared metrics and outcomes across patient populations. This shift in what constituted scientific efficacy in psychotherapeutics changed the type and value attributed to the methods clinical social workers learned and practiced in the 1980s.

During transformative change in psychiatric science, pragmatism helped clinical social workers reconcile the many approaches they learned with the uncertainty inherent in clinical care. While the number and diversity of psychotherapeutic courses expanded rapidly in the late

[98] Janet Malcolm, *Psychoanalysis, the Impossible Profession*, 1st Vintage Books ed (New York: Vintage Books, 1982).

1970s at SSA, the school's emphasis on an integrated, pragmatic approach in the casework curricula remains a continuity to this day.

**Conclusion**

The relationship between clinical social work and the broader profession's claims to scientific legitimacy were central to the processes of professionalization and institution-building in social work throughout the 20th century. Adjacency to the social sciences and medical professions, particularly the psychiatric sciences and psychoanalysis, in clinical social work's nascent years played a prominent role in the establishment of schools and professional standards and associations. As they sought scientific and medical authority through the adoption of psychiatric methods in dyadic, hospital-based practice, social workers came into conflict with the profession's founding commitments to the social environment and social welfare.

Clinical social workers, concerned with addressing the living conditions of the people they worked with every day, remained committed to policy and practice-oriented solutions to social and individual dysfunction and needs. In greater numbers, with greater professional authority, and with an increasingly eclectic pool of psychotherapeutic methods, clinical social workers of the 1970s and 1980s continued to manage the tension between humanism and scientific empiricism as a dialectic, drawing on the profession's founding values of holism, pluralism, and pragmatism.

Older histories of psychiatry in the 1970s focus on an intraprofessional war between the biological psychiatrists and the psychoanalysts.[99] More recent historiographical contributions to the field evaluate the effect of therapeutic technologies, pharmaceuticals, and social concerns

[99] Shorter, *A History of Psychiatry*; Grob, *From Asylum to Community*, 1991; Gerald N. Grob, *The Mad among Us: A History of the Care of America's Mentally Ill* (Cambridge, Mass London: Harvard University Press, 1994); Starr, *The Social Transformation of American Medicine*; Herman, *The Romance of American Psychology*, 1995.

about race, gender, and the role of the state in the lives and minds of individuals.[100] I situate my research in a third wave of scholarship that considers the subaltern histories of psychiatry: the work, lives, and stories of the patients, activists, and non-medical professionals who are overlooked agents and contributors to the transformation of psychiatric theory and practice.[101] This work demonstrates how the ordinary lives, practices, and concerns of clinical social workers in Chicago can highlight unseen elements of change and continuity in the history of psychiatry and science. Clinical social workers in Chicago thought and worked seriously within a holistic, pluralistic tradition of helping and care that focused on the person in their environment, surrounded by a network of resources, social structures, and problems specific to the South Side of Chicago. They inherited, worked within, and altered psychiatric theory and methods for the contexts of their practice, contributing to structural change across the psychological professions. The effects of their work linger in the psychiatric landscape and the processes of mental health care and crisis we know today.

Clinical social work still bridges social work's commitments to society and psychiatry's concern for the individual mind and brain; clinical social workers manage the ambiguity of the social worker's many modes of practice, circumscribed authority, and interest in the social environment within a psychiatric setting. The structural change in the pedagogy of clinical social work and the practice of clinical social workers in Chicago during the biomedical revolution in the 1970s and 1980s offers one path to understanding the ways in which the founding values and

[100] Metzl, *Prozac on the Couch*; Whooley, *On the Heels of Ignorance*; Harrington, *Mind Fixers*.
[101] Emily Martin, *Bipolar Expeditions: Mania and Depression in American Culture*, 3. print and 1. paperback print (Princeton, NJ: Princeton Univ. Press, 2009); Schechter, *Illusions of a Future*; Jason Schnittker, *The Diagnostic System: Why the Classification of Psychiatric Disorders Is Necessary, Difficult, and Never Settled* (New York: Columbia University Press, 2017).

contexts of social work influenced clinical social workers' conceptions of psychiatric and professional change.

*Figure 1. SSA clinical social work field sites in the South Side and larger Chicagoland area*

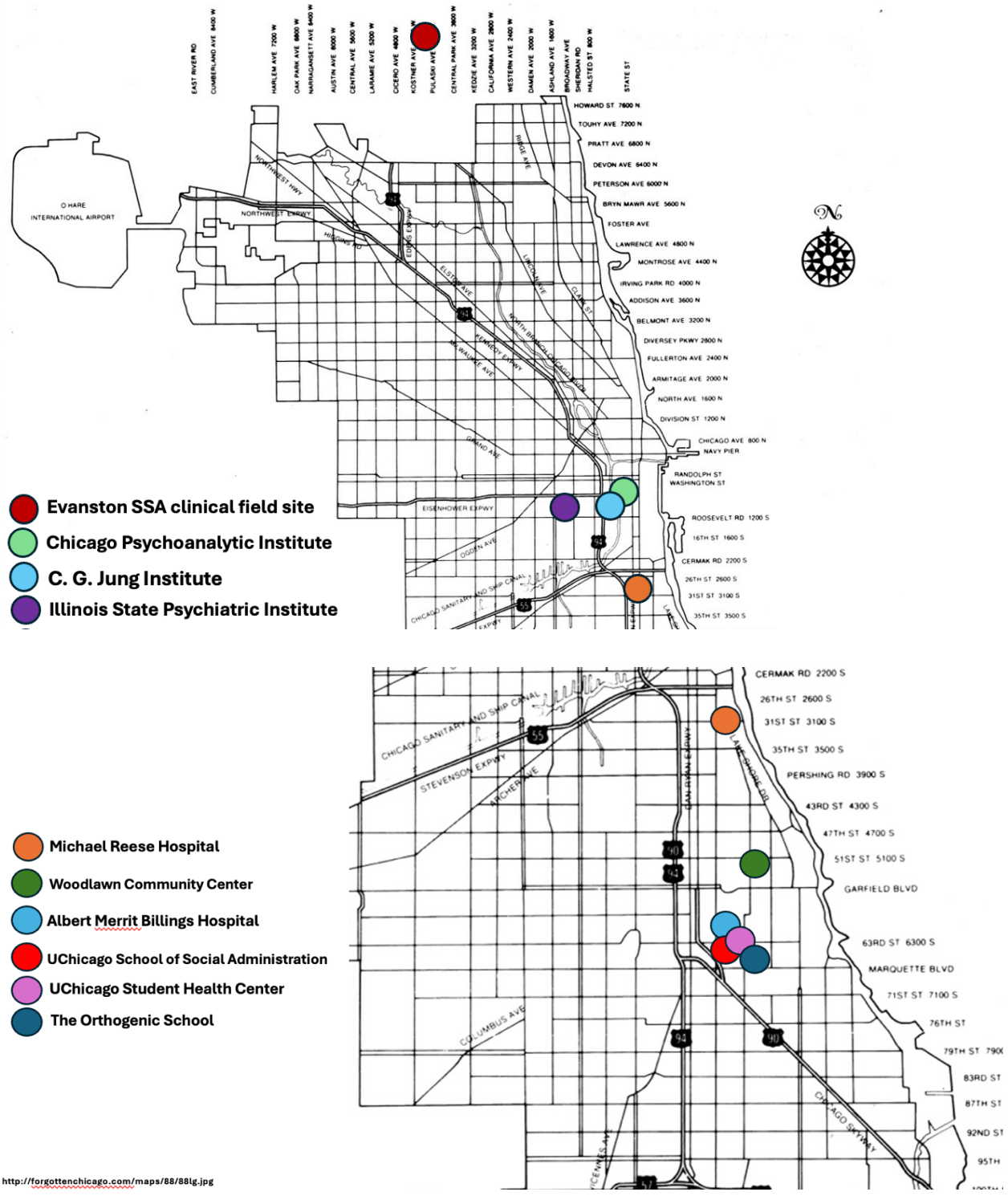

Table 1. Interlocutors' demographic and educational details

| Name* | Gender | Degrees, Department** | MA Institution | PhD/MD/PsyD Institution | PhD/MD /PsyD year | Analyzed *** | Therapeutic affiliations | Field sites |
|---|---|---|---|---|---|---|---|---|
| **Martha Heineman Pieper** | F | AM '63 SSA | University of Chicago | University of Chicago | 1979 | Y | intrapsychic humanism, post-positivism | |
| **Robert Galatzer-Levy** | M | MS '67, MD '71, Psychiatry; CER '82 psychoanalysis | New York University Mathematics | Washington University School of Medicine, MD; Residency, Department of Psychiatry, University of Chicago | 1971 | Y | Psychoanalysis; self psychology, nonlinear psychoanalysis, child psychoanalysis | CPI, Michael Reese Hospital, Manteno Hospital, Jewish Family and Community Services |
| **Kathleen Sullivan** | F | AM '69 SSA, CER '74 psychotherapy CPI | University of Chicago | | | Y | psychodynamic, holistic, integrated | Robert Taylor Homes, Billings Psychiatry |
| **Froma Walsh** | F | MSW '70, PhD '77, Human Development and Behavior | Smith College | University of Chicago, Human Development and Behavior | 1977 | Y | Family systems, family resilience | Michael Reese (1971-1977), Northwestern University Family Institute of Chicago (1978-82) Yale University Child Study Center, Yale University Department of Psychiatry |
| **Karen Teigeser** | F | AM '71, SSA | University of Chicago | | | Y | psychoanalytic training, generalist education, professionalism | Robert Taylor Homes, Billings child psychiatry, Back of the Yards Community Mental Health Center |
| **Jeanne Marsh** | F | MSW, '72, PhD '75, Social Work and Psychology | University of Michigan | University of Michigan, School of Social Work | 1975 | ? | Behaviorism, EBT/EBP | Institute for Social Research. Michigan |
| **Colin Pereira-Webber** | M | AM '73 SSA, CER '85 psychotherapy, CER '99 psychoanalysis | University of Chicago | | | Y | Psychoanalysis, child psychoanalysis | Hull House Society, rural Illinois |
| **Andrew Abbott** | M | MA '75, PhD '82, Sociology | University of Chicago | University of Chicago, Sociology | 1982 | ? | | Billings |
| **Florence Weissblatt** | F | AM '77, SSA, CER '84 psychotherapy CPI | University of Chicago | | | Y | Psychodynamic | Michael Reese |
| **Jerry Floersch** | M | AM '77 SSA, CER '98 psychoanalysis | Kansas University | University of Chicago | 1998 | Y | Psychoanalysis | |
| **Tina Rzepnicki** | F | AM '78, PhD '82 SSA | University of Chicago | University of Chicago, SSA | 1982 | ? | Task-centered, evidence based and integrated | House of the Good Shepherd (1973-76), Help for Children |
| **Stan McCracken** | M | AM '78, PhD '87 SSA | University of Chicago | University of Chicago | 1987 | ? | behaviorism, clinical research | Jackson Park Hospital, Billings, Kankakee (1992) |
| **Bill Borden** | M | AM '83, PhD '87 SSA | University of Chicago | University of Chicago | 1987 | Y | Psychoanalysis | ? |
| **Ellen Diamond** | F | PsyD '83 Clinical Psychology, CER '85 psychotherapy | | Illinois School of Professional Psychology, started at UChicago | 1983 | Y | Jungian psychoanalysis, EMDR | Orthogenic School |

**In ascending order by year AM/MSW/MS received*

***CER 'year psychotherapy = partial psychoanalytic training ; CER 'year psychoanalysis = full psychoanalytic training*
****"Analyzed" refers to whether the interlocutor underwent psychoanalysis*

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## Appendix

### 1.1 Approach to Mixed-Method Journal Discourse Analysis

I use themes to quantify the number of references to each approach because it is difficult to separate out distinct approaches from the evolution of pedagogy and practice. However, I acknowledge significant variation in methods while proposing important demarcations in the assumptions and concerns of each family of psychotherapy. Psychoanalysis, behaviorism, and humanistic therapy rest on fundamentally different and often opposed philosophies of science, the value of scientific research, the role of the therapist, and the relationship between the self and the mind. I provide explanations of ego psychology, behaviorism, and humanistic psychotherapy in the second chapter on the history of clinical social work.

Drawing on Steven Ruggles’s work on the presence of scientific graphs and tables historical journals over the twentieth century, I developed codes to represent different psychotherapeutic approaches and counted the number of journal articles and book reviews that referenced each approach during this decade.[102] In my analysis, I assume that the topics covered in these journals reflect the current concepts and controversies in the field of social work, while acknowledging that a gap often exists between developments in scientific research and theoretical orientations and implementation of research and theory in everyday practice.

Over the course of the analysis, I realized that I needed to adopt a less structured, more inductive approach. I found that proper categorization and quantification of the theoretical bases of articles required skimming each article on clinical social work to determine whether it contained phrases related to psychoanalysis, behaviorism, humanistic psychology, or a combination of several, because many of the terms I identified at the outset are used in other popular psychotherapies. Coding therefore depended on comprehensive knowledge of the theorists, traditions, and language used in each approach. For example, an article might reference Winnicott and object relations but not use the term psychoanalysis, while another could use the term "behavioral" and “condition” but be thematically psychoanalytic. It would be impossible to automate this process or proceed primarily based on title because psychotherapeutic approaches use similar phrases to describe vastly different approaches. I have included the codes and a description of my analysis in an appendix of this paper (see Appendices 1.1, 1.2, and 1.3, but I will mention here that my approach relies on my knowledge of psychoanalytic theory and the language used by Rogers, Skinner, and their descendants. This is a circumscribed knowledge,

[102] Steven Ruggles, “The Revival of Quantification: Reflections on Old New Histories,” *Social Science History* 45, no. 1 (2021): 1–25, https://doi.org/10.1017/ssh.2020.44.

composed mostly of abstract terms and theoretical lacunae and passively accumulated from reading an assortment of Freud's work (early case studies, *The Interpretation of Dreams, Civilization and its Discontents*, and others), biographies of Freud, Rogers, Skinner, Kohut, and Sullivan and historical studies of the era.[103]

This approach makes it difficult to generalize and standardize any trends and results, but the size and content of the data set may compensate for some of these systematic errors. Over the 13 years I analyzed, the two journals published quarterly, accumulating a total of 104 issues in this period. The *CWSJ* published 436 articles and book reviews, with an average of 26 articles and 7 book reviews a year (although the CWSJ did not publish book reviews for its first 3 years, from 1973-1975). The *SSR* published 1091 articles and book reviews, with an average of 30 articles and 53 book reviews a year. Of the *SSR* content, I read through approximately 10% of the articles (those obviously or possibly pertaining to casework and clinical social work) and skimmed the titles of the book reviews. I read through significantly more of the *CWSJ* publications, opening and skimming 60% of the articles (a total of 44% were relevant to casework and another 15% were relevant to scientific studies of social work, prescription capacity, and changes in insurance) and 90% of the book reviews.

### 1.2 Common psychotherapies in the 70s[104]

- Humanistic psychotherapy
    - Art/creative therapy,
    - Maslow, Rogers - against "biologistic" models - "those dominated by mechanistic, hierarchical/elitist or drive-based ideas (psychoanalysis) or "unemotional, scientifically measurable, reflexive processes (behaviorism).
    - Rogers - Psychology at the University of Chicago, recorded sessions - "client-centered psychotherapy" "non-directive counseling" "empathic understanding" "unconditional acceptance"
    - "Hic et nunc" - immediacy of encounter between two individuals
    - Was not intended to be "scientific" but the "nonspecific therapist variables" have gained scientific status after the development of his work (52)
- Behaviorism - behavior modification
    - Stimulus, desensitization, operant conditioning
    - Wolpe - Skinner - ""connection between environmental influence and human behavior, working inductively and without preformed expectations ('radical behaviorism'" ([Karger, 2010, p. 47] - token economy was an example of operant conditioning

[103] Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley London: University of California Press, 1995); Kate Schechter, *Illusions of a Future: Psychoanalysis and the Biopolitics of Desire*, Experimental Futures : Technological Lives, Scientific Arts, Anthropological Voices (Durham: Duke University Press, 2014); T. M. Luhrmann, *Of Two Minds: An Anthropologist Looks at American Psychiatry*, First Vintage books edition (New York: Vintage Books, 2001); Owen Whooley, *On the Heels of Ignorance: Psychiatry and the Politics of Not Knowing* (Chicago: The University of Chicago Press, 2019); Anne Harrington, *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness*, Norton paperback edition (New York, NY: W.W. Norton & Company, 2020).

[104] S Karger, "Psychotherapy Becomes Widely Accepted," in *Psychother Psychosom*, vol. 79, 2010.

- Cognitive behavioral therapy
- Gestalt - from Jung
- Group therapy - family, multigenerational

Psychoanalysis

- Freud - metapsychology based on biological processes - libido, drives, cathexis borrowed from energy dynamic /physics models, moved away from techniques and toward theory, unclear how it should be applied in practice
- Ego psychology (distinctly American)
    - Hartman, Kris, Loewenstien
    - Support an "autonomous or conflict-free ego. The classical neurosis with its Oedipal conflict was displaced by ego defects and general mental deficiencies." (40, Karger)
- Kohut (self psychology) v. Kernberg
- Object relations theory
- Child and developmental psychology - Anna Freud, Erik Erikson,
    - Split between Melanie Klein and Anna Freud on transference
- Lacanian - mirror stage, formation of language through identity
- Jungian - archetypes - individual unconscious as a representation of collective unconscious, based on mythology, ethnology, theology – not medicine/natural science
- Logotherapy - existential analysis- Frankl, 1930s, "free will' – didn't catch on in the US

Other American branches of psychoanalysis

- Neo-psychoanalysis - Alfred Adler
- Psychodynamic interaction - Harry S Sullivan, student of Adolph Meyer
- Franz Alexander - psychosomatic medicine - "corrective emotional experience" - aim of therapy should be solving current problems, not full transference neurosis
- Karen Horney - 1922 feminist psychology, rejected Freud's explanation of Oedipus complex and penis envy as sexist
- Eric Fromm (more humanistic) and Frieda Fromm-Reichman - Chestnut Lodge, modified psychoanalytic technique to treat schizophrenia

**1.3 Qualitative Coding for Journal Analysis**

Psychoanalytic

- Historical development by oundation as a science, not concerned with proving scientific mechanism of action, critiqued for lack of empirical evidence/experimentation in 1970s
- Codes: psychoanaly*, ego, unconscious, defense, cathexis, neuros*, neurotic, drive, dream, psychodynamic, narcissis*, self psychology, ego psychology, object relations and related

Behaviorist

- Assumptions: intentionally scientific, impartial, designed as scientific method for understanding human behavior, used in clinical and animal trials

- Codes: behaviori*, operant, stimul*, desensitiz*, biolog*, experiment*, empiric*, conditioning, rational casework, operant conditioning, and related
- Social learning theory

Humanistic
- Assumptions: intentionally unscientific, supposedly proven (?)
- Codes: Client, humanist*, empath*, counsel*, advocat*, Rankian will, Rogerian, Maslow, and related

**1.4 Analysis**

Articles
Look at journal article titles for anything related to therapy or casework
- If yes, determine whether related to psychoanalysis, behaviorism, or humanistic psych methods
- Note scientific studies comparing approaches
- Note discussion of insurance, prescription, psychotropics, science

Book reviews
Look at book titles for anything related to therapy or casework
- Determine whether it is related to psychoanalysis, behaviorism, or humanistic psychology
- Note books comparing psychotherapeutic approaches and how they are received by the reviewer

For each issue:
- Number of articles in an issue (excluding letters to the editor, "errata", and announcements)
- Number of book reviews
- Total number of publications (articles + book reviews)
- Number of articles and book reviews on psychoanalysis, behaviorism, humanistic psychology, other approaches (Gestalt, Rankian, psi, family systems, etc.)

For each year
- % articles on casework
- % articles focused primarily on psychoanalysis
- % articles focused primarily on behaviorism
- % articles containing reference to humanistic psychology
- % book reviews on psychoanalysis, behaviorism, humanistic psychology, other approaches (Gestalt, Rankian, psi, family systems, etc.)
- % articles on scientific empiricism

**Interview guides and recruitment methods**

## 2.1 Recruitment methods

I reviewed the 1970-1972, 1972-1974, 1974-1976, 1976-1978 Faculty Directories in the Hannah Holborn Special Collections Research Center to identify possible interlocutors. I used phone and email outreach to contact several interlocutors and relied upon snowball sampling to identify about half of my sample.

## 2.2 Interview Guide

Study - IRB23-1991
PI: Dr. Jenny Trinitapoli
Shifting Paradigms in Post-War Psychiatric Social Work:
Clinicians' Perspectives on Practicing Therapy in 1970s Chicago

Background + biographical information

- Where and when did you start practicing as a social worker?
- Where were you living at the time? What was your day like? Did you have a partner or children?
- What were your clients like and what type of practice were you working in?
- Who did you work with? Were they administrators, psychiatrists, psychologists, other social workers? Who did you work with most often? Were there people that you particularly liked working with?
- What do you think the most important skills were for a social worker when you started practicing? Do you think these skills changed over the course of your career?

Education and interest

- Could you tell me about why you wanted to be a social worker? What did your path to becoming a social worker look like? Were there any significant challenges or moments where you considered a different career?
- Where did you go to school? Why did you choose to go to that program?
- What was the most important thing you learned in school? Can you tell me about the type of psychological theory you learned? What were your classes like? Do you remember the names of authors or books you read in your training? Were there any that you particularly liked or disagreed with?
- Did you do any type of field work? Where did you practice, and how did it influence your work?

- Did you do any further training after completing your master's?

Approaches

- How would you describe the type of therapy you practiced in the early part of your career? Were there specific approaches you used when you first started working?
- How did the type of therapy you offered compare to other psychotherapists that you knew?
- Were you in therapy at the time? What type of treatment were you receiving, and how did that inform your practice?
- Were there types of clients that seemed better suited to your practice? Did you use different treatments for different patients? Did you ever refer patients to other therapists?
- How did your practice change in the first few years out of school?
- How did your practice change over the course of your career?
- How would you describe your relationship with psychoanalytic theory? How did that compare to your peers/fellow therapists?
- Were there any major changes in the way you understood psychoanalysis? (ask about the Chicago Psychoanalytic Institute?)
- How did you think about diagnosing patients? Did you use the DSM-III in your work? What do you think about the changes in diagnostic practices over the course of your career?

Community

- Who would you describe as a professional mentor? Were there any people that you looked up to as a young social worker? What were they like?
- How did you describe what you did to your family and friends? Do you remember talking to your family or friends about clients?
- Are there any people with whom you are still in contact from your work? Are there any people that might be helpful to talk to, or that might be interested in talking to me?

What would you want people my age to know about your work? How do you think psychotherapy as it is practiced today compares to psychotherapy in the 1970s? Are there things that have changed for the better or worse?