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 profession's founding ideals. "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

[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.

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]

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 more generally. 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]

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. Concurrently, the psychiatric professions underwent a remarkable transformation in knowledge and practice, from the psychoanalytic conception of the mind to the biomedical model of the

[4] Ekstein, 154.

[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).

brain. 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. These methods and technologies, along with the conjoined processes of deinstitutionalization and the disenfranchisement of the chronically mentally ill, led to the emergence of a new biomedical paradigm of mental health, spearheaded by a new type of psychiatrist. 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. 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 revolutionized the ways psychiatric professionals in America learned, trained, and practiced.[7]

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 psychiatry and clinical social work at the national level.[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

[7] 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*.

[8] See Figure 1 in the appendix for a map of these sites.

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 professions follow physicians and national organizations in psychiatry.[9] Clinical social workers tend to be 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 figure of the social worker and its attendant epistemic and social standpoints offer a new way of thinking about the sudden shifts in psychiatric pedagogy and practice toward the end of the 20th century.

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

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

[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*.

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.

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."[10] Like 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 of the twentieth century, clinical social workers on Chicago's South Side lived and worked with—and sometimes married, as in the case of 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.[11]

[10] 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.
[11] Figure 1 in the appendix shows the SSA field sites where students were placed in the 70s and 80s.

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.

The community of clinical social work in Chicago was both representative and causative of the structural shift in the profession at the national scale. 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. I adapt sociological scholarship on the "extreme case study" to analyze Chicagoan clinical social work as an exceptional case of professional change.[12] During this transformation, the psychotherapeutic pedagogies and practices of the clinical social worker were rendered effective within a professional psychiatric milieu that increasingly privileged logical empiricism over generalized knowledge and community-oriented practice. However, clinical social workers managed the epistemic anxiety that continues to pervade the psychiatric sciences—the lack of scientific proof of the etiology and corresponding diagnosis and treatment of mental illness—differently.

Chicagoan 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,

[12] 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, 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.

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.

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.[13] 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.[14] 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. [15] For decades, social work reformers have lamented the profession's limited contributions to 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.[16] Calls for embracing a "scientific imperative" and championing "social progress powered by science" echo throughout the last

[13] 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.
[14]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).
[15] 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.
[16] 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.

half-century of social work literature.[17] 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.

Drawing on critiques of modernity and scientism from the humanities and social sciences, more recent social work scholars, including my interlocutors Jerry Floersch and Bill Borden, offer opposing theoretical arguments for the use of history in this epistemological debate. One group of scholars suggests that the profession has diverged from its altruistic and voluntaristic origins in the settlement houses of the late 19th century and that historical examination and reflection can restore and preserve these humanitarian values.[18] A branch of this literature takes a biographical form, framing the lives of social work's "founding mothers," particularly Jane Addams, Mary Richmond, and Edith and Grace Abbott, as inspiration and instruction.[19] A second group views historical evidence as a tool to uncover and contend with

[17] 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/.

[18] 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 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.

[19] 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.

legacies of social and epistemic injustice and their influence on present pedagogy and practice.[20] 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.[21] 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.[22] Although the presentist focus—a prescriptive emphasis on the way the past can and should be used in current contexts—of this body of literature can risk resemblances to a teleological narrative, 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 not on histories of progress or biography, but rather on intellectual and social history to understand the ways in which social work knowledge acquisition and application have changed over time. These

[20] 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.

[21] 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.

[22] 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.

scholars attempt to situate, complicate, and reanimate social work's commitments to humanism, pluralism, and pragmatism through historical methods of analysis.[23] 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.[24] 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 somewhere 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 for grasping the "variousness and complexity of human problems" and the value of taking distinct and mutually exclusive approaches.[25] 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

[23]"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.

[24] 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.

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

forms of knowledge, if risking the stabilized and disciplined professional identity entailed therein."[26]

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. I collected and analyzed 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 14 psychiatric professionals who practiced in Chicago between 1970 and 1990. Throughout my research, I referred back to and restructured my thematic and chronological account of the ongoing shifts in clinical social work. Working across four distinct sets of data allowed me to confirm or complicate reports of change and continuity in clinical social work theory, pedagogy, and practice. A full description of my methodological approach can be found in Section 3 in the appendix.

Professional knowledge and structural change: using interviews and archives together

[26] 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.

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.[27] 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"[28]—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, oral history offers not only insight into the subjective experience of an underrepresented community of professionals, but also 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.[29] 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."[30] Comparing the perspectives between archival and

[27] 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.
[28] 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.
[29] Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 3rd ed (Chicago, IL: University of Chicago Press, 1996).
[30] Kuhn, 150.

interview data can help identify the causal factors and historical contingencies that produce structural change in a professional community.

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.[31] 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.[32] The theory of psychiatric science transforms practice, the enactment of practice reshapes theory, and practice and theory together create psychiatric culture and identity. To understand clinical social workers' experiences of biomedical and psychoanalytic cultures 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.

Results

Competing and co-constitutive professions: clinical social work and biological psychiatry

During the biomedical 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."[33] Reformers and critics continued to castigate

[31] Luhrmann, *Of Two Minds*, 9.
[32] Luhrmann, 9.
[33] 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.

clinical social workers for abandoning the poor in a misguided attempt to gain higher professional status by counseling middle-class neurotics.[34] 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.[35] 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.[36] Clinical social work, the task force suggested, was the "assessment of interaction between the individual's biological, psychological, and social experience" that allowed for "intervention in the social situation and the personal situation."[37] 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.[38]

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.[39] 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

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[34] 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."
[35] 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.
[36] 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.
[37] 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.
[38] González and Gelman, "Clinical Social Work Practice in the Twenty-First Century," 259.
[39] National Association of Social Workers, "Register of Clinical Social Workers" (Washington, DC: National Association of Social Workers, 1976).

psychodynamic, holistic, and pluralistic approaches.[40] 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.[41] The conflict between holism, humanism, and the "art of psychotherapy" in social work, and claims about what made psychotherapeutic theory and practice scientific, and therefore effective, remained central to the profession's anxieties and status.

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 undergone 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.

[40] Specht, "Social Work and the Popular Psychotherapies."
[41] Turner, "Reflections on Clinical Practice"; Gyarfas, "The Scientific Imperative Again."

My interlocutors trained or practiced at more than 15 different field sites in Illinois, seven of which were in the South Side of Chicago (Figure A). 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 my interlocutors were white and held advanced degrees; the absence of racial and class diversity is representative of the demographic 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.[42] Table A includes further demographic and professional details of my interlocutors.

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.

[42] 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.

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."[43]

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 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

[43] 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.

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 policies 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…[a]nd I thought, come on, really? This is crazy. Community health centers were shifting. 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. Although external financial pressure from third-party insurance companies was a primary factor in the professional change in clinical social work, 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 key 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 persisted 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."[44]

[44] 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.

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 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…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 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 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 called 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."[45] Turner worried 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.[46] 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 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.[47] For Perlman, psychiatric care remained a valuable and distinct skill to all social workers, but its tendency toward specialization imperiled the entire profession:

> "[I]t 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

[45] Turner, "Reflections on Clinical Practice," 131.
[46] Turner, 160.
[47] 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

the human condition—and holism—a general, all-encompassing approach to considering the many possible factors in a problem or experience.

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 a 1976 response to seminal social work scholarship that declared all psychotherapeutic methods equally empirically effective, Mary Pharis, editor of *CWSJ*, posited that she was 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."[48]

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

[48] 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.

with patients. Pharis and other humanistically-oriented social workers argued for a different mode of psychiatric epistemology that transcended both the biomedical and the psychoanalytic.

Chicagoan clinical social workers often 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…[T] most important thing that [you] have to learn about is relationships. 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. She talked about building trust and building relationships and talking, assessing strengths, expressing positive strengths that people had."

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.

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 through the lens of logical empiricism. 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 through contemporary scientific metrics and conceptions of efficacy.

My interlocutors suggested that clinical social workers, particularly those working in psychoanalytic traditions, were sidelined 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 his approach lost favor at the time.

> "I 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 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. Similarly, Jeanne Marsh (AM '73, PhD '78) said that she became interested in the task-centered approach because of its pragmatic use: "the theories we use should be guided by the problems that we solve."

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 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.[49]

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 during the time that he practiced. 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 was 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 and McCracken, William 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

[49] Carr, *Working the Difference*.

> 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 identified and supported 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."[50] The pluralist 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…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…and then later spirituality…"

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

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

> components that are effective in different kind of treatment approaches? One of them might be the token economy, or relaxation training, or exposure. 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,[51] 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

[51] 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.

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 adapted 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.

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