THERAPISTS AS AGENTS OF SOCIAL CONTROL: A GROUNDED THEORY OF ETHICAL AND PRACTICAL IMPLICATIONS

by

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M.A., Kansas State University, 1986
M.S., Wayne State College, 1996
M.S., Kansas State University 2012

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Family Studies and Human Services
College of Human Ecology

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2014

Abstract

This dissertation presents an emerging inquiry about family therapists' lived experiences as they work with families in situations that may also require the therapist to act as agents of social control whether through implementation of therapy, treatment, or programs. I used a grounded theory approach, informed by feminist qualitative research, to address the following three questions: 1) How do therapists experience their role as agents of social control? 2) What processes and strategies do they use as they navigate that role when working from a social justice perspective and 3) what implications does this have for family therapists as they conceptualize and plan treatment for their cases? This study used purposeful sampling: Eleven professional family therapists who have researched, taught and written about social justice issues were interviewed. The results of this study provide a preliminary map clarifying how family therapists navigate that role of working as an agent of social control while maintaining a social justice perspective. This research clarifies family therapists' recognition of their role as agents of social control through the context, meaning, and expectations of therapy. The navigation of this role from a social justice perspective is accomplished through the therapists' framework of therapy, their understanding of the lived experiences of their client systems, and their therapeutic approach to therapy. These participants also addressed the supervision and development of beginning therapists. These results are intended to provide a foundation for further discussion and research on the topic of therapists as agents of social control.

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My roommate, companion, and best buddy Lucy. Thanks for making sure I never felt lonely.

And finally, to Kelly: Thank you. Thank you. Thank you.

Dedication

For Kelly, with love and thanks.

Preface

This research was not conducted with any additional outside funding and was approved by the IRB of Kansas State University.

Chapter 1 - Introduction, Case Study, and Research Questions

"These questions are difficult. The answers are not obvious, and so there should be some pausing, some angst, some honest uncertainty as people struggle to decide the best course of action." Alisa Harris

"We know what we are, but know not what we may be." William Shakespeare

The demands of family therapy work vary, whether in an agency, academia, private practice, or research, and family therapists, themselves, vary in their experiences, thoughts, beliefs, and values. Often, therapists are asked to implement therapy, treatment, or programs meant to assist clients in becoming more congruent, more socialized members of society. Batterer intervention programs, parenting and premarital education, addictions treatment, and child behavioral interventions are just a handful of the many ways therapists work as agents of social control, "a collective term for those processes, planned and unplanned, by which individuals are taught, persuaded, or compelled to conform to the usages and life values of the group (Roucek, 1970, p.3). Effective and ethical therapists who strive to work from a culturally sensitive, social-justice based approach may find that understanding and navigating this dynamic tension between their roles as agents of social control and agents of social justice challenging.

The aim of this dissertation research is to understand and define the concept of therapists as "agents of social control" and to further explore that experience. In addition, this research

seeks to address how experienced family therapists navigate this role while working from a social justice, post-modern approach to therapy. This dissertation will provide a theoretical discussion, as well as a grounded theory analysis of the therapist as "agent of social control". The purpose is to generate findings, grounded in data, that address: 1) How do therapists experience their role as agents of social control? 2) What processes and strategies do they use as they navigate that role when working from a social justice perspective? and, 3) what implications does this have for family therapists as they conceptualize and plan treatment for their cases?

My interest in this project came after some late night discussions with my mentor/major professor and another doctoral student after attending a conference devoted to family therapy. During a particularly powerful keynote address, the speaker challenged each of us to understand that therapists are "agents of social control." As it was presented, being an agent of social control sounded like it was in direct opposition to being an agent for social justice. I have always considered myself an advocate for social justice. My therapy, classroom teaching, and personal interactions are grounded in my own belief in the equality and inherent value of all individuals. My understanding of social control theory, actually developed during my first Master's in 1986, was that some semblance of social control is needed for the optimal safety and health of the public. Now, over twenty years later, I found myself mulling over this juxtaposition of social justice and social control.

My work as a researcher in issues of domestic violence has also informed this dissertation choice. Possibly in no other field of family therapy research are the issues of social control and social justice so intertwined with public policy, treatment, and prevention. Often informed by rhetoric instead of evidence, the discussion around issues of social control (policy and legislation

meant to create safety) and social justice (fairly addressing the unique needs of each victim and batterer) tends, at times, to be incendiary and divisive. This research seeks to understand the experiences and processes of seasoned therapists, academicians and researchers to gain a better understanding of the role of therapists as agents of social control and how this influences and informs their therapeutic approach when working from a social justice, socially constructed, systemic framework.

Case Study

I saw this individual for twenty-four sessions over an eight month period. Specific, identifying details are changed in the case study, but it is a strong example of the dichotomy between serving as an agent of social control and an agent of social justice.

Donnie, a forty-two year old, Latino male, is in court-ordered therapy as part of his diversion program. Five months ago, he was arrested for domestic battery after an altercation with his wife as she was moving items from their home to her new home with another man. Donnie had no prior arrest record; his wife had been arrested two weeks before Donnie for disturbing the peace when she became angry at her daughter's soccer game. Donnie insists that the altercation with his wife was the only time he had used physical violence against her. Donnie's report of his childhood includes growing up with a single, alcoholic mother and a middle school teacher (male) who made numerous sexual advances toward him. When these were rebuffed, the teacher tormented him and Donnie ended up repeating sixth grade with a different teacher. Donnie has been diagnosed with adult ADHD and generalized anxiety disorder. He is not on medication for either as he is currently uninsured. The court requires the therapist to report back when the diversion therapy program of anger management, power and

control, and communication skills is complete. Successfully completing this program is a part of Donnie's probation requirements.

This case illustrates several of the challenges this dissertation will address. Donnie has been arrested for domestic battery and is now on probation. His therapy is court-ordered. As his therapist, I am expected to be an agent of social control. Our work together will hopefully help Donnie develop understanding and skills that will help protect others from his anger. However, as a post-modern therapist who works from a social justice perspective, I also identify these components of Donnie's situation that are important to therapy: Donnie is a second-generation Latino in a predominately white community. His mother spoke little English, drank heavily, was married three times, and died in her early forties. Donnie has ADHD and, he believes, an undiagnosed reading disorder. School was hard for him, yet he earned a college degree and licensure in social work. He has frequent panic attacks that are more common now that he has quit taking his medicine because he cannot afford to pay for it. He suffered second- and third-degree sexual assault from an adult in his early teens.

When I began working with Donnie, we were both frustrated by my decision to follow an anger management and power/control manualized treatment program. It seemed vitally important that we first address ways he, himself, felt marginalized and powerless. Only when Donnie felt heard and believed he had adequately processed his core hurts was he willing and able to address his behaviors that had led to his arrest. Had I resolutely stuck to a twelve session "one size fits all" therapy approach, I do not believe that we would have had the satisfying outcome that we are very near to reaching.

Throughout this case, I discussed in supervision what exactly my role was to be in this therapy process. I know that this is not an isolated case and that many Marriage and Family

therapists find themselves navigating an unmapped territory through working as an agent of social control and a proponent of social justice.

This dissertation is an attempt to not only create additional understanding of this path for the field of Marriage and Family Therapy, but also to sort out for myself how experienced and knowledgeable therapists and MFT academics navigate this path between being agents of social control and agents of social justice. The research addresses the following questions: 1) How do experienced therapists, who have self-identified as working from a paradigm of social justice, experience their role as agents of social control? 2) What processes and strategies do they use as they navigate that role when working from a social justice perspective? and 3) what implications does this have for family therapists as they conceptualize and plan treatment for their cases? Our research team used the data to generate guidelines for working as an agent of social control from a social justice perspective that can further be used to develop recommendations for treatment and future research questions for Marriage and Family Therapists.

Chapter 2 - Review of The Literature

Social Control Theory

The essence of social control lies in the understanding that a group asserts influence over individuals by a variety of means, both informal and formal. We adhere to group norms or behaviors to assure our continued place in the group. Religion, public opinion, leadership, education, and legislation are all seen as common forms of social control (Kumar, 2011). Other, more informal ways that group members exert social control over other members include rewards, gossip, praise, criticism, and popular culture (Horwitz and Wasserman, 1979). Customs, traditions, and conventions are other ways the group may assert influence over others (Moulaert, Hillier, Muster, Miciukiewicz, Novy, and Swiatek, 2012) Jointly shared beliefs, ideologies, and historical folklore also serve to exert social control over group members (Kumar, 2011). In this study, I will use the following definitions: The first, is from of E.A. Ross, one of the first to coin the phrase, social control. "Social control is the system of devices whereby society brings its members into conformity with the accepted standards of behavior" (Clement, 2010) and "Social control is a collective term for those processes, planned and unplanned, by which individuals are taught, persuaded, or compelled to conform to the usages and life values of the group (Roucek, 1970, p.3).

Social control is a nebulous term and is often defined in a way that most suits the user (Meier, 1982). While it may be difficult to succinctly define social control is often deemed necessary to establish social unity, maintain a semblance of order and trusted continuity, sanction behavior, and to keep cultural maladjustment in check (Kumar, 2011). As the world continues to

change and evolve, whether through natural order or man-made technology, the power for this influence by society rests in the priority of the welfare of the group over individual concerns (Kumar, 2011). Social control can be seen as a factor in everything from "business casual" Fridays to the tendency for individuals to refrain from littering when there is a chance that they might be observed. The ability for private conversations to be publically aired within seconds has certainly shaped the discourse of politicians, athletes, educators, and other public figures.

Physicians encourage us to immunize ourselves against flu viruses and our children against chicken pox and indicate that when 84% comply with immunization recommendations the mass populace will be immune (CDC, 2013). Marketing campaigns repeat the message that drivers should not text while driving, nor drive impaired by drugs or alcohol to protect the rest of us on the road. Debate swirls around the decency of the MTV award shows and the inclusion of intelligent design in our high school text books. As early as 1954, sociologists identified the public need for "the perpetuation of collective values, to nourish and maintain socially necessary sentiments—pride in great men, admiration of courage and self-sacrifice, hatred of vice, contempt for follow, a sense of national destiny, and the historical continuity of church and militia" (Klapp, 1954, p. 62).

Originating in sociology (Klapp, 1954) and criminology (Nye, 1958), social control theory posits that aberrant behaviors occur as the result of broken ties to the "conventional order" within society (Hirschi, 2010). Social control theory recognizes that both family relationships and nonfamilial relationships can have an impact on the development or non-development of deviant behavior (Church, Wharton, & Taylor, 2009). Following this theory, we could assume that an individual with a strong sense of belonging and commitment to his or her family and/or community is less likely to commit a crime, be a neglectful parent, or fail to find employment.

Family cohesiveness has often been cited in studies examining child and adolescent outcomes (Barnes, 2013, Cohen & Willis, 1985, Peterson & Rollins, 1987). Research in domestic violence has also focused on earlier family and community relationships of perpetrators of violence. (Black, Sussman, & Unger, 2013, Buchbinder & Goldblatt, 2011, Gover, Kaukinen, & Fox, 2008, Kernsmith, 2006). The inherent nature of social control theory rests in a systemic framework and while it may not be directly cited frequently as a theoretical basis in the family therapy literature, it still informs much of the current research.

How do family therapists see their roles as agents of social control? While it may seem obvious that therapists often work to strengthen the community and familial bonds of their clients, the discussion of therapists and their role in maintaining social control has not yet occurred. An extensive literature search using Psychinfo, Google Scholar, ERIC, ProQuest, and other data bases yielded almost nothing on therapists as agents of social control. Furthermore, we do not have an understanding of how that role is balanced with the therapists' understanding of their role in issues of social justice. The necessity of this discussion directs the intention and focus of this dissertation.

Further relevance for this discussion is found in the evolution of social control theory itself. The use of social control theory evolved from being applied to prevent criminal behavior through legal means to advocating for medical intervention to keep people healthy and disease free. While applying social control theory to health care issues and the debate over compulsory coverage is certainly still relevant, recent application of social control theory has begun to focus on mental health systems as means of providing public physical and psychological safety (Liska, 1997). Boulding, (2004) an economist addressing the issue of evolving social control, identifies a new "integrative system" in which the relationship to others and how people identify

themselves become the dominant factors in following directives related to a variety of situations from individual health care to retirement savings. Iglehart (2013) expands on Boulding's work and identifies the integrative factors that could make medical and mental health systems more effective in their role getting individuals to make choices for the good of themselves and others. At its best, medical? care is an integrative system which recognizes and maintains the rights and responsibilities of patient and physician or therapist, yet creates relationships that allow patients to make decisions for the good of the whole (Iglehart, 2013). Cigarette smoking and the concerns of second-hand smoke, while not identified by Iglehart, would be a topic that fits within his integrative framework discussion. A patient has the individual right to continue smoking, even if his doctor strongly urges him to quit. However, continued smoking may affect his family's health, his relationships with them, his work performance, his ability to enjoy a public meal or concert, and further, the extended and extensive medical costs related to his individual health would place a burden on him personally and all of those unseen individuals in his insurance pool. A marriage and family therapist working with this man may choose to address each of those systems with her client, helping him to understand the toll smoking takes on him individually, his family, his community, and beyond. If a therapeutic goal is smoking cessation through a strengthening of family and social bonds, this therapist is working as an agent of social control.

A review of the literature on social control naturally leads to the need for a discussion of the ethical implications for the marriage and family therapist. Therapists frequently see clients who have been court ordered for infractions ranging from public drunkenness, truancy, to domestic violence. Clients often seek therapy for personal issues that result from being perceived as outside the social norm. Collectively and individually, therapists have been

instrumental in changing public policy, legislation, and treatment options for domestic violence (Messing, 2011), adolescent delinquency (Wilson, 2003), and policy regulating marriage and divorce (Doherty & Anderson, 2004). Ethical therapists need to have an understanding of their roles as agents of social control and how or if that influences their therapeutic approach with each client.

The Therapist Role in Social Justice

The fair and equal treatment of all individuals has been a topic of discussion since Saint Thomas of Aquinas first addressed the issue in the thirteenth century. Political philosopher John Rawls (1971) identified five basic liberties in his treatise entitled "A Theory of Justice". These include: freedom of thought, freedom of conscience including religion, philosophy, and morality; political liberties (e.g. representative democratic institutions, freedom of speech and the press, and freedom of assembly); freedom of association; and freedoms necessary for the liberty and integrity of the person. Research on topics pertaining to social justice began to flourish in the 1960's, especially in the area of psychology (Jost & Kay, 2012). Feminist theory also began to be intertwined with issues of social justice and multiculturalism in the early 1990's and by 2012, Yoder and others declared that feminist, multicultural, and social justice commitments are inextricably mixed (Yoder, Tobias, & Snell, 2012). Family therapists working from a post-modern social justice point of view are aware that pre-existing power relations bias all relationships and ignoring this actuality can inadvertently damage even the therapeutic relationship (Weingarten, 1998).

Models of social justice found in psychology, therapy, and education literature often share four key values: recognizing and transforming existing power structures and thereby

promoting the well-being of all; critically exploring and examining the status quo within the profession; allowing those who are most affected (the stakeholders) to help guide and enact change; and recognizing the responsibility of each and every professional for promoting social justice (Nastasi, 2008). Instead of the therapist as the expert, designing and implementing strategies and directives for a client to, for instance, "win their husband back" (Haley & Richport-Haley, 2007, p. 6), the post-modern therapist is "no longer the expert knowing how couples and families, can-and-should solve their problems. Instead, the therapist is a fellow traveler, listening as carefully as possible to the stories people tell about their lives. Commitment to a side-by-side, not a hierarchical therapeutic relationship means that the therapist has to find ways to honor clients' abilities to locate fresh directions and solutions out of their own experience" (Weingarten, 1998, p.2).

Marriage and family therapists often struggle when they seek to honor clients through a practice of social justice and to implement a non-hierarchical relationship with clients who are court ordered or who behave in ways that endanger others. Brubaker, Puig, Reese, & Young, (2010), suggest many of our traditional therapies are based on theories that perpetuate oppression of women, children, and other marginalized individuals. Some of these have come under fire by feminist therapists and researchers for promoting a hierarchical, patriarchal approach to therapy. Many of our family therapy educational programs still teach a traditional curriculum requiring memorization of content and reaffirming an authoritarian structure (Guiffrida, 2005). Often, students fail to realize that their theoretical approach to therapy may ultimately perpetuate oppression of marginalized individuals (Vera & Speight, 2003). The AAMFT Code of Ethics (AAMFT, 2013) recognizes that therapists have an ethical responsibility to not discriminate based on race, age, ethnicity, socioeconomic status, disability, gender, health

status, religion, sexual orientation, gender or relationship status, but it does not specifically address the need to assess our therapeutic approach or treatment plan for an unintended or unseen bias.

Currently, in our university teaching clinic, master's and doctoral students see clients court-ordered for therapy for domestic violence, sexual abuse, truancy, child neglect, anger management, and divorce and co-parenting issues. Parents bring their children to therapy for a variety of issues which may include the child not thriving in school, running away from home, or experimenting with drugs. Physicians refer to our clinic when their patients have problems with alcohol, suicidal ideation, and mental illness. Our clinic sees gay men, lesbian women, and transgender individuals and couples. My clients include individuals who are Chinese, Hispanic, White, Black, and multi-racial. We have clients dealing with significant trauma and abuse. This diversity is certainly not atypical of many other teaching clinics or community mental health clinics and provides a rich opportunity for the discussion of this paper's research question. If a court recommends therapy instead of jail time, how does the therapist provide the ordered therapy agenda and still remain cognizant of social justice issues and maintain a non-hierarchical, non-oppressive therapeutic relationship? What if the agenda of the court-ordered client is different from the agenda presented to the therapist by the court? If a client has trouble in her graduate program because her flamboyant dress and alternative lifestyle don't meet the conservative expectations of many of her instructors, how does the therapist approach therapy knowing that encouraging the student to dress more in line with social norms may further oppress and marginalize her? And finally, if the court, school officer, or even the therapy clinic requires certain assessments be administered to a client, are we certain that those instruments are egalitarian and non-hierarchical?

Ethical considerations exist when therapists provide the therapy they are asked by the court or others to provide, while still seeking to remain cognizant of their role in creating a non-hierarchical, non-oppressive environment. Natasi (2008) specifically calls for qualitative research, using a purposefully chosen sample, to address theory, skill development, and implications for change, in exploring questions of social justice within the education, psychology, and therapy fields. This research will respond to Natasi's call using a grounded theory approach informed by feminist qualitative research methods.

Chapter 3 - Method

Self of the Researcher and Research Team

I am a Ph.D. student in a large, public mid-western university. Early in my professional career, I worked for twelve years as a high school teacher and school counselor. After receiving additional training, I worked as a family counselor in a cancer clinic, seeing families who were facing terminal cancer diagnoses. In my late forties, after eight years at the cancer clinic, I returned to graduate school, earned a Master's degree and state licensure in Marriage and Family Therapy and then entered the doctoral program. My primary research interests have included domestic violence and mindfulness-based therapies.

I grew up outside a very rural, very small, agriculture-based community with a fairly homogenous population. However, encouraged by my maternal grandmother, I became involved even as a pre-teen with issues of social justice for those of different ethnicity, religious beliefs, sexual orientation, and social and economic status. For eight years, I served on my state's Commission for the Status of Women and Children. As chair of that organization, I worked with the state legislature and governor to create a program that provided mammograms and appropriate follow-up health care for uninsured, often immigrant women.

My work as a researcher in issues of domestic violence has also informed this dissertation. Possibly in no other area of research are issues of social control and social justice so intertwined with public policy, treatment, and prevention. Often informed by rhetoric instead of evidence, the discussion around issues of social control (policy and legislation meant to create

safety) and social justice (fairly addressing the unique needs of each victim and batterer) tends, at times, to be incendiary and divisive.

This dissertation is an attempt to not only create additional understanding for the field of Marriage and Family Therapy, but also to sort out for myself how therapists and academics navigate this path between agency of social control and agency of social justice.

The research team consisted of myself, a Master's level graduate student, an undergraduate student, and my major professor. The graduate student, an African-American, is female and in her early twenties. The undergraduate is a gay male, white, also in his early twenties. He helped with the initial phases of this research project, but did not assist in data analysis. The major professor is a white female with a distinguished history in qualitative and quantitative research in domestic violence.

This research project and subsequent dissertation was also informed by members of my doctoral committee. I am honored and somewhat humbled to have worked with the members of my team. Besides my major professor, the committee included a white male with an extensive knowledge of qualitative research, a white female who has an international reputation as a family theorist, a Malaysian female with an impressive body of work in multi-cultural and feminist theories in the marriage and family therapy profession, and a white female with considerable experience in education policy for immigrant populations and higher education administration. All are tenured and approved to serve on Graduate Faculty.

Grounded Theory

Introduction to the Model

Grounded theory, developed by Glaser and Strauss (1967), provided the framework for this study. This qualitative research method is useful for inductively deriving, rather than testing, rich theoretical understandings directly from the data. The method was also informed by feminist qualitative research which recognizes the importance of the participants' own experience and unique construction of knowledge related to the research questions. The research team will aim to find common themes while minimizing their own biases and interpretations (Hessy-Biber, 2007).

Brown (2006) identifies the five basic components of the grounded theory process: theoretical sensitivity, theoretical sampling, coding, theoretical memoing, and sorting. This study employed an inductive method of discovery, the constant comparison method (Glaser, 1965) throughout the five components which are more circular, than linear in nature (Leiblich and Zilber, 1998). The constant comparison method represents a process of continually redesigning the research in light of emerging codes, concepts, and relationships among the variables. Analysis began as soon as the initial interview was conducted. Members of the team read through transcripts and began to note patterns and themes as they first appeared. These were compared with and informed later interviews. These trends and patterns then served as the foundation for generating codes. Emerging codes were applied to each transcript. The team made refinements, either elaborating or expanding codes or omitting those which did not appear in subsequent interviews to ensure that the codes accurately illustrated the data. Codes were then grouped into concepts based on the role of therapists as agents of social control. Finally, the

team linked concepts to one another to develop guidelines, grounded in data, of how therapists experience their role as agents of social control while working from a social justice perspective.

History of Grounded Theory

The roots of grounded theories lie in symbolic interactionism (Hammersly, 2000). Mead (1934) posited that individuals are self-aware and can see themselves from the perspective of others. As a result, they can then adapt their behavior to the situation. Blumer (1969) first coined the term 'symbolic interactionism' and his development of the interactionist approach upon natural inquiry is a primary influence on grounded theory. Mead further (1934) identified the concept of sociality—a phenomenon can have several meanings at once. Grounded theory is used to explore social processes and understand the multiplicity of the interactions within the processes. (Hammersly, 1989).

Glaser and Strauss (1967) first introduced their systematic and rigorous approach to collecting and analyzing data and discovering the conceptualization of a process in *The Discovery of Grounded Theory*. Strauss had studied with Blumer in Chicago and Glaser had a strong background in qualitative research at Columbia under the tutelage of Paul Lazarsfeld (Charmaz, 2000). Glaser and Strauss's grounded theory was hailed for its academic rigor at a time when qualitative research was not held in high esteem by many academicians (Charmaz, 2000).

Discussion of Grounded Theory

The belief that knowledge may be increased by generating new theories rather than analyzing data within existing theories is fundamental to grounded theory (Glaser and Strauss, 1967). Discovery is at the heart of grounded theory. The researcher, through data gathering and analysis, hopes to discover new meaning. Glaser (1978) further expounded on his earlier work

and identified the self of the researcher and his or prior understandings as crucial to the understanding of that data. With that in mind, he recommends that researchers familiarize themselves with the literature surrounding the research question, not as a means to find the answer to their question, but as a way to sensitize themselves to the importance of the question (Glaser, 1978). After a theory has begun to emerge and be developed, the literature review can then be expanded and specifically used as support for the blossoming theory (Hickey, 1997). In fact, Glaser (2000) cautions against a closer review of the literature early in the research process as the influence of this work may impact the emerging theory. Researchers should also refrain from over-hypothesizing early in the research study development and maintain an open, unknowing stance until the theory emerges from the data (Glaser, 1998). A grounded theory researcher must be able to maintain a comfortable position with a state of unknowing and a trust in the process, even if at times it feels repetitive or tedious. In his later work, Glaser (1998) advises the novice theorist to quit talking about grounded theory, quit reading and researching it and just get on with doing the work. He further recommends that each researcher know his or her own cognitive way of working and strive for a balance between interpretation and literal translation of the data.

A grounded theory study is specifically crafted to elicit direct personal information. Interview questions should be open-ended and allow for digression and discussion by those being interviewed. The planning of subsequent interviews is a circular process and should allow for a discussion, either a critique or support, of the responses of earlier interviewees (Glaser, 1992).

Rationale of Grounded Theory Procedures

Grounded theory is the optimal method for this study.

> "The method favors analysis over description, fresh categories over preconceived ideas and extant theories, and systematically focused sequential data collection over large initial samples. This method is distinguished from others since it involves the researcher in data analysis while collecting data—we use this data analysis to inform and shape further data collection. Thus, the sharp distinction between data collection and analysis phases of traditional research is intentionally blurred in grounded theory studies" (Charmaz, 2006, p. 188).

The grounded theory method, focusing on emergent concepts, well supports the subject of therapists as agents of social control working within a social justice framework and the process of non-defensive, open-mindedness and dialogue which the author hopes to evoke throughout the interview process. The questions asked in the study regarding the exploration of ethical considerations are designed to elicit exploration of a process which therapists and researchers have yet to conceptualize and name. Strauss and Glaser (1986) call for a purposive selection of participants, not random, based on experience and interest in the topic under study. This fits perfectly with this particular research study as the aim is to collect data which is most relevant to the research question and allow for an ongoing dialogue.

This study followed Glaser's guidelines with one exception. Glaser (2001) recommended that specific recordings should not be made of the interviews. He believed that accuracy was not as important as the conceptualizations of the researcher and he had additional concerns that recording would inhibit the participants and keep them from speaking as freely. I recorded

interviews and transcribed them as a means of staying as close as possible to the data and so that I did not have to rely on memory or notes.

In accordance with feminist qualitative research practices (Hesse-Biber, 2007) copies of the transcripts were provided to each of the interviewees. They then had the opportunity to read through the transcripts and make any revisions that they believed would be of relevance to the discussion. Also, participants will be given a chance to review any further articles that may be sent out for publication following the dissertation.

Application

In this study, I interviewed eleven licensed family therapists who also conduct research and/or write about areas pertinent to the research questions. This research was conducted after an IRB approval process from the Kansas State University committee for the Protection of Human Subjects.

Following Glaser's guidelines, the sampling was purposeful and participants were chosen for their clinical and or academic experience in this topic I contacted participants via email and telephone and set up a time for a personal telephone interview. A pilot interview was also conducted and recorded. After the team met and made field notes on this interview, subsequent interviews were requested and conducted. The interviews were transcribed and sent back to the participants for any clarification or revision. Comparative analysis was used to refine the questions after each interview and before the next interview. Glaser (1978) suggested adjusted conversational interviewing as the most effective grounded theory approach to interviewing and this research followed this recommendation. Three primary questions comprised the core questions: How do you describe the role of therapists as agents of social

control? How do you navigate this working from a social justice perspective? What are the ethical implications of this for a family therapist?

The team used the constant comparative method to analyze the data following Brown's (2006) guidelines presented earlier. Once the researchers were familiar with the literature and research questions and the participants secured, they began coding the data based upon these questions. They developed memos to capture the emergent concepts and relationships. The team focused analysis on identifying main concerns and core variables. As we conducted and analyzed further interviews, categories were re-conceptualized and re-identified. Coding continued until core concepts had emerged and data was saturated.

Participants

After the pilot interview, I contacted eighteen licensed family therapists from across the United States asking them to participate in this research project. (See appendix for email request). These individuals were selected through purposeful sampling. All have published work on therapists acting within a social justice framework. All work in higher education, in AAMFT accredited institutions. These participants are considered leaders in the field of family therapy and social justice. In addition to publishing in top tier journals, members of the sample have received recognition and awards from the American Association of Marriage and Family Therapy, National Council on Family Relations, and the American Family Therapy Academy. Eleven family therapists, nine females and two males, agreed to participate. They are from diverse ethnicities, religious affiliations, and represent different geographical locations of the United States. Their ages range from early thirties to mid-seventies with the average age in the high fifties. They have practiced family therapy from seven to over fifty years. Two were born

outside the United States and immigrated here as adults. Three self-identify as belonging to an ethnic minority population. The participants received an informed consent and a list of the general questions two weeks before the interview. All participants returned the signed informed consent via email or postal service. The interviews were conducted within a four-week time period and all were done via telephone. They were audio-recorded with a hand-held digital recorder. The interview length ranged from 45 minutes to 70 minutes. I completed the transcriptions and the transcripts were returned to the interviewees within ten days of the original interview. Six interviewees made edits or additions to their transcripts. Participants were sent a formal Thank You note at the completion of the interviews. They received no remuneration for their participation.

Chapter 4 - Results and Interpretations

When presenting a grounded theory study, Glaser (1978) recommends that the researcher write about "concepts, not individuals," (p. 134). These results are the conceptualization of the themes, categories, and properties that create this grounded theory of how experienced family therapists navigate the process of working as agents of social control from a social justice framework.

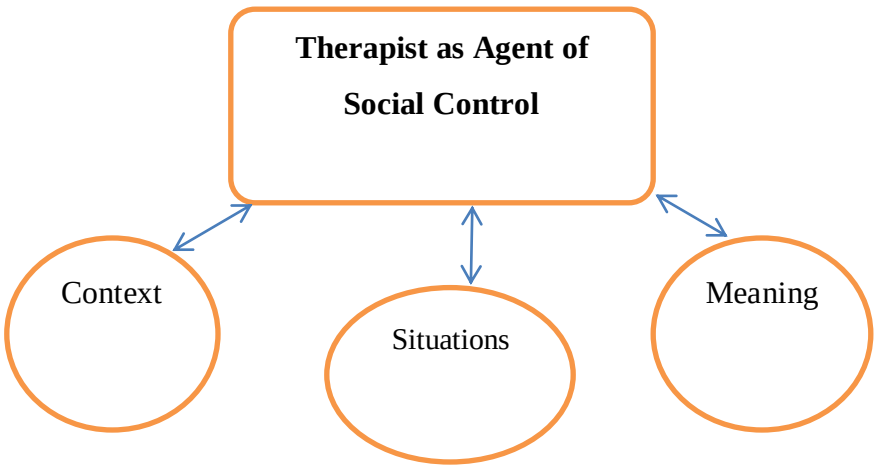
This chapter will blend the results and what may typically be referred to as a discussion section of a dissertation. In using a grounded theory approach, the results may be more completely understood if presented in the context of former literature (Prouty, 1996).

As core concepts emerged from the data, relationships between these concepts also emerged. The culmination of this grounded theory analysis results in a road map which illuminates the three research questions presented in the introduction of this dissertation.

Therapists As Agents of Social Control

Question #1 of this research was to understand experienced therapists lived experience of therapists as agents of social control. Three main themes emerged and led to an understanding of that experience: 1) the context of therapists as agents of social control; 2) specific situations that therapists need to consider this role; and 3) the meaning of this role to the therapists. This is illustrated in the graph below:

Figure 4.1



Graphic Model of Therapists as Agents of Social Control

Context

As this research will show, the context of therapy itself lends power to the therapist, which if yielded without awareness can result in the therapist moving unconsciously as an agent

of social control. The therapist is expected to have specific, helpful knowledge for the client system. That perceived context of knowledge, in and of itself, can be a form of power. White and Epston (1990) explored these dynamics of power and knowledge and, state, "it is the meaning that members attribute to events that determines their behavior" (p.3). These authors cite Foucault's (1979) idea that power is neither negative nor positive, but that the knowledge becomes socially constructed into "truths" and these truths then become norms which the client is expected to meet.

One of the first themes to emerge from the data centered on the context of the therapeutic process itself and that it inherently could lead to therapists functioning as agents of social control. The participants, all of them self-identified as coming from a social justice framework, recognized, that while thinking of themselves in this role might not be how they wish to be identified, it was an important consideration in their work. Even a participant who was reluctant to consider herself as an agent of social control commented, "I certainly would never refer to myself as an agent of social control, but I think it is naïve to not look at the fact that therapy is about social control."

The participants agreed that therapists need to understand the components of power and control within the context of therapy and how those might facilitate social control. As one participant stated,

> "It was really in my reading of Narrative Means to Therapeutic Ends, White and Epston's book (White & Epston, 1990). Because it was obvious that we are not without power, we have incredible power, we need to be aware if we're in support of the dominant narrative that asserts that some are worthy and some are unworthy."

This need for recognition of power and control was echoed by another participant:

"For those of us who have gone to therapy, you are in a very vulnerable position so we have a huge amount of power and control over our clients and if we are not aware of that first, if we aren't aware of our own power and control needs, and how we act on those, we can do a lot of harm."

The context of therapy may allow one individual (the therapist) to make decisions that can have far-reaching effects on clients' lives. From deciding who is seen in therapy, to what issues therapy will address, to what label is given to symptoms or behaviors, therapists yield power. This participant discussed making diagnoses, within the context of the therapeutic process:

"I think the whole treatment system (can be social control), for example, when I used to be on a managed care or mandated cases and there was paper work to fill out. I think the scary part, and to me it is, the more scary part is all the ways that this is invisible to us, all the ways that the diagnostic criteria might be representing the values of the dominant culture that is based in well, if you want to carry it out, is based in capitalistic views which isn't, which aren't necessarily bad, but they are invisible to us, so then, people themselves will they either get labeled in order to get services or because someone out there has been trained to think in a certain way or things we have to do in order for us to be credible in all of that."

Once a diagnosis is made, even the methods used to treat a family may also lend themselves to social control:

"If we aren't aware of those things then we can be one more system that thinks one kind of person needs more treatment than another kind of person. One kind of person is more capable of making progress than another one. Or one kind of person needs anger

management and one person doesn't. We have plenty of research that shows us that we tend to diagnose based on social location of the person and I think having our awareness on making efforts to not continue that but to advocate within that gives us a great opportunity."

In exploring this issue, therapists need to be aware of the over-all paradigm of family therapy and how this could possibly be influenced by or contribute to the dominant discourse of the culture. As one participant shared:

> And the fact is the System, if I can use that word with a capital S, is very well set up to serve the interests of some people and is not set up to serve the interests of others and that's what Foucault was saying that there is a dominant cultural goal of suppressing difference. And protecting those who have assets.

Again, the participants found the concept of social control distasteful, but definitely a consideration. As one said, "But the dominant messages are so powerful and in our service delivery systems, we really enforce those messages sometimes and that's really hard." Another added, "And so if it's social control, for me then, it is about forcing people to change behavior that they don't want to change."

Situations

If the context of therapy can lend itself to therapists working as agents of social control, what particular situations might also challenge therapists working from a social justice framework? Participants cited several routine therapeutic services that may create situations where a therapist works as an agent of social control. The first to emerge was situations when a client, couple, or family has been court ordered to therapy. One participant said,

"To me if you meet those mandated requirements, then you, as a therapist are mandated,

too. I mean the client is being mandated, but so are you too. You are being told, here, here is what you need to address. This client needs to get X positive outcome, even if this process of mandated to therapy is further disempowering them."

Another added,

"I think that the families do see us as agents of social control, but we don't actually have to report back other than the actual number of sessions that have been completed and when they have completed the five sessions, then we send a report, because the juvie system does pay for the sessions, so because of that, and because the families have been so interfered with and the interferer is paying for the sessions, I do think absolutely think that the families do see us as an agent of social control."

This can be a difficult tightrope for therapists. The legal system has required therapy for a client because they have a certain expectations about the outcome. One participant shared,

"I think for some therapists they are in this sandwich with what they are doing with their client and what they are mandated and constrained about what to do and what not to do, whether it is child protective services, your particular clinic, or whatever."

The participants identified two other situations of social control for therapists, parenting/foster care and expert witnessing. One participant stated,

"One of the things, a big issue for us in doing this work in foster care, We've been training people who are part of child protective services, how to go into these group homes and do work with the teen moms and they are so used to wearing the hat of social control."

This recognition of parenting interventions as a possible form of social control was echoed by this participant:

"One student talks about working with low income mothers on welfare, mothers who are coming to therapy as part of their job. It's hard, they had to come to therapy in order to keep their job."

Being called as an expert witness also may place a therapist in the role of social control. This participant commented,

"I guess one of the places that we need to pay particular attention is the potential for our being used as witnesses or as experts. The system quite often wants us to be very clear. I think, not only for social justice reasons, but for others, mental health people need to really be aware that we may be seen as having expertise that allows us to say who's okay and who's not."

Meaning Of Social Control to Participants

Participants interviewed for this research identified with a social justice framework and often specifically commented on a post-modern, social-constructionist approach to their understanding and experience of the concept of therapist as agent of social control. One theme to emerge was the negativity that the therapists felt when they considered this role. One participant stated,

"And I think when I think of therapists as agents of social control, I think of myself that way, I don't feel empowering, and I tend to feel like that is not a super systemic view, although I understand that there are things, to me it's more, is what's happening to this family degrading, is it damaging someone in that family and how do we help this family figure out what works for them."

Another shared:

"I think that is a harder concept for me to talk about, maybe, this idea of social control, where I see part of my role as a therapist and as a trainer to enlighten people about issues of oppression and power and privilege. I'm not sure that I connect as well with the idea with the idea of social control."

Working as an agent of social control also had a negative meaning for this therapist:

"But something I think about is, and maybe this is why I struggle with the framework or the lens of social control, is that to some extent it assumes that people want to do, want to keep doing these destructive things that have led them to be court ordered. Instead of recognizing that this may be the only way they know how to cope, or instead of recognizing that this may be the only thing that has been modeled or that they've seen that this is the way relationships or parenting or whatever it is works."

Participants recognized that understanding what being an agent of social control means to them will take thought and reflection. This participant said,

"I think that part of what we have to look at as therapists is what are our thoughts about ourselves as social control agents and to what extent do we want to be and where are the limits for us personally, and as social control agents, to what end? "

The theme of introspection about social control was echoed by this participant:

"I resist the term agent of social control, but I think it is naïve not to know that we are located in a social system in that some of the work we do makes some of the people comfortable with inequity, so we always need to challenge ourselves and ask, are we doing that?"

While the participants had a strong aversion to being agents of social control, one part of the role did not carry such a negative implication: mandated reporting. As mandated reporters, therapists do have an obligation to report issues of safety. One participant succinctly stated:

> "There are times that I'm very comfortable being a social control agent and that is when it comes to issues of safety. When it comes to issues of safety, I'm going to act as a social control agent. And I really don't have any qualms with that, but, then, it is also simplistic to say that, but people have different definitions about what safety is too. There may be things that the state tells me I should report and that, to me, don't seem to me like safety issues. So there may be times, there's always going to be times when there is a tension between the two. And I think the challenge as therapists is to just be aware of them, understanding your own values."

Therapists, do, at times act in the role of agent of social control. The context of therapy itself and certain situations, such as mandated or court-ordered therapy, may thrust therapists into this role. Family therapists need to explore what meaning this has for them through introspection and reflection. This understanding will then allow them to navigate this role from a social justice perspective.

Navigating The Role of Agent of Social Control From A Social Justice Perspective

Social justice frameworks have a clear presence in the field of family therapy. This perspective acknowledges that power, privilege, and oppression are present in family, community, and institutional systems (Ratts, 2009). A therapist working from a social justice theory or framework will address the inequities in the social, political, and economic conditions of the client system. Furthermore, they will recognize that these disparities negatively impact the

academic, career, and personal/social development of individuals, families, and communities (Fouad, Gerstein, & Toporek, 2006).

The eleven professionals I interviewed all have self-identified as working from a social justice perspective through their published work. Question #2 of this research asked how do you navigate the role of agent of social control while working from a social justice perspective? They all concurred that bringing a social justice paradigm to this role was of utmost importance. One participant said, "I think that our treatment models need to not buy in, not buy in clinically to those models of social control at least not make it more difficult for the clients."

Another shared:

> "I guess the biggest piece of social justice to me would be helping people to get a broader perspective on the lives or their perceptions to see themselves within the broader social context, the social constructions of power, and the social definitions of who's entitled and who's not and the types of power that they have access to and identifying barriers."

The understanding of power and the dominant discourse that the client system may be facing is one facet of working from a social justice approach."

> "I see kind of creating the contract between the client and the therapist as being new each time and an essential part of therapy is noticing those dominant discourses, but not giving them any more power than the client has given them"

A common theme that emerged when discussing how participants operated within in a social justice framework involved thinking systemically.

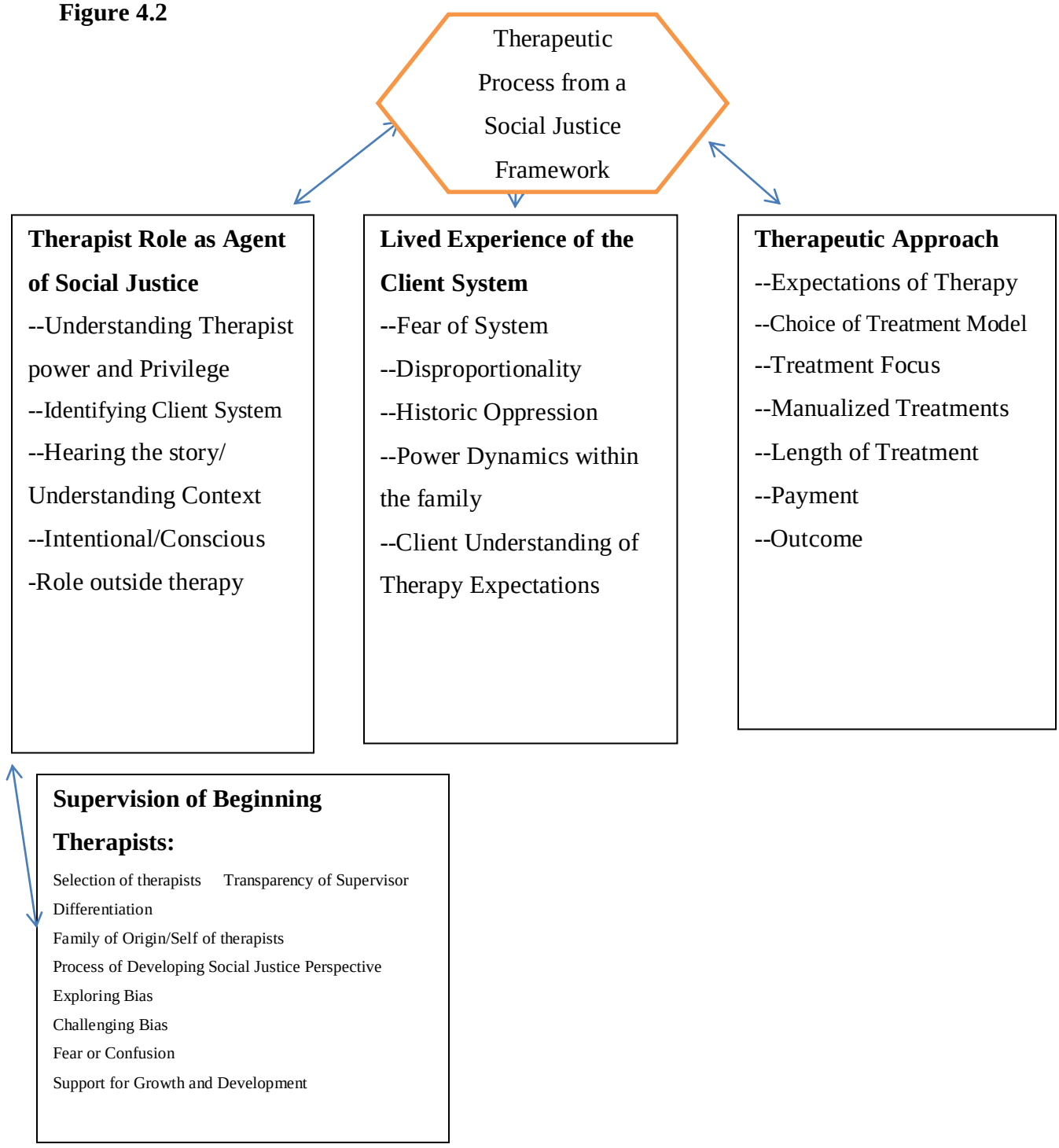
> "So we really need to be systemic thinkers, thinking not only about the family unit, but the community unit and the institutional unit, the national unit and how everything is permeated in those family interactions."

Addressing this role as agent of social control from a social justice perspective can take place regardless of the setting of the therapy:

> "If your circumstances only allow you to do family therapy in private practice, in which ways do you see each case, not only in their relational dynamics, but how gender is expressed, ethnicity, income, you know all expressions of diversity, right? Because many times when we talk about diversity, many people only think about ethnicity and there are so many expressions of diversity. So, let's say you are in private practice. How does that inform what you engage in private practice?"

Three core themes emerged when participants discussed how they conceptualized the therapeutic process from a social justice framework: 1) the therapist; 2) the lived experience of the client; and 3) the development of the therapeutic approach. In addition, the participants shared guidelines for supervising beginning therapists who may be working as agents of social control. I did not originally address supervision of beginning therapists in my exploration of this topic. However, after it emerged as a theme in the earliest interviews, I did modify the questions to accommodate that topic. The graphic representation of the therapeutic process from a social justice perspective is as follows:

Figure 4.2


Therapeutic Process from a Social Justice Framework
Therapist Role as Agent of Social Justice
--Understanding Therapist power and Privilege
--Identifying Client System
--Hearing the story/ Understanding Context
--Intentional/Conscious
-Role outside therapy
Lived Experience of the Client System
--Fear of System
--Disproportionality
--Historic Oppression
--Power Dynamics within the family
--Client Understanding of Therapy Expectations
Therapeutic Approach
--Expectations of Therapy
--Choice of Treatment Model
--Treatment Focus
--Manualized Treatments
--Length of Treatment
--Payment
--Outcome
Supervision of Beginning Therapists:
Selection of therapists
Transparency of Supervisor
Differentiation
Family of Origin/Self of therapists
Process of Developing Social Justice Perspective
Exploring Bias
Challenging Bias
Fear or Confusion
Support for Growth and Development

Role of the Therapist as Social Justice Advocate

The therapist is an important component, but not the only component, in navigating issues of social control from a social justice perspective. The therapist who works from a modernist approach, defining him or herself as separate from the client system and believing that he or she is an expert with special knowledge (Wiengarten, 1998) will have more difficulty navigating issues of social control from a social justice perspective. Therapists in this study tended to agree with this concept. In addition, several themes emerged as part of understanding the therapist as an agent of social control, role of the therapist, understanding who is the client, joining with the client, seeing the whole person, not just the problem behaviors, curiosity, understanding the therapists' power and privilege, hearing the clients' story, being intentional and conscious, understanding context, and the role of the therapist outside the therapy room.

The first theme that emerged for the therapist to have an understanding of what their exact role is in the therapeutic process. This participant stated,

> "(Our role) is helping people figure out who they want to be and helping people figure out if what they are doing is getting them there, so to me it's not about saying, this is an appropriate way of functioning in society, but this is about past patterns of behavior don't fit those goals. I'm not telling them what they have to do."

Another participant discussed the importance of therapists being introspective and prepared to understand how they navigate issues of social control from a social justice perspective. This therapist stated,

> "The professional level of judgment means always being ready for the complications, being able to have two competing thoughts of the same idea, at the same time, and of

course, to struggle with you could do it this way or you could do it that way and it is not absolutely certain which is true."

In addition to introspection and professional judgment, the participants also suggested that the therapist may be called upon to communicate that role to the client,

"We need to understand our role is how you respect families' values that may run counter to our own social values in this country, doing things that may get their children taken away from them. And so, I think that tension between social control and social justice is a dialogue that I have with my clients.

Understanding the Therapists' Own Power and Privilege

Watts-Jones (2012) recognizes that engaging in a conversation about identities of power and privilege can be a challenge. Yet, the conversation is necessary and must occur with the intent to make sure that the conversation or the outcome of that discussion does not devalue or shame the client or therapist in any way.. Power and privilege in the therapy room was also addressed in the core theme of therapists as agents of social control, and it emerged in the navigation of the therapy process as well. Participants seemed to believe that family therapists need to have an understanding of their own power and privilege.

"Looking at issues of privilege, looking at issues of social construction and the larger context that constrains or empowers certain people's lives. Having the therapists real position, locate themselves within that, knowing what their privilege is, what their values are and where they come from."

Participants suggested that family therapists who are aware of their own power and privilege can then make decisions about how that may affect the therapeutic process.

"We have to use our powers in ways that are giving people more equity, or empowering them in some kind of way. In even a small way. It's not that part of me that wants to change the whole world, sometimes it may even be, why is this person in therapy and not someone else in the family?"

In some cases, participants thought it was important that family therapists recognize times when they do not have much power, but they still needs to understand and process the issue of power.

> "Because sometimes a 21 year old therapist has a little bit of power in the room, but not as much as they think they do. Sometimes the family will discard things because the therapist doesn't have enough life experience to be taken seriously. That changes over time and sometimes the therapists has an immense amount of power, more than they think they do and it is very influential because they are seen as the experts by the family."

Understanding the Client?

Early in this research process, a primary consideration emerged as the participants discussed therapists as agents of social control. In order to navigate this process from a social justice perspective, participants suggested that therapists need to identify who is the actual client and then understand and listen for the stories that have meaning for the clients. They also highlighted that a social justice perspective recognizes the larger context of the issue that brought the client to therapy. As stated earlier, many of the situations occur when clients are mandated to

therapy. Most often, there is an expectation that the therapist will make a report to the institution or person who mandated the treatment. Or, in the case of a child or adolescent, the parents may require therapy for their son or daughter. In these and similar cases, the therapist needs to determine and recognize who is the client in this therapeutic process. The participants were clear in each case that the client or clients were the ones in that therapy room. This participant stated,

> "In a court-ordered situation, the client sitting in front of us is our client therefore, he gets to have a say in what is discussed and what is not discussed. If he doesn't want to talk about anger management, he can be court ordered and I will be honest with him, that I have to go back to the courts and report that, but he gets to make that choice."

Joining with the Client System

Participants also emphasized the importance of joining with the client as a necessary part of the therapeutic process. They suggested that this becomes especially important when the client may identify the therapist as part of a larger system that they distrust. These clients may view contact with the therapists as an unwanted intrusion and fail to see the benefits of therapy (DeJong & Berg, 2001). DeJong and Berg (2001) also indicated that work with mandated clients is often hampered from the very onset by a lack of engagement. One participant reinforced this saying,

> "So, I don't really want to join with the larger referring agency that the client experiences as demeaning and disempowering, and as punitive or potentially punitive but as understanding, or trying to bring forth the good things that they are trying to do in that situation."

Participants indicated that clients need to see the therapist as working with them and not in a judgmental or condemning role for therapy to be effective. A participant shared,

"Our role is to join with parental structures that are there and to support them in being the nurturer, as well as the disciplinarians, I think sometimes we don't create a context where we can see them be nurturers, because we don't, we are joining in a punitive stance and I think people become softer when they are also mentored and supported and understood."

Another participant shared,

"I think part of it is that we do treatment by connecting with our clients and then connecting (them) to what they actually want. How they actually want the relationships in their life to be and how they want the people in their relationships to actually feel."

Participants indicated that to join with a client, we need to move past our own views of what is best for this client and work to understand clients' experiences. As this therapist stated,

"We have to focus on connection and also getting to know people. We can be so judgmental in a vacuum and once you get to know people and get to connect with people and the first part of the parenting model I've developed is developing the emotional relationship, a parallel process. How do you develop an emotional relationship that starts with spending time together and having that shared focus, attuning, contingently responding, having a sense of what the other person's experience is, what we call reflective function? Those things that the parents do with the child, the worker, whether it is a staff person or a group leader or a therapist, needs to do in order to create that connection with the parent,.

Seeing the Whole Person and Not Just the Problem

Therapists may find the therapy focuses on narrow issues only and moving from a social justice perspective takes a broader lens. Weingarten (1998) cautions that there are no "true"

stories and we should not be interested in problems or a fixed truth, instead focusing on conversations that generate possibilities for moving forward. The participants in this research identified that especially in situations where the therapist may be working as an agent of social control, making a conscious decision to see the person as an entity larger than the presenting issue was important. One stated,

> "But I had to find and I had to believe that somewhere in there was this man, even if I was hearing this ridiculous sexist or racist things. Or homophobic things. Things that are near to my heart that I don't want to be hearing, I still had to believe that there was a good guy in there, that this was society and patriarchy speaking and not this guy. Though I think that, particularly those first few years, that was a challenge, but it was a value that was really important to me."

The participants recognized that seeing the entire individual can often be a difficult task. This participant commented,

> "I think it is sometimes harder for (therapists) to take a bigger perspective and understand and be respectful of how a person came to be in this situation and what all the contextual factors are in their life. I think they often feel obligated to have them do a certain thing about a certain issue."

Hearing the Clients' Story

In order to understand the whole person, and not just the issue, the participants recommend listening to the client's story, thereby understanding the context of the issues that brought them into therapy

> "I think it is important to understand people's stories and not minimize people's stories, I think people who have the privilege of being in whatever, whether its race, gender,

class, religion, people don't shrink their stories, you naturally are just more open to the facets of them and their lives. But when you are learning the stories of someone that's more marginalized, our, we have categories, we have schemas that want to minimize that story and that story becomes connected to something we have seen or heard, so you, know, the felon, the Mexican, the gay, so I think our first job as a therapist is to expand stories. That felon is way more than a felon, that immigrant, and so our brains have a way of wanting to categorize people and that is really easy to do with marginalized persons because we have had so much training around that."

This understanding of the clients' story can then help direct the therapy. As this participant stated,

"So they'll have to navigate those stories, but I don't want the therapist to feel, I don't want the therapist to be part of those limiting stories. They have to figure out how to navigate them, but also to make sure they are not working from them."

This is beneficial to the client as well as the therapist:

"Why do you think they say that? What does that mean to them, to you? I try to get, and use more of a narrative, but try and get their story about what that means. And help them make choices that kind of encompass a larger understanding of the environment in which they are operating."

The participants recognized that our culture does not always recognize or take the time to understand the stories of all people. Therapists need to be aware of that as they navigate the therapy process. This participant shared,

"You know we are taught that people are very interesting who are rich, who have a lot of power, who are beautiful, we think those are very interesting stories. : We have magazine

after magazine to tell us about those stories, but we have very few telling us the story of the everyday person or the person cleaning our office and so I think as a therapist you want to become deeply, deeply affected and interested in the whole story of people who come in and not just the diagnosis or the DUI or the felon."

Curiosity

Participants also emphasized the importance of therapists developing an attitude of curiosity about their clients.

"I think probably the most important quality is curiosity . So the first is curiosity and then next is discussion, tell me about that, what makes you, why is that so important to you as a parent? Those are the questions we ask in one of the groups explicitly but we could ask it spontaneously at other times. What is your goal? What are you trying to teach your child right now? Or what do you want him to learn in general?

Understanding Context

Another theme that emerged from the data was the importance of understanding the context of the behavior, of dialogue, of the client system in front of the therapist. I was able to make a clear connection that by understanding power in the room, joining with the client, listening to clients' stories and having an attitude of curiosity, the result will be a greater understanding of the context of the client system. This was stated by this participant.

"So, I worked on broadening my perspective from seeing this guy dressed in clothes that I see as not being very responsible, and certainly as being aesthetically displeasing, and having some empathy for him, for understanding his experience."

The larger societal messages are also a part of the context.

"When we talk about working from a social justice perspective, talking about male

culture and patriarchy. I can't do work around violence without that conversation."

Intentional/Conscious

This process of navigating therapy from a social justice framework does not just happen automatically. As the participants stressed, it is an intentional/conscious process. This participant said,

> "The challenge is how, how do we understand that role, that social justice approach to our therapy, to our work. I've never understood, you know, I never had supervision for myself that fostered that, you know I've had one faculty member that we had, where we've been working together for 14 years where we've had, and we have shared these interests, primarily, yes, primarily it's been my students so I've been with them, and I've had colleagues at AFTA and things like that, so I've been, I've been a part of AAMFT, but I don't think this developed or came through AAMFT, so I've been sorting this out on my own and through what I read, and, so I've had to stay, you have to stay very conscious and intentional to do that."

Role of the Therapist Outside the Therapy Room

Unlike other therapy modalities or theories, a social justice approach extends outside the therapy room and has an emphasis on community engagement (Vera & Specht, 2003). Research participants were adamant that social justice is not just a treatment plan.

> "I also challenge my students about this, that if you care about the client's lives and lots of what happens in their lives is not under their control, then you are obligated to be involved in changing things that would impact your client's lives. You've got to work, you can't call yourself a therapist who is concerned about social justice if you are not out

there working for social justice. And I will say to my students, how many marches have you been to? How much money do you give? How many letters have you written recently? Because if you really care, that is part of being a good therapist."

This participant added,

"I think within our profession, the private practice, the academia, we need to step out of our comfort zone and engage in our underserved communities and engage in whatever way we can. Every six months, doing a pro bono seminar, wonderful. If it is a permanent program of research in an underserved area, wonderful. What are we doing to address that?"

For this participant, having a social justice perspective is an identity, a part of her whole self.

"To me, it seems ingrained in everything we would be doing. I like Satir's idea of congruence, who we are as people, who we are as therapists. If we are healers, to me, I can't be a healer in only one part of my life, I have to carry those values and live that everywhere."

Lived Experience of the Client System

Therapists who approach their work from a postmodern perspective do not focus only on the problem they realize that families are immersed in the discourse of the larger culture (Walsh, 2003). The participants in this study stressed that therapists should not impose their own view of normal on the family. They agreed with Walsh (2003) that therapy should focus on the ways clients described and understood their own situation. From the data, this idea was categorized as the "lived experience of the client system" and it comprised the second theme of the therapeutic approach when working from a social justice framework. This participant stated,

"Oftentimes that what we get in terms of therapy, are people who are coming in distressed but what they are stressed about are issues of social injustice that may have nothing to actually do with what therapy can address. They may come in, their issues may have to do with poverty, which is an issue of social injustice, and it's not necessarily something where the remediation can be therapeutic"

That sentiment was echoed by this participant,

"I think in terms of social justice, you know we have had so many differentials in power and control and access to resources that our clients come in the door with, from their experiences in earlier systems, the larger environment, and it has a huge impact on their experience and then on their behavior."

Thinking systemically is not just limited to the client in the therapy room. This participant said,

"For me, when I've been in the process of working with people in their lives as a therapist, for me, systems thinking has not been just the family system, but the larger system, and particularly systems of injustice. Institutionalized racism, sexism, homophobia, all those kinds of institutionalized larger systems just place such a profound role in where many people find themselves in their lives."

To take this lived experience into account in the therapy process, participants suggested that family therapists recognize and address fear of the system, power dynamics within the family, marginalization, voicelessness, stigma and labels, and historical oppression.

Fear of the System

Often when clients present for therapy, especially in mandated therapy, they have had contact with many other institutionalized systems. They may be involved with the legal system, child welfare systems, educational systems, and public assistance systems. Clients may build a distrust of those systems that is extended to the therapist. Participants in the study recognized that this may occur. One shared this example of an experience she observed in the community,

> "It was too cold, and a woman, a young woman ahead of him, who looked, she looked to be part of the group, but she was really disengaged, and then a young boy who maybe five, kind of sobbing, and the man took the boy towards the wall, the outside wall of the library building, and not with a hugely loud voice, but certainly an authoritative voice, said to him, why do always whine when you come to this place? You know this if you keep doing this, I'm going to go to jail. So clearly, he had been involved the court system, and he was afraid of being charged with abuse."
>
> Another participant added,
>
> "These mothers are afraid. They are afraid that you have the power to take their kids from them. Of course they are afraid."

Disproportionality

The participants were clear that to understand the lived experience of the client is often to understand the disparity and disproportionality that they live with in their daily lives. Disproportionality includes times that the client system has been marginalized, oppressed, stigmatized or labeled. It also may include historic oppression. This participant stated,

> "I think that it is critical for therapists, first of all to understand, disproportionality and disparity, and so what that would mean is really understanding that there is a disproportionate number of brown and black people, for instance, in jail, or brown and

black people who are pulled over, particularly men when they are driving, there is a disproportionate amount of violence against those who are transgender, disproportionate amount of poverty with Latinos, so therapists must understand the world we live in and the way institutions, whether that is legal institutions, or social service institutions or a school, that we know there is institutions, and I don't mean that there aren't well-meaning, educated, hard-working thoughtful people at these institutions, all of us are people who tend to be drawn to these institutions care about people, but all of us, including myself, we have implicit bias, we can't always see the injustices that are happening at micro levels, these micro aggressions or macro aggressions, and in a way we often participate in this bias and then these the micro things that are noticed or unnoticed, people get longer sentences or being called upon as much at school, whatever that might be leads to huge disproportionality and disparity, so as a therapist, I think, when someone comes to you in a court-ordered fashion, you have that as something you are thinking about. Who is this person who's coming to you? Where do they fall in social location, race, gender, ethnicity, religion, age, ability, sexual orientation, so that you are asking yourself is this person, could this person be someone who falls in that disproportionality, that institutionalized "ism"?"

Marginalization

Therapists who navigate from a social justice framework recognize that the clients may have endured marginalization and oppression throughout their lives. This participant shared,

"I think also with people of color, especially African-Americans I think many people of color of had the micro aggressions time and time again and when you have these, and often they are not micro aggressions, big aggressions and little aggressions and you get

looked at in the store when you come in and you can't get a cab on the street, one thing after another, and it builds up, it builds up and builds up and there's rage. Especially young people can get themselves into trouble because they haven't figured out how to channel that rage and so in a sense, seeing it as healthy, as understandable, as kind of natural course of how things have gone and be ready for it."

This marginalization can take many forms and occur in many settings. One participant stated,

"So often, the school has been the one who has turned the kid in and so the school is seen as the demon here, because that's most often been the case. I mean, kids have been sent to juvie justice for throwing pencils here if they are from the poor side of town, so sometimes the school is pretty demonized too."

To address this part of the client lived experience, we need to be aware of it from the beginning of therapy as this therapist shared,

"No matter who we are as a therapists, there's three or four things on this small intake form alone that tells me I'm dealing with someone who walks in the world in a more marginalized way in several ways: language, ethnicity, I need to take the time to recognize that that is different for this person. He has probably experienced some disparity and disproportionality many ways in his life. Potentially, even in this situation he is coming to see me for."

Voicelessness

The participants in the study also identified a sense of voicelessness as being a part of the clients' lived experience. A participant said,

"I think one huge issue, especially for people of color is the sense of voicelessness that

they, this mom, I think part of what she was saying, you know, if my kid sounds off, if he says the wrong thing, and you know African-American kids have gotten killed for saying the wrong thing or African-American adults have gotten killed for opening their mouth when they shouldn't have. And so often it takes the voice away."

Stigma and Labels

Clients who come into therapy have often been labeled and stigmatized by others. The participants in this study recognize that and hopefully, work through that in the therapy process. One participant stated,

"My internship was in a school for kids at a significant risk for drop out, so these were disadvantaged populations, by and large, just families who'd been through phenomenal things, just phenomenal, and I would think, how did you get to school today, I can't contemplate how you got to school today. But the label that was put on them at this time was not one of resilience, it was one of failure."

Another shared,

"In the prevention work we do, we are working with teen mothers in foster care and training five agencies who run group homes for teen mom, we do it with the young moms and their babies, and they are very much in danger of having their kids removed and they feel both the stigma of this all the time. So yes, that would be one facet of my work where social control is big."

In addressing this, the goal is to help the clients see themselves in a different way than their labels as this therapist said,

"I do come at this from a post-modern, narrative perspective and so hopefully the families and the kids have alternative labels or identities for themselves other than the

limitations put on them by the systems."

Historical Disparity/Oppression

Therapists need to have an understanding of the historical marginalization that may encompass their clients lived experiences (Ratts, 2009). This is especially true for LGBT clients, clients of color, and those in poverty. The participants in this study noted that they see the importance of having an understanding of the historical disparity and oppression in the broader context of their clients' lives. This understanding then informs the therapy itself.

"I think it is absolutely ongoing, because historically, where we've come, if you look at slavery, or civil rights or the Native American movement, Lebanese, whatever. We have such deep, deep historic roots of injustice, and research shows us that those injustices are perpetuated now in most major institutions. We know that being well-intentioned is not going to be enough. Education, knowledge becomes imperative. Intentions, absolutely. But there is an action piece that I'm always asking myself, what might my mind want to wander off on? And be sure I keep that I'm always managing my individual prejudices and I'm always managing how I'm benefitting from privilege. How am I benefitting that I'm sitting here and you are sitting there. Asking ourselves the same meaningful questions every time we get a case and making sure that we are not privileging some clients and not privileging others."

This participant stated,

"When I got my training in XXXX, there was a town in which Latinos and African-Americans were completely segregated in very specific areas of the city in which a couple of decades before I got there, school busses would drop minority children outside of the city limits and children had to walk home. They were segregated in the movie

theaters and stuff like that, so if you're not aware of that as a therapist, it's like transgenerational therapy, right? Many times you dealing in the present with a problem that was generated before this generation. It's the same with social oppression, we as minority families, we carry that through the generations and with every generation you hope you address it in a different way. So if we're not aware of that, then we're completely missing the picture on many of the family dynamics that are taking place.

This historical oppression may even affect who presents for therapy.

"So for instance, in our family therapy clinics, our representation of clients with low-income, no-insurance, continues to be low and you know, I can tell you that 95% of the parents we work with in groups in the community would never attend our clinic. They see it as the clinic related to the white university and this and that and it's not about that they don't want to be engaged, it is that we are failing to engage them by not going out to them.

Power Dynamics Within the Family

The participants also identified that recognizing the power dynamics within the family is an important part of understanding the clients' lived experience.

"We need to understand who has the power in the family and how that might change in different situations and change over the development of the family life cycle and how they might present it in one situation but actually act it out in a different situation and that applies to whether it is a PTA meeting or a soccer game or at church, or families that have alcoholism or violence, or families that move around a lot."

Client Understanding of Therapy

Another part of the clients' lived experience centers on their understanding of therapy. What are their expectations of the therapist and what are their intentions for the therapy process? As this participant stated,

> "If we are talking court-ordered then they have to have a clear understanding of what the outside entities expect of them and they need to communicate that to their clients and then the clients can choose whether they want to meet those expectations or not."

The responsibility for client understanding lies with the therapist. This participant said,

> "I'm very clear to help the therapists say, 'listen, this time is yours and you are running what you want to work on, we only have to report that you showed up.' And try to kind of move more from the family focus, the human focus, the social justice focus, more concrete than that, and try to keep it out of the social control, but I understand that perspective and it just depends on the family, with how interfered with they might feel and how disrespected they might feel."

Therapeutic Approach

The therapeutic approach is the third component of navigating the therapy process from a social justice perspective. In the case where therapists may be working as agents of social control, the approach consists of the following factors: expectations of therapy, understanding the power in the room, the therapeutic approach or plan, treatment focus, deciding on the appropriateness of manualized therapy, length of treatment, payment, and outcomes.

Expectations of Therapy

Expectations for the therapy are one consideration of the therapeutic approach mentioned by participants when discussing how to navigate the balance between social control and social justice. This requires open communication and transparency on the part of the therapist. One participant stated,

> "I think it is really important for me to be clear about what those expectations are with my clients and also to make sure that those who are setting those expectations understand that just because they are setting those doesn't mean that they are going to be met."

This participant shared,

> "I think in terms of when we see adults, clients court-ordered, that those adults understand what has to be communicated, what they're willing to be communicated, at least what they are willing to sign, what the expectations are that are ordering them to therapy, but really communicating that this is still their time and they get to decide how we use it."

Understanding Power Dynamics in the Room

A social justice perspective centers on an understanding of power and its use. This extends into the therapy process. Participants in this study expressed their understanding of power dynamics

> So there's a hierarchy in that therapy room whether I like it or not as a social justice therapist. I'm not fond of it, but it is a part of our world and to not own it is ridiculous. I always have more power, whether I want it or not, that is the case."

Another participant explored the power dynamic on the client system,

"Because it's like, when you don't experience privilege as a woman, as a minority, as a gay or lesbian, you don't have the choice of not experiencing that discrimination, of modulating that experience of discrimination. So I may be subtle, but very direct. When talking about it, I do it like how is this discrimination experienced? It is part of being accountable to that experience of privilege."

Treatment Approach

The therapeutic approach is one more component of the navigational process. Vera and Speight (2003) encourage therapist education that addresses social justice pedagogy. The authors caution that if this is not included, therapists may not be aware of how their theoretical model of choice may further perpetuate oppression. As this participant stated,

"How do you define what is best for your client? I think it is an integration of things, one is evidenced based, the other is healing, and the other one is accountability for one's own privilege, And I think for us, it has been that integration of evidence based and common factors."

The larger social and institutional context also plays a part in developing the therapeutic approach as suggested by this participant,

"And kind of getting a broader understanding and then trying to figure out what resources they have, whether the family and the therapist can come together and identify both resources and strengths as well as barriers and limitations that they are coming up against and helping the therapist to really come at it from a human strengths perspective, kind of an action perspective and an alternative story to the burdensome, dominant story that the city, or the school system is trying to put on them.:"

Treatment Focus

Often, when a client is court-ordered or mandated to therapy, there is an outside expectation of what will be addressed through therapy. This decision on treatment focus is an important part of navigating from a social justice framework. This participant stated,

> "For me, there are court requirements, there are school requirements, I guess it's my own belief system. I don't believe we have to say, "right now we are going to work on anger management, because the court told us to . I've gone through exploring that empowerment piece and that these things would be addressed through finding out what are the clients' goals for their life and how are they seeing that there. And openly talk about, this is what the court is looking for and what is your take on what is happening? The court is another system they are working with here. The therapy clinic is another system that they are working with and to me, that can be transparent, we can talk about things that reduces that power."

DeJong and Berg (2001) recommend a solution-focused approach to mandated therapy because it allows the clients to choose what they want to focus on and how that change may best occur. They, then, not the therapist are the authority on their lives. This was echoed by this participant,

> "I'm not a solution-focused therapist but I've found the work of Insoo Kim Berg helpful. You know, having to join with the clients in what are they needing to know to get them (the referring agencies) out of your hair, what do you need to do to get your children back?"

Manualized Treatment

Many of the participants discussed evidence-based practices as the optimum way to do therapy work with their clients. However, one theme that emerged from a few participants was the concern over a strict manualized treatment approach that may not be sensitive to the lived experience of the client system. This concern centered on the fear that the manualized treatment would provide an additional means of social control for these clients.

> "I don't use manualized treatment, and I purposely chose that. We do have two clinics in town that do use manualized treatments, yet we are getting the bulk of the referrals. I think maybe they can work, but we need as therapists to be working with individuals."

This participant was clear that some manualized treatments may be effective and can be tailored to the individual, but there was still the concern over treating all clients the same.

> "In evidence based, manualized treatments, there seems to be a kind of one size fits all, you know what, that may not be fair, but I do think that is the danger, and so, it's like well, this is the therapy we do here and everyone needs to go with the program, there is a certain number of steps and I know there is often flexibility built into manualized treatment, so it's not as rigid as perhaps sometimes it gets made out to be, but, I think that's kind of the danger of this is how we do things and there's not a lot of room for spontaneity or creativity."

Length of Treatment

The participants were clear that length of treatment is often a concern with mandated clients. At times, the courts will specify a certain number of sessions and the therapy must take place within those time parameters. One participant mentioned that four sessions is the norm in

her clinic, another said twelve in his. This limitation can present difficulties when navigating the therapy process.

> "Because some of the things that you are asking me, I'm thinking, well that's just not an issue, but it isn't an issue because of the upfront work we have done with the courts, and probably that came, now that I'm reflecting back on it, from frustration with the courts, they were mandating them for six sessions of anger management, and we are like, what? We're not sure that's what they want or need, or that's going to be more successful in living healthily in society, so we went to the courts and spent some time on what is they want, what are we comfortable doing and we didn't frame it in terms of social justice and social control, but obviously it was. I think they know, and this is part of the reason why we set this twenty session mandate is that we needed long enough to work with people to have some positive outcomes that are co-defined by the client and the therapist."

Payment

Who pays for the therapy is often a source of power and control. It also can be an ethical issue. Exploring that from a social justice perspective takes clarity and forthright communication. One participant said,

> "So we have to be clear about what is being asked,and giving clients options about how they want to pay for sessions, that it may not be a choice, without managed care there is no other way that they would get services, and so I just think we have to be really clear with our clients about what we are communicating and then we have to do the therapy that we are trained to do."

Outcomes

Treatment outcomes are also a factor. Who determines success or appropriate termination? Who receives the reports that therapy is complete and what is shared in those reports? All of these are considerations that therapists address when working from a social justice perspective. This participant stated,

> "I think in general there are expectations in terms of grades will improve and those kinds of things. They always seemed like they came as a natural consequence of empowering the students and their families. If I empower them, those things will happen."

As this participant stated, sometimes the outcomes are not always clear-cut,

> "And so sometimes for me, therapy is about helping people understand how larger systems impact them and where they do have control and when they don't have control and helping them sometimes activate themselves against those social systems, but I also accept that sometimes it is about recognizing what you probably can't change and finding a way to find peace in your life with that."

Supervision of Beginning Therapists

Charmaz (2006) suggests that the researcher and the participants determine the direction and findings in any grounded theory research project. My initial research questions did not address supervision of beginning therapists. However, from the very first interview, supervision and working with beginning therapists emerged as a theme. The relationship of this to the therapist component of the therapeutic process was clearly apparent. Corey (2008) writes that helping students develop theories that are congruent with their values and the context of their clients is a key part of supervision.

While my original research questions did not address supervision, for this sample, it is an important component in navigating from a social justice framework. Supervision of new therapists is necessary to the therapeutic process of operating from a social justice perspective, As one participant stated,

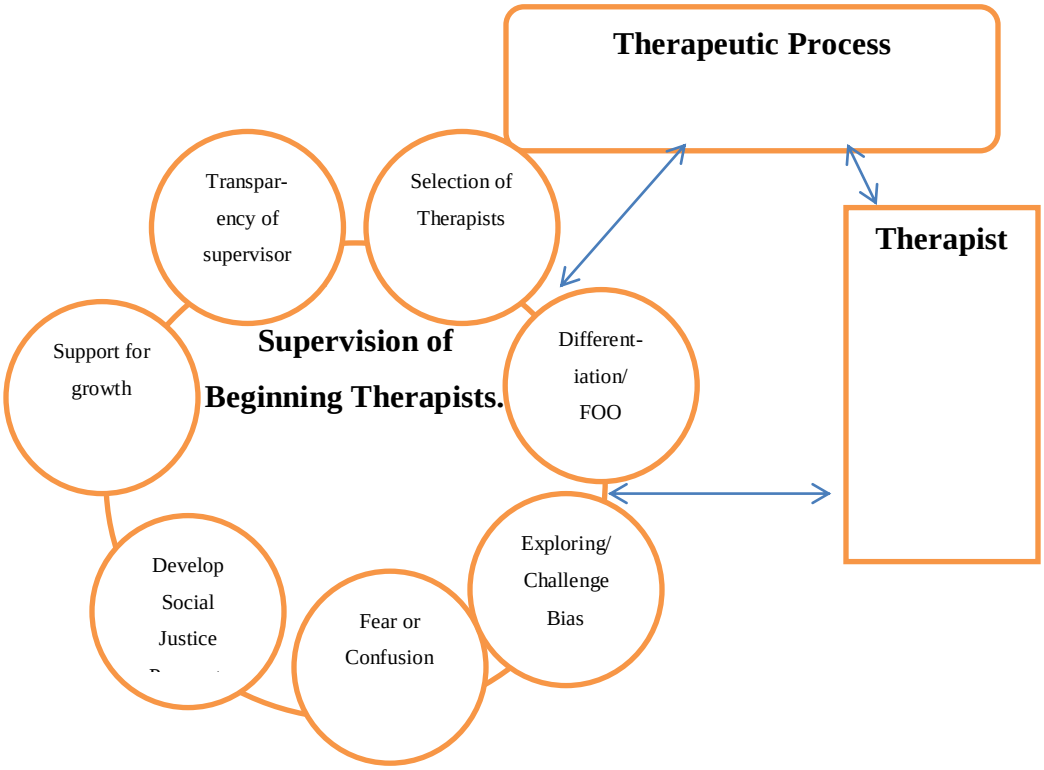
> "I always have to make sure that our new therapists, they have to understand that if we could just tell people what to do, then we wouldn't need therapists, so then another piece is to see people as humans, as complex humans, and not just see them down as one choice they made or one series of choices that they made. I tell our new therapists that they have to be able to see goodness in people. Otherwise, they are going to spend the entire time they are with us in therapy being defensive."

The participants in this study help students question their purpose and role in the therapy room,

> "I think our students often go in naively thinking: I'm here to help families. Without looking at where do your definitions of help come from? What do they need to be helped? And that is really socially constructed and sometimes socially mandated. What is it you are really trying to do? And I spend a lot of time having my students think about that. We do a lot of reading on values in therapy. Autonomy. Self-determination. And what is it you are really trying to do?"

In navigation this process, the supervision of beginning therapists encompasses these themes: selection of therapists, differentiation, family of origin issues, exploring and challenging therapist's bias, the process of developing a social justice perspective, fear and confusion, and support for growth and development of the beginning therapist. Transparency of the supervisor is also part of the supervision process.

Figure 4.3 Supervision of Beginning Therapists



Selection of New Therapists for Family Therapy Programs

Supervision of beginning therapists begins with the selection process for the program. The participants in the study recognized that incoming students have to have certain characteristics in order to successfully navigate a social justice framework. Applicants who are rigid in their views, judgmental, or unwilling to see other perspectives are not granted admittance. This participant stated,

"As students pick programs, they pick program that fit with them. We are known for issues around social justice and diversity, we push that when they are interviewing that this is who we are, so I think we get students who want to go there."

Another shared,

"I think it really comes from what's their agenda for getting training? We have moved away from accepting folks who only want to do private practice, because it is so hard to communicate the need for community engagement in all of that, and that has helped a lot as a program where we are going."

This is stressed from the beginning of the interview process,

"We're pretty clear that really rigid ideas about morals, about what's right and what's wrong, about what the family should look like, is going to be very toxic and emotionally violent to our clients and unethical."

Often times, specific questions are necessary to select the right students.

"We try to screen those folks out and don't let them into our program and I'm the one who asks the very tough questions. And the question I ask is this, we are all entitled to our own beliefs and values, but as therapists, we are asked to leave those outside the room and enter into our clients' worldview and value system and I ask them which of your personal values are you going to find the hardest to leave outside the therapy room?"

Differentiation

The participants recognized that some students have more difficulty holding the space for different thoughts and beliefs than others. Differentiation, from family systems theory, emerged as a relevant concept.

"So, I would certainly, if students were adamant, if they were stuck in seeing things in their own, I guess this is a piece I haven't talked about, and it's an important part, this is having students to really understand their own positions first and where they come from and how they have been influenced and how they are responding to all these issues. And some may be very more, no, way less differentiated and so they are not open to seeing different perspectives."

Family of Origin/Self of Therapist

Self of the therapist may refer to the personhood of the therapist, including family of origin themes or patterns or it may refer to the therapists as a vehicle for therapy (Watts-Jones, 2010). Participants in this study agreed that the therapist's professional and personal presence is a part of the therapy process. Self of the therapist work or work through family of origin issues becomes an integral part of supervision.

> "We all have our own stories and we don't disconnect from those stories, those lived experiences, so there are for some of the students I've had the privilege of training, there's that struggle and then we have to figure out, is this person connecting you to someone in your past?"
>
> This participant added,
>
> "I think the self of the therapist issue becomes important here, what is that violating for you? Are you going to be able to work with him? Do you understand how he got to be

that way? What is that you want and how can you see a bigger picture, but more importantly, how can you see a bigger picture

Exploring Therapists' Bias

Exploring the therapists' bias may be an awkward and difficult conversation and can create hurt feelings and misunderstandings (Christensen, Thomas, Kagescioglu, Karakurt, Lowe, Smith, & Wittenborn, 2011). Even so, participants in this study recognized that it is necessary to help beginning therapists in professional development. One participant said,

> " I think a lot of it is about attitude and I think if people if they come from family backgrounds or political backgrounds where they are inclined to see that the world is divided into good people and bad people, bad people deserved to be punished, then somehow, they need to know that that is not the only way to see the world."

Another participant added,

> "One thing I like to do with beginning therapists is first of all, to talk about, in the work of I-ness awareness; I think it is really important to not think am I biased or not, but to accept that we all are biased and we, at this point in our history, much of that bias is implicit bias vs. explicit bias, and so to really help beginning therapists to understand that if you are only going to try to not be biased, you have to do more, than "try to not be biased" in quotes."

This participant noted that providing feedback and helping students recognized how bias affects their work as important.

> "Having said that, maybe, simply providing feedback, you know I don't think you intended that this way, but when you said X it came across as being disrespectful, can you think of way of being more helpful at that point and still being true to yourself.

Where we're asking for changes in the moment as opposed to global ways of being."

Directly Challenging Judgment and Labels

Participants in this study were very clear that there is a need to address beginning therapists when they use negative judgment or labels to categorize their clients.

"Somebody has to raise their awareness that at some point they have to become aware and I try to raise that awareness as early in the process as possible."

Another stated,

"We have student therapists, for a lot of different reasons, religion being one of them who think that for whatever reason, their set of values is right. The proper set of values to hold and they are wanting to teach their values to others. And I think that, as a trainer and a supervisor, that is something that I have to deal with quite directly".

This participant said,

"Because It's like, when you don't experience privilege as a woman, as a minority, as a gay or lesbian, you don't have the choice of not experiencing that discrimination, of modulating that experience of discrimination. So I may be subtle, but very direct. When talking about it, I do it like how is this discrimination experienced? It is part of being accountable to that experience of privilege."

Fear or Confusion

Participants also addressed another issue in supervision of beginning therapists: the therapists' fear of their clients. Especially in court-ordered or mandated cases when the client has been involved in the legal system, new therapists might feel fear. This participant said,

"I think that new therapists are regularly afraid of clients or some situations. If a client gets super loud, the therapist can get scared. I think that all comes back to our own views of ourselves, our own views of power and if there is a safety concern. How does one keep safe, but where is that concern for safety coming from?"

Another participant stated that new therapists may be unsure of how to address fear and confusion and shared,

"I think sometimes therapists may be scared of this, they may try to tamp it down, to find ways of reducing it rather than addressing it constructively. Of knowing it is there and in a sense it is a good, it is good strategy, it is an understandable reaction against oppression and the destructiveness of racism and those experiences. They can be scary for a white therapist for example to kind of feel that and he may, or she may, shut it down rather than knowing what to do with it."

As with implicit bias, the participants directly address the fear the beginning therapists might feel.

" I have the students pick what they are most scared of and they always pick suicide, but they also always pick the poverty system and the juvie justice system that they have been told they are going to have to work with, so they pick that."

This participant focuses on the physical feeling of fear in her supervision with beginning therapists,

"I can imagine someone feeling fear and they are feeling it in their stomach is fluttery, first, focus on the feeling that gets engendered or triggered in the therapist, explore that feeling and kind of give it both expression and also compassion and support. You are not a lousy therapist because you are feeling fear in the face of someone's anger or rage. It is

kind of a natural thing to feel. Explore it as much as necessary, maybe further explore their own experience with whatever this thing is that is causing this reaction."

Support for Growth and Development

Participants in the study recognized that their overall purpose in supervision was the growth and development of the beginning therapists. This participant said,

"I think that is everyone's own journey, to find those places they bump and find out where they bump, and figure out what is going to be most helpful to that client or can they be helpful to that client. How do they get to a place where they can be helpful, and if they can't what do they do?"

Participants identified the need to help beginning therapists develop respect for differences. This one stated,

"I think if they're going to be in our profession, they have to be able to treat all people with the respect and they have to be comfortable with people who live lives differently than they do. I mean it is kind of similar with what I started off with value questioning around the issue of love and commitment. People may choose differently than what I might choose for them, but I need to respect wherever they end up."

Another participant added,

"And I have grown in my teaching. I used to teach in the old traditional ways, this is what black families do, this is what Latino families are like, Asian families, you know, this is the model for treating and I don't do any of that now. We just talk about privilege and we talk about social construction and we talk about bigger issues and how they play out in

people's lives and in every client you see they are going to be intersecting in different ways and you've got to pay attention to those and never assume that you know what that intersection is for that client."

This process of support for growth and development can be as rewarding for the supervisor as it is for the beginning therapist.

" I love that process. I love seeing our students go through that and growing. And I think in most of our models, we see how people come in with their narrow views. Maybe their structure is limiting or their beliefs are limiting. Or their problem saturated language. I think our growth as therapists is isomorphic with the growth of families as we open our lens and increase our flexibility."

Transparency as a Supervisor

Participants stated that this process is not done with cloaked secrecy. They recognized that they are transparent in the process. This participant said,

"I'm pretty transparent as a supervisor and if there is some bumping there, usually there are signs that there is some bumping, you know, you can watch the video and see it, or even often when supervisees are talking about it a situation. In their language, in their tone of voice, it is different than how they normally talk about their cases, so often, if I just call attention to that difference, they will get their on their own and figure out why they are talking about that differently."

. "I'm very transparent. I tell people my journey with privilege. I tell people about my stories of oppression. I'm very open with people. I also tell them how I have used and oppressed others."

"Self-disclosure, not in a way that you take space and it becomes a therapy for the supervisor, but self-disclosure in a way that people can learn from you about your struggle with being privileged and your history of privilege and how you became accountable for that privilege, that has been very useful for our students."

Ethical Implications

As stated earlier, working with mandated clients often places therapists in situations where they may work as agents of social control. This places unique responsibility on the therapists to maintain an ethical stance in their work. Shearer (2003) called working with mandated clients an "ethical minefield littered with serious threats" (p.8). He identified confidentiality, dual relationships and informed consent as ethical concerns. The participants in this research also identified the ethical implications of navigating this process. One participant said,

"Well, I think, the first ethical issue that comes to my mind is how we are conceptualizing the case. Yes, that brings up all of the things I have been talking about. I see that as a huge ethical issue."

Another added,

"We never cease to be a mandated reporter in any of this, whether it is the duty to warn, or reporting self-harm, or certainly all of those ethical issues continue to be on the table, now whether our clients do what they are supposed to or not, we are still mandated reporters and so I think it is important for that piece, to keep in mind."

This participant stated,

"I think it is important for therapists to know that the field expects certain ways of being in the therapy room and so whether that's our code of ethics or the legal pieces that guide

us, or our training, or what the literature says, in all of those, it's pretty clear that we need to welcome all of humanity into our services in an unbiased, advocating, caring way, particularly those with marginalized voices, I think that is clear, I don't think that is up for debate."

Ethical codes reflect basic principles meant to guide therapy. They provide a position on standards of practice, they clarify member responsibilities, and they provide the public with some assurance that professionals will demonstrate a regard for the well-being of clients and the greater society. They also help protect the professional as a way to maintain their own integrity (Wilcoxon, Remley, Gladding, and Humber, 2007). Five themes around ethical implications emerged from the data in this study. This included do no harm, refrain from further marginalization, respect for the client system, understanding context, and working with others.

Figure 4.4 Ethical Considerations

Do No Harm

The first ethical consideration was Do No Harm. In 1982, Becvar, Becvar, and Bender admonished family therapists to recognize that in their desire to be helpful, they could inadvertently add to the families stress or make the issue that brought them into therapy even worse. Participants in this study recognized the need to do no harm. This participant stated,

> "Above all, do no harm kind of thing and that applies to supervising therapists as well as clients."

Another added,

> "I think our highest ethical implication is that we do no harm, but unfortunately, we know we have done harm. We contributed to harm, not meaning to of course, but if you look at the research at how some people get diagnosed more than others, some people are on 72 hour holds more than others, some people are considered needing more treatment or even punishment than others, as well meaning as we are in our field, we can sometimes mother blame, we can sometimes carry our biases into the room in small or substantial ways. So above all, stay really vigilant of this so we do no further harm".

Refrain from Further Marginalization

The participants also identified the need to refrain from marginalizing client systems that may have already faced marginalization. This participant stated,

> "Making sure that discrimination isn't present in our work. I think the first part of our ethical code applies here for me. Make sure that societal influences are understood, so it doesn't just become about my client but about how societal influences are shaping my client."

Another added,

"I think first and foremost is not imposing our cultural beliefs, values and practices on other people. And so, that curiosity, I want to be curious and understand you and then together, I might have some ideas, but I'm not going to impose them on you thoughtlessly, I'm going to reflect on myself and be open to your influence on me as you describe what is important to you, I want to be open that this is a two way conversation and I won't just impose my ideas. I think that is one big ethical implication."

"As long as you are very clear about how to bring, very clear about what your job is in that therapy room and that job in that therapy room recognizes that many people walk in our society in a marginalized way and it is critical that we don't marginalize them in the therapy room and that we, in fact, do the opposite, that we empower and advocate and become an ally and those are action words

This was succinctly summed up by this therapist,

"I think the other piece is to recognize when people walk out of the room, some people are walking out into a more welcoming world than others"

Understanding context of Therapy

Understanding the context of the therapy presents another ethical challenge. This participant stated,

"I think another is as therapists we have so little understanding and certainly understanding from a lived experience of what people of color go through so we need to educate ourselves, we need to do the work of understanding our white privilege of what that means and how that blinds us to somebody's life in the United States and elsewhere

for people of color, for all marginalized people, whether it is gender, sexuality, social-economic status, and we need to educate ourselves on what that means that is different from what our experience is.

Working With Others

As the discussion of ethical issues came to a close, the participants stressed the need to work with others, to not work in isolation and to seek supervision and professional consultation no matter how experienced the therapist. This participant said,

> "So, I think that if we only speak to scientific criteria we can become agents of oppression and at the same time, you need a community to help whenever those ethical areas are blurry, you have a community of scholars and people from the community that help you process those dilemmas and the best ways to go about them, because working in communities, many of the things that we have in books just don't apply.
>
> "That's something our students learn when they take our last classes: Do not live in isolation, you need a community of scholars who you can process this stuff."

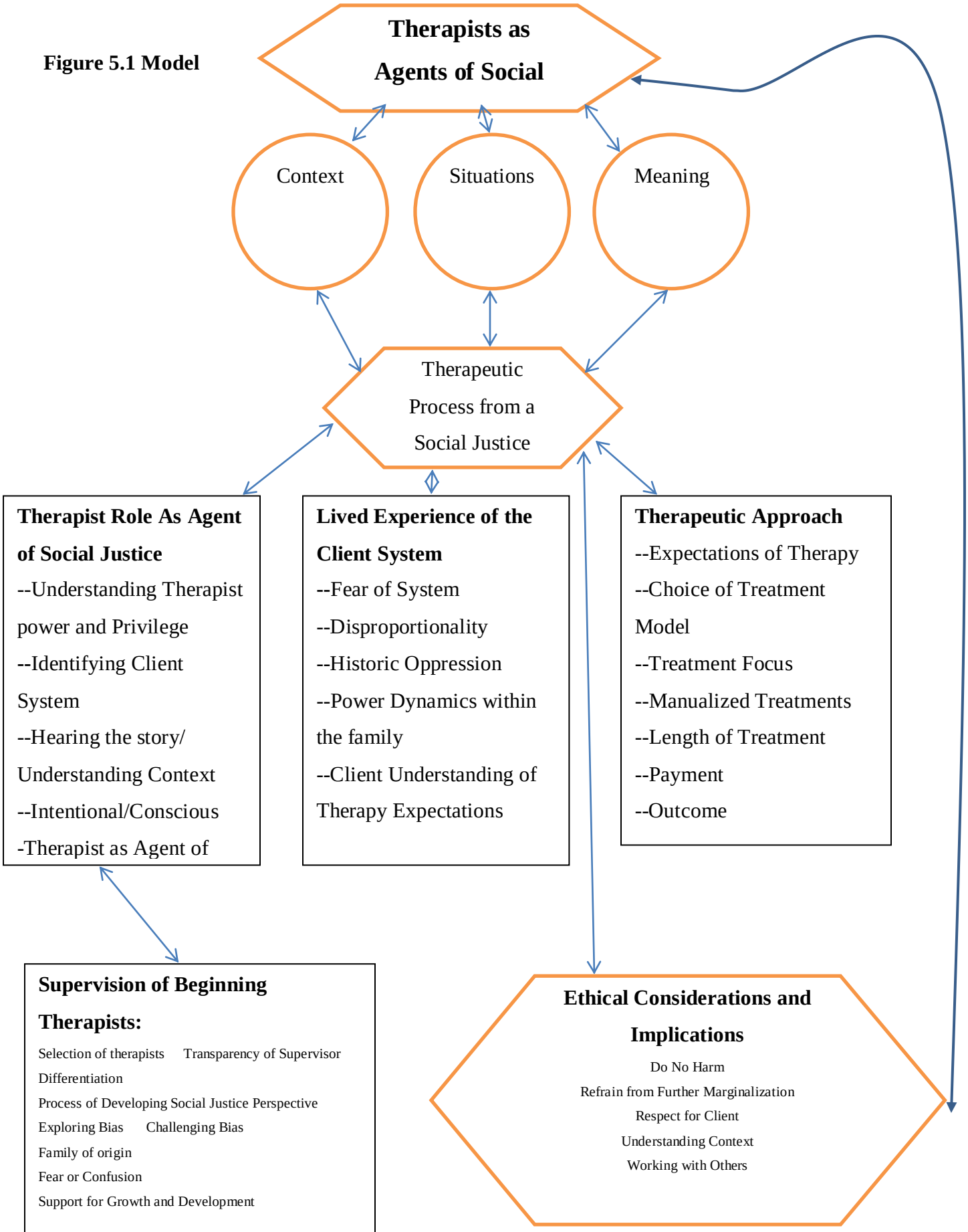
The participants suggest that understanding the ethical implications is necessary when navigating the role of agent of social control from a social justice perspective. This includes the assurance of doing no harm, of refraining from further marginalization of the client system, and understanding the context of therapy. They stressed the ongoing need for interaction with other therapists or scholars to continue to maintain an ethical approach to therapy.

Chapter 5 - Grounded Theory Analysis of Therapists as Agents of Social Control

The germination of this research study began with questions I had as I worked with a client as a family therapist in our university's clinic. This client was court-ordered for therapy and I was expected to report back that he had successfully completed the work for which he was sent. Through the course of our work together, I realized that I, too, was being "mandated." His probation officer had specifically stated that anger management was to be a main component of his therapy. I approach my therapeutic work from a post-modern, narrative, social justice focus. I recognized very early that I was being placed in a role of social control. His therapy was in lieu of jail time. If he didn't meet successful completion, he would be imprisoned. Yet, listening to his story and understanding the broader systems in his life made me acutely aware of ways that he had been voiceless and oppressed. When I turned to the literature, looking for evidence-based practices to inform my work, I realized our field had not yet addressed this issue of therapists in the role of social control and how to navigate that from a social justice perspective.

As my research has shown, family therapists often operate as agents of social control and it is possible to navigate that from an ethical, social justice perspective. As the core themes emerged, so did the relationship between them. This process is illustrated by the graphic model presented below of therapists as agents of social control.

Figure 5.1 Model



As the graphic model illustrates the concept of therapists as agents of social control has three core themes: context, specific situations, and therapist understanding. A relationship between the concepts began to emerge between an awareness of this role and then, navigating that role in therapy from a social justice framework. This is done by consciously focusing on these three core themes: the therapist, the lived experience of the client system, and the therapeutic approach. From this navigation, ethical and practical implications began to emerge.. One additional component of this theoretical model that emerged was the training and supervision of beginning therapists in navigating these roles. It was not an expected result and initial interviews did not specifically contain questions about supervision. However, an analysis of the first three interviews determined that training and supervision was a core concept in this model, so further interviews did contain questions meant to discover themes and connections in the training and supervision of beginning therapists.

Chapter 6 - Limitations, Suggestions for Further Study, and Implications

This study and subsequent road map is one of the first projects to specifically examine family therapists as agents of social control and how that role may be navigated by those family therapists who work from a social justice frame work. This is intended to be a preliminary model meant to open a new avenue of discussion, critique, and future research. The eleven participants are recognized as operating from a social justice framework. They are experienced therapists, researchers and clinical supervisors. Both male and female participants took part in the study. Thus, this work also bridges research, teaching, and clinical practice.

The participants were purposely selected for their expertise in this subject area. They have diverse ethnicities, religious affiliations, and socioeconomic status. Likewise, they live and work in diverse geographical regions of the United States. Participants were from the west and east coasts, the southwest, the northwest, and mid-west areas of the country. The participants all reported that they enjoyed participating and several have maintained a correspondence with me as they continue to mold their thoughts around this topic.

Limitations

This was a preliminary study intended to be one of the first examinations of family therapists as agents of social control. It was not designed to be generalizable to the field as a whole. Due to the purposeful sampling, the results may not illustrate a complete understanding of this role. The study did not compare groups, nor did it look at therapy outcomes in any way. Further work would be needed to classify this as an evidenced-based theory or approach to therapy.

Participants in this study identified as having a post-modern, socially constructed framework. Most expressed a strong aversion to thinking of themselves as agents of social control. This may suggest that the therapists own biases against that role influenced the data in some way. Furthermore, while the participants were provided with the questions ahead of time, they may not have thoroughly thought through and articulated their responses. They were given the opportunity to make additions or edits to their transcripts, but ongoing correspondence would indicate that over time, the participants have further crystallized their responses to these questions. Adding a second interview to the study design may have provided further valuable data.

Suggestions for Further Study

This study is the first step in establishing an understanding of family therapists working as agent of social control. Further exploration is encouraged and expected for all themes and relationships within the theory.

This research lends itself nicely to research questions requiring a larger, randomized sample. This could lead to results that would then be generalizable to the larger body of family therapists and their clients. It would be beneficial to look at efficacy work using specific client populations that are mandated or court-ordered to therapy and determine which of the particular component of the theory may predict success or treatment failure. From this work, researchers could then develop instruments meant to provide feedback to therapists who may find themselves working within these roles. A theory of therapist as agent of social control would then emerge from this work.

Another fascinating area of study lies with family therapists who are not part of this purposeful sampling. What of those therapists who do not work from a social justice perspective? How would therapists who personally ascribe to religious beliefs or political ideations that are hierarchical or non-egalitarian see this process? The therapists in this sample all voiced their post-modern, socially constructed approach to therapy. Not all family therapists frame their work in such a way. How does that influence or impact their views on this topic? A study exploring the navigational process of those therapists who do not approach therapy from a social justice perspective would add additional information to the research questions and be an important consideration for the field.

Implications

This research presents three main themes that family therapists may consider. It provides a map to understand how therapists may act as agents of social control, and tools to navigate that process from a social justice perspective. This work also presents guidelines for working with beginning therapists in this role. It also suggests ethical implications in this process. Of considerable interest in this study, is that unlike other theoretical perspectives for practice, such as Cognitive-Behavioral Theory, these therapists identified their social justice perspective as being an integral part of their whole identity, not just their therapeutic role. This lends further weight to the importance of self-of-therapist work in both training and professional settings.

These results are both practical and applicable. Experienced and beginning family therapists may use the themes in their work with clients who present for therapy in a situation where the therapist may be working as an agent of social control. It asks therapists to consider this role from the onset of therapy. Therapists need to be cognizant of the context of the therapy, especially in court-ordered or mandated therapy, instances when the presenting client has been referred by a parent or school, and in other cases where the therapist is expected to act as expert in this situation.

This research also can serve as the basis for further discussion about therapists working in the role of social control, therapy treatment as punishment for offenders, hierarchy, diversity, power, and empowerment. Even therapists who may not specifically identify as working from a social justice framework can find these results helpful.

The need for self-reflection as a family therapist is highlighted in this work. Family therapists must be cognizant of their own power and privilege and their unique biases that may

affect the therapeutic process. Self-reflection should include the congruence of a social justice framework in their life outside the therapy room.

These results give specific guidelines for supervision of beginning therapists. Those who are just starting to supervise other therapists may find them particularly useful as they create and form their own model of supervision. This study may provide a foundation for a richer and more complex discussion of issues in supervision that relate to a social justice framework.

Furthermore, these results indicate the need for family therapy programs to engage in thoughtful consideration of their incoming students. Participants indicated the need for future therapists to be able to hold a respectful space for values and behaviors that may conflict with their own. A certain amount of growth and development will occur through the educational process of family therapy training. However, a rigid, narrow view of right and wrong in a potential candidate may be a considerable reason from exclusion from the program.

Open, direct discussions of marginalization, historic oppression and white privilege, while difficult are vital to a training program. This research indicates that supervisors need to be cognizant of that and facilitate the space, timing and guidance for these discussions.

Family therapists also must recognize the ethical implications of navigating the role of agent of social control. An appropriate therapeutic approach will nor further marginalize the client system, will recognize the social context of the client system and the therapy, and will refrain from doing any harm. An ethical therapist will seek the counsel of other professionals who can provide a community of support as he or she navigates this role.

Most participants of this study found the idea of acting as an agent of social control distasteful even as they recognize that we all have a vested interest in others behaving in ways consistent with public safety and respectful treatment of others. The themes that emerged,

recognize that family therapists, do indeed, act within that role. It is important that the field have a discussion of this and navigate that role with conscious intention from a stance that is ethical within our profession.

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Appendix A - Invitation to participate in the Study

Dear XXXX

My name is Marcie Lechtenberg and I am completing a Ph.D. in Marriage and Family Therapy at Kansas State University. Dr. Sandra Stith is my major professor and mentor. I believe Dr. Stith visited with you briefly about my dissertation research which explores the role of family therapists as agents of social control. I am especially interested in how experienced family therapists navigate this role while working from a social justice, post-modern approach.

This research is a grounded theory analysis using purposeful sampling of recognized leaders in family therapy and social justice. Your work with XXXXXX has helped inform this project. I would so appreciate the opportunity to interview you for my work. The interview will take place via Skype or telephone at your convenience. I expect it will take approximately one hour and I will send you the questions in advance. The interview will be audio taped and transcribed. I will send you the transcription within a week or two of the interview and you will have an opportunity to make any changes, edits, or additional comments to your answers.

I'm excited about the discussion that this research may foster in our field and I sincerely hope you will consent to an interview. If you have any questions, you may email me at mlechten@ksu or call me at 785-532-6984. You may also contact Dr. Stith at sstith@ksu.edu. Thank you, Marcie

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Appendix B - Interview Questions

Questions and Topics of Discussion for Interview Questions:

These questions are a broad overview of the topic for discussion. As per grounded theory guidelines, questions will be tailored specifically for each interviewee.

1. This research will look at therapists as agents of social control and how therapists and family researchers experience this. I'm looking at an overlap between the therapist functioning as an agent of social control and an agent of social justice. In what ways do you identify yourself as being an agent of social justice? How might you identify with that in your clinical work? Could you describe your preliminary thoughts about therapists as agents of social control? Could you give an example of a time when you have found yourself in this role? Please feel free to share a story about that particular case.
    A. How do you think your understanding of this has evolved over time?
    B. What do you identify as particular challenges or considerations?
    C. In a research team discussion, one member mentioned that therapists are often called upon to "socialize" our clients, i.e. help them behave in a way consistent with social norms as part of the work we do as therapists. What are your thoughts about this?
    D. How does that differ, or does it, from being an agent of social control?

A. Your work has often centered around issues of social justice. What particular challenges did you face as you began this work?

B. What and/or who did you find supportive in the early stages of your work?

C. What, if any, differences do you think face those beginning this work at this time?

2. Please read through the following case study:

Donnie, a forty-two year old, Latino male, is in court-ordered therapy as part of his diversion program. Five months ago, he was arrested for domestic battery after an altercation with his wife as she was moving items from their home to her new home with another man. Donnie had no prior arrest record; his wife had been arrested two weeks before Donnie for disturbing the peace when she became angry at her daughter's soccer game. Donnie insists that the altercation with his wife was the only time he had used physical violence against her. Donnie's report of his childhood includes growing up with a single, alcoholic mother and a middle school teacher (male) who made numerous sexual advances toward him. When these were rebuffed, the teacher tormented him and Donnie ended up repeating sixth grade with a different teacher. Donnie has been diagnosed with adult ADHD and generalized anxiety disorder. He is not on medication for either as he is currently uninsured. The court requires the therapist to report back when the diversion therapy program of anger management, power and control, and communication skills is complete. Successfully completing this program is a part of Donnie's probation requirements.

3. What are some particular components of this case that stand out for you?

A. How do you determine "who is your client" in a similar situation? When a person presents for therapy or parent education or a similar program and is not there solely by his or her choice, what do you see as the therapists' role?

B. Can you share any cases or situations that were similar to this for you?

4. How do you navigate that area between social control and social justice?

A. What part of the process is a conscious decision?

B. What strategies have you found helpful in this?

C. What are considerations for a less experienced therapist in this situation?

5. What ethical implications do therapists need to consider in this discussion?
6. What are some implications for those of us working from a social justice perspective?
7. What else should we be considering when discussing social control and/or social justice?
8. Is there anything else you would like to add or share?

Appendix C - Informed Consent

KANSAS STATE UNIVERSITY

INFORMED CONSENT

PROJECT TITLE: Therapists as Agents of Social Control: Ethical and Practical Implications

APPROVAL DATE OF PROJECT: 01/08/2014 EXPIRATION DATE OF PROJECT: 01/08/2015

PRINCIPAL INVESTIGATOR: Sandra M. Stith, Ph.D

CO-INVESTIGATOR(S): Marcie M. Lechtenberg, Sarah Webb,

CONTACT NAME AND PHONE FOR ANY PROBLEMS/QUESTIONS: Sandra M. Stith, Ph.D. 785-532-4377, sstith@ksu.edu

- Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

- Jerry Jaax, Associate Vice President for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

PURPOSE OF THE RESEARCH: This research will address the following three questions: 1) How do therapists experience their role as agents of social control? 2) What processes and strategies do therapists use as they navigate that role when working from a social justice perspective? 3) What implications does this have for family therapists as they conceptualize and plan treatment for cases?

PROCEDURES OR METHODS TO BE USED: Participants will be interviewed via skype or telephone. The interview is expected to take approximately sixty minutes. Questions will be provided in advance. The interviews will be audiotaped and transcribed. The participants will then be able to revise or edit his or her comments. The research team will analyze the data from these transcripts using grounded theory methodology. Participants will receive no remuneration for their participation, however they will be offered a summary of the results when the data is analyzed.

LENGTH OF STUDY: Total estimated time is less than three hours: approximately one hour for the interview, one to two hours to read through the transcript and make revisions.

RISKS OR DISCOMFORTS ANTICIPATED: There are no anticipated risks or discomforts to this research.

BENEFITS ANTICIPATED: Participants may feel a sense of satisfaction for contributing to a timely and valuable discussion in family therapy.

EXTENT OF CONFIDENTIALITY: Participants, while not anonymous to the research team, will not be identified by name in any published work from this study. The audio tapes and transcripts will be stored in a locked file cabinet in an office in Campus Creek Complex that is locked when unoccupied.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: ***N/A***

TERMS OF PARTICIPATION: I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

Participant Name: _____

Participant Signature: _____ **Date:** _____