

September 2000

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Recommended Citation

Miller, Joshua and Schamess, Gerald (2000) "The Discourse of Denigration and the Creation of "Other","
The Journal of Sociology & Social Welfare: Vol. 27: Iss. 3, Article 4.

DOI: <https://doi.org/10.15453/0191-5096.2663>

Available at: <https://scholarworks.wmich.edu/jssw/vol27/iss3/4>

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The Discourse of Denigration and the Creation of "Other"

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This paper attempts to reduce the distance between intellectual frameworks that inform different fields of social work practice by exploring the relationships between intrapsychic mechanisms, family dynamics, small group processes and such society wide phenomena as public denigration, scapegoating, and the systematic oppression of politically targeted population subgroups. Clinical theories are used to explore disturbing social trends such as the redistribution of wealth while cutting services to the needy, the growth of prisons and disproportionate numbers of incarcerated people of color, societal retreat from social obligation and commitment and divisive political rhetoric. Suggestions are made about how clinical social workers can actively engage in forceful social activism.

"We hold these truths to be self-evident that all men [sic] are created equal, that they are endowed by their creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness (Declaration of Independence).

"The basis of democratic development is therefore the demand for equality, the demand that the system of power be erected upon the similarities and not the differences between men [sic]" (Laski, 1965:10).

INTRODUCTION

For the past generation, social workers and other human service professionals have witnessed the impoverishment, marginalization, denigration and scapegoating of their clients. In this process, regressive legislation and divisive rhetoric have marched

hand in hand. Recent examples include the so-called "Welfare Reform Act," "The Defense of Marriage Act," and legislation stripping legal as well as illegal immigrants of their civil rights. Prison populations have soared, with alarming numbers of African-Americans behind bars. At the same time, the distribution of wealth in the country has shifted dramatically in favor of the wealthy. Are these trends related?

A strong commitment to social justice has been described as the central "organizing value of social work" (Swenson, 1998, p. 527). Currently, eighty five percent of professional social workers are employed in clinical settings where they provide treatment and case management services to a wide range of clients (Ginsberg, 1995). Since frequently, clinical practice is not functionally linked to social justice initiatives, practitioners face a serious dilemma: How can we integrate the theories and techniques that shape clinical practice with the overarching goal of promoting social justice? Is it possible to utilize clinical knowledge in assessing and interpreting the massive social injustices our clients experience? Can practice theories originally developed to explain intrapsychic processes, group dynamics, and family systems help practitioners understand socially sanctioned attempts to repress, marginalize and denigrate clients? Might clinical concepts such as denial, splitting, scapegoating and triangulation offer useful insights into how professional social workers can respond to problematic social trends that undermine client welfare?

The ideas in this paper are derived from long standing efforts to address these and similar questions within the profession of social work. Central to our analysis are concepts of self and "other" as they appear in the group dynamic, family systems and psychodynamic literatures. In advancing this analysis, we are aware of the problems inherent in trying to use explanatory paradigms developed to analyze dynamic functioning in individuals, families and small groups in explaining large-scale social phenomena. Nonetheless, we are impressed by the degree to which a number of paradigms formulated to explain micro and mezzo level phenomena concur in asserting that acts of violence and exploitation against targeted populations are typically rationalized and justified by defining the victim(s) as "other:" i.e. different from and inferior to dominant individuals or groups;

not fully human. Based on that observation, we will present some psychological paradigms that explore the dynamic of scapegoating in individuals and small groups. Our premise is that similar processes are influential in shaping and justifying large group behaviors; particularly inter-group conflict, public policy decisions and public discourse. In presenting this analysis, our intent is to expand the range of paradigms available to policy analysts and clinical social workers. The analysis is meant to augment rather than replace or minimize the usefulness of paradigms derived from structural, economic, or political theories. We will particularly utilize concepts from psychodynamic and cognitive psychology, family systems theory, and social psychology (particularly intergroup conflict theory). Not all of these constructs have been empirically tested, nor do they represent the myriad of theoretical models used by clinical social workers. We have chosen them for two reasons: 1) They frequently shape clinical social workers practice with individuals, families and groups, and 2) they are helpful in elucidating large-scale societal and political processes.

The paper begins with a summary discussion of disturbing social trends. We will then consider the social psychology of group conflict, the function of selected defense mechanisms, the family systems concept of triangulation, and the role of leadership in fostering hatred. The closing section discusses how these formulations might inform a proactive social work response to the collective psychology of negation and denigration that permeates contemporary American society.

DISTURBING SOCIAL TRENDS

Although the three trends summarized below are well known to most social workers, particularly readers of this journal, we briefly review them here because of our concern about their potentially numbing effect as they become entrenched social and political realities.

Redistribution of Wealth and Cutting Services to the Needy

Changes in the federal tax code in the 1980's generated an inexorable redistribution of wealth with the wealthiest sector of our population benefiting the most. Income inequality is now what it

was in the late 1920's, prior to the introduction of the progressive income tax (Thurow, 1995). The wealthiest 1% of the population receives approximately as much income after taxes as the poorest 40%. As a result, the most affluent 2.5 million Americans have as much income as the poorest 100 million (Shapiro, 1995).

What is most striking is the gap between poor and wealthy citizens. The Organization for Economic Cooperation and Development states that, in the 1980s, the income gap between rich and poor in the United States was significantly greater than in any other industrialized country (Bradsher, 1995). There are even greater chasms between the wealthy and the poor when race is added to the equation. Whether using statistics on wealth or income, African-Americans consistently compare less favorably, even when taking into account such factors as education or place of residence (Oliver & Shapiro, 1995). Between 1970 and 1990, the ratio of black to white income fell from .60 to less than .56 (Goldsmith & Blakely, 1992).

The growth of prisons

The burgeoning inequality of wealth has been accompanied by an unprecedented rise in the prison population, the highest proportion of imprisoned people in the history of this country ("More Inmates," 1994). With nearly 2 million people in jails and prisons, America now has the highest incarceration rate in the industrialized world (Holman, 1999). High as these figures are, they exclude over 2.5 million people on parole and 475,000 on probation (Rothman, 1994). Although the crime rate has remained steady or dropped since the 1980's, the number of people incarcerated rose by 250% (Holman, 1999). In addition to locking more people up, many states are moving to deny prisoners educational services, one of the few pathways that prepare them for life outside of prison. Many people who previously had received services—the poor, homeless, mentally ill, alcoholics, drug users, and people with character disorders—are now incarcerated (Schlosser, 1998). Over half of the incarcerated population are people of color, with a high proportion of African Americans (Hacker, 1995; Schlosser, 1998).

In California, five African American men are in prison for every man in a state college or university (Taqi-Eddin, Macallair

& Schiraldi, 1998). Poor neighborhoods in large inner-cities contribute disproportionately to the prison population; e.g. in urban areas African Americans are 7 to 10 times more likely to be incarcerated than whites (Sabol & Lynch, 1997). While only 2% of white adults are under correctional supervision, 10% of blacks are (Council of Economic Advisors [CEA], 1998). African Americans are not only arrested at much higher rates than whites, but after arrest are convicted and admitted to prison at higher rates (CEA). These legal outcomes effectively abrogate the life prospects of the incarcerated person, weaken families, and fray the fabric of community life (CEA; Miller, 1997).

The Retreat from Social Obligation and Commitment

As social workers are well aware, income entitlements for poor people have been drastically reduced. This has been accompanied by a decrease in counseling and other social services due to managed care restrictions. The political discourse ceaselessly reiterates the mantra of no new taxes. There is much talk about the freedom to become wealthy while the concept of societal obligation has almost disappeared from public dialogue. As tax revisions have made the rich wealthier and as more people are imprisoned, cuts in human services have further impoverished the poor. The most dramatic example of this trend was the abolition of the federal government's responsibility (the AFDC program) for providing assistance to the nation's poorest citizens; the great majority of whom are children.

In addition to trends of rising inequality and incarceration, the middle and upper classes have been withdrawing from public institutions (Reich, 1991). Public schools, parks, and other community facilities such as libraries and beaches, have receded as places where people from different backgrounds mingle and share common experiences. Rising numbers of middle class people are moving to suburbs and in some instances, to "gated communities" where elaborate security systems "protect" residents by restricting access (Egan, 1995). Some gated communities have their own school systems and police forces. Residential racial segregation, particularly of poor African Americans, has become institutionalized (Massey & Denton, 1993). Living in segregated, fenced off communities the privileged are not only protected

from seeing social disparities, but are implicitly encouraged to turn a blind eye to the suffering of others. An irony of the move to private, controlled communities is that residents are highly taxed in the form of member and user fees. Acceptance of such fees challenges the widely held belief that the middle and upper classes are unwilling to increase its tax burden to pay for services. It seems more accurate to hypothesize that the public aversion to paying taxes in support of social and educational services is linked to stereotypes about dangerous and irresponsible "others;" a concept we will discuss later.

ENDURING MYTHS OF FAIRNESS AND EQUITY

Before beginning our clinical analysis of these trends, we will compare them with some powerful myths that inform American belief systems. As the introductory quotations remind us, one myth is that the U.S. is a democratic society in which people are treated equally and the legal system functions to insure fair play for all. Another, is that America is a meritocracy in which opportunities for social advancement are equally available to everyone. These myths support the assumption that hard work, moral behavior, and proper values coupled with ability, will inevitably lead to success (Figueira-McDonough, 1995). The premise is that in a pluralistic society, individuals are free and unencumbered in making rational choices about their welfare and ultimate best interests (Skerry, 1998). A third myth is that Americans are a compassionate people who will help needy people, particularly if they subscribe to the work ethic (Ellwood, 1988). This value reached its apogee in the 1930's during the New Deal, and was reaffirmed during the Great Society's "war on poverty" in the 1960s.

As we argued in the preceding section, economic fairness and equal opportunity do not actually exist in America today; neither is there equitable treatment under the law. Moreover, recent legislation undermines the contention that the United States is compassionate towards those in need or is welcoming to immigrants. Race, citizenship status and economic resources dramatically influence how different groups of people experience American democracy and opportunity.

We do not know if the majority of white, middle and upper class Americans are consciously aware of their privilege, or of

the disparities between themselves and other groups of citizens. There is reason to think that affluent people are relatively sheltered from such realities. Many only encounter harsh poverty in newspaper and television stories that depict the homeless, children who are not medically insured, and fires that devastate neglected, overcrowded tenements. Privileged and affluent citizens, who have some intellectual knowledge about economic and social disparities, are likely to lack any emotionally meaningful awareness about poverty and racism. To the degree it exists, emotional awareness is kept in the realm of unconscious thought through a collective process of denial, socially reinforced by intentional segregation of economically stressed and racially different neighborhoods.

THE SOCIAL PSYCHOLOGY OF GROUP CONFLICT AND THE NEED FOR AN "OTHER"

One way to conceptualize what is happening in American society today is to view it as an arena dominated by inter-group conflict which is largely unacknowledged at the level of public/political dialogue. Thus, there are: 1) a small number of affluent people, lots of poor people, and a range of economic sub-groups in between; 2) racial dichotomies conceptualized in terms of white people and people of color; 3) discourses that divide "law abiding citizens" from "criminals," and; 4) people able to earn their income and those who, for a variety of reasons, require income assistance. From a social science perspective, of course, social-structural factors, such as competition for limited resources shape interactions between people from different groups. Fisher (1990) discusses the contribution such factors make to "realistic" group conflicts.

Nonetheless, "unrealistic" prejudice and fear between groups also plays a significant role in group conflict. We observe, for example, anti-Semitism in groups which have little or no contact with Jews; conflict which cannot be explained by reference to "realistic" group conflict theory (Bayor, 1988). Similarly, Fisher (1990) describes the "diabolical enemy image" and the "moral self-image", in which a group or nation's collective, positive sense of self is strengthened by viewing members of one's "in-group" as superior to members of other "out-groups."

Phenomena such as these suggest that structural inequalities do not account for all prejudice and hatred. Bigotry and intolerance are also generated when out-groups are socially constructed as threatening. In response to perceived threats, societies frequently promote unity and national pride by defining as "other," people who are different and /or who challenge prevailing myths. At such times a coherent sense of national identity is preserved by demonizing a consensually agreed upon enemy. Pinderhughes coined the term "common renounced targets" to describe this phenomena, while Volkan described it similarly, using the phrase "suitable targets for externalization" (Group for Advancement of Psychiatry, 1987:42). People defined as "other," whatever the particular context, become suitable targets for rage and acts of aggression. They are held responsible for whatever internal tensions and external threats beset particular societies. As the process unfolds, target populations are socially constructed as not fully human; unworthy, inferior, morally deviant and dangerous. In consequence, the governing in-group feels justified in "protecting" itself by using state power against subgroups it defines as different or "other."

It is important to note that "others" cannot exist in isolation. The process of socially constructing people as "other" is only functional when cast in a relational context; i.e. contrasting people who are "good" with those who are "bad," people who are "hard-working" with those who are "lazy," people who are "powerful" with those who are "weak" (Lopez, 1994). This way of dividing the world suggests that members of groups in power can only feel good about themselves when members of other groups are conceived of as "less than." Freud (cited in Fisher, 1990) believed that one manifestation of this phenomena, ethnocentrism, reflects a type of group narcissism in which high self esteem and love of self within a group are maintained by directing intragroup tension and aggression away toward other groups that can be stigmatized and possibly, attacked.

The concept of the "other" has important implications. People are less willing to care for those they construct as other, particularly if the perceived differences are related to values and ethics. For example, in their study of working class white families, Sennett and Cobb (1974) found that respondents were less willing

to support welfare policies if they believed benefits were going to people of color who, in their view, had less of a work ethic. Such judgements are often rooted in a form of "moral surveillance" based on assumptions and second hand information, thereby reinforcing the belief that people are poor because they are morally deficient.

Ironically, the intensity of intergroup resentment may increase when there are only minor differences between the contending groups; i.e. when the "other" is nearly but not quite the same as the "self" (Berman, 1994). Despite repeated attempts to portray poor Americans as different (part of an "underclass", or participants in a "culture of poverty") what remains for most people is our essential commonality; our sameness as we struggle to survive economically and socially. Popular media conceptions to the contrary, there is a great deal of research which indicates that poor and affluent people in the U.S. share the same values (Gans, 1995; Wilson, 1996). The essential sameness in values between poor and middle class Americans is distorted by differences in economic circumstances, and by the fact that poor people have far less privacy than wealthier people and thus, are subjected to much greater public scrutiny (Gans).

While scapegoating and creating a denigrated "other" are frequently unconscious processes in individuals and small groups, our analysis suggests that scapegoating has become a fundamental component of public policy in the United States today. It has become a useful and perhaps necessary tactic that allows the wealthiest one percent of the population to focus public debate on the "other;" the *unworthy* poor (e.g. poor women and their children receiving public assistance), *criminals* who *terrorize* communities, or immigrants who *threaten* our borders. This strategy may partially explain how it has been possible to redistribute such large amounts of wealth to an affluent few without serious protest from the vast majority of people who not only have not benefited, but who have actually lost ground. Scapegoating, which relies on the ability to dehumanize and demonize relatively powerless populations defined as "other," has effectively served to distract most citizens from recognizing the economic and social inequities that have increasingly permeated American society over the past thirty years.

APPLICATIONS OF INDIVIDUAL AND FAMILY THEORY

In the following section we will consider the role defense mechanisms and cognitive dissonance play in defining the "other." We will also discuss triangulation, a family systems concept advanced by Murray Bowen.

Denial, Splitting and Projection

In psychoanalytic terminology, denial is defined as a defense mechanism " . . . by which an individual unconsciously repudiates some or all of the meanings of an event . . . (in order to erase) the disagreeable and unwelcome facts of the situation (Moore & Fine, 1990:50)." In individuals, denial is typically supported by two other defense mechanisms, splitting and projection. Splitting is an unconscious process in which individuals unconsciously maintain *separate* internal representations of entirely good and entirely bad care-givers because they find it profoundly threatening to recognize that the caregiver who is emotionally gratifying and the one who frustrates them are one and the same person. Projection is "a mental process whereby a personally unacceptable impulse or idea is attributed to the external world, (with the result that) one's own interests and desires are perceived as if they belong to others" (Moore and Fine, p. 149).

Taken in concert, these concepts describe the intrapsychic processes involved in 1) refusing to recognize external dangers and frightening self representations, 2) identifying an "other" person or group as a "bad" object who deserves to be attacked and possibly destroyed, and 3) justifying one's own aggression as self-defense against attack from an external enemy. At an intrapsychic level these defense mechanisms act together to create scapegoats who "deserve" to be denigrated and attacked because they represent everything the individual most hates and fears in him/herself. Although these intrapsychic mechanisms are observable in people with severe emotional disturbances, they also seem applicable to the social phenomena we described earlier. Moreover, they bear an uncanny resemblance to explanations of inter-group conflict proposed by social psychologists. This suggests that theorists analyzing micro and mezzo levels of interpersonal conflict largely concur in their explanations of how individuals and "in-group" members maintain self-esteem

and justify oppressive behavior toward denigrated "others," even when they approach the issue from quite different theoretical perspectives.

Cognitive Dissonance

The concept of cognitive dissonance explains that individuals or groups experience tension (dissonance) when there are inconsistencies between the environment they perceive, their behavior, and their internalized view of themselves (Kimble & Garnezy, 1963). The theory goes on to state that dissonance can only be resolved : 1) by modifying internalized values and self images to conform to social/environmental reality, or 2) by redefining social/environmental reality to conform to internalized belief systems. The first resolution involves reconciling internal cognitive process with consensually validated "reality." The second resolution involves revising descriptions of social reality and modifying previously accepted views of historical events to make them more compatible with preexisting values and self images; a process which requires extensive use of both denial and projection.

For example, most affluent Americans prefer to believe that prosperity is the fruit of hard labor, rather than privilege or luck. Among other factors, this view reflects internalization of the myths described earlier. One way in which white, middle and upper class citizens can "resolve" dissonance between societal myths of equal opportunity and the systematic pattern of inequality that exists in American society, is to target an oppressed subgroup and blame it for the adversity it suffers as a result of discrimination, prejudice and/or inequality. This formulation allows the privileged subgroup to maintain its own values and self image, without acknowledging complicity in oppressing the scapegoated subgroup. Dissonant thoughts are thus "resolved" through a process involving denial (prejudice, discrimination and social inequality don't exist in America and accordingly, I'm not bad), splitting (I'm good , its those "others" who are bad), and projection (I'm justified in injuring those "others" because they want to destroy my values and way of life).

In discussing dissonance between internalized values/self concepts and external reality, it is also useful to consider the concept of a coherent and integrated, positive sense of self as

described by G.S. Klein, H. Kohut and others (Eagle, 1984). In looking for areas of congruence between individual and large group behavior we note that it is difficult both for individuals and groups to maintain a coherent, positive sense of self in the face of inconsistencies between internalized self representations and consensual reality. For example, individuals whose self concept rests on the belief that they have earned an esteemed and secure place in society by having the right values, making sacrifices and working hard, find it difficult to maintain their beliefs when confronted with evidence of others who work hard and fail, or whose location in the social structure deprives them of the opportunity to work at all. When acceptance of social reality actively challenges personal self-worth, one way of resolving the resulting intolerable dissonance is by denying reality, splitting off aggressive and self-hating aspects of the self, and projecting them onto the "other;" i.e. individuals or groups socially constructed as morally deficient and/or dangerous. Once this construction solidifies, individuals or groups categorized as "other" are no longer considered fully "human" and thus, are unworthy of equitable or humane treatment from those in positions of power.

Triangulation

Bowen's theory of family dynamics describes "triangulation" as a process in which two or more people reduce the anxiety or tension in their relationship by joining together against a third person who stabilizes the system by becoming "the problem" (Bowen, 1976). Conceptually, the concept is closely related to scapegoating. Triangulation is a useful tool for understanding political initiatives designed to unite subgroups with common class interests against other, less powerful groups; e.g. campaigns emphasizing the "decline" of family values, the dangers of immigration, etc. Perhaps the most striking of these initiatives was the electoral strategy that President Nixon and his aides (Kevin Phillips in particular) consciously designed to unify Republicans, white northern Democrats and white conservative southern Democrats in a political coalition. The strategy was intended to amplify public fears that a liberal government in Washington would offer preferential treatment to African-Americans (Edsall & Edsall, 1992). Consequently, the Republican Party was able to

unite a number of disparate groups to create an electoral majority composed of affluent Republicans, "Reagan democrats," and the white "religious right." In conjunction with a severe economic downturn during the last years of Jimmy Carter's presidency (Edsall & Edsall), this coalition contributed markedly to Reagan's first election and ensured his second. The strategy's success is not surprising, since groups are more likely to make social distinctions based on categories of "us" versus "them" at times of social and economic upheaval (Sennett, 1970).

Triangulation and scapegoating only work when there is collective denial of reality. At an individual level, denial is triggered by threats to the self perceived as so threatening they cannot be consciously acknowledged (Goldstein, 1984). Implicit in denial is the need to "cut-off" emotions that are too painful or anxiety provoking to experience on an ongoing basis (Bowen, 1976). At a collective level denial involves the repudiation of aspects of social reality that, if acknowledged, would threaten the social fabric. For individuals, denial promotes a false narrative about self. For societies, it promotes a discourse of hatred, fear, and distortion.

LEADERSHIP AND FOSTERING HATRED

Public leaders exert enormous influence regardless of whether the public idealizes or vilifies them. Access to the public through the media, as well as the actual power leaders exercise, make them highly visible both as authority figures and experts. Leadership that stresses similarities between people can heal splits between groups. Leadership that stresses differences in values and lifestyles, and exploits the socially constructed sense of "other" for political advantage can exacerbate social schisms (Group for the Advancement of Psychiatry, 1987)). A number of public statements by candidates for the presidency have both emphasized differences and purposefully denigrated subgroups defined as "other." These include Ronald Reagan's characterization of "welfare queens," George Bush's use of the Willy Horton issue, Patrick Buchanan's anti-gay diatribes in 1992 and 1996, and President Clinton's attack on Sister Souljah during the 1992 campaign. Recent attempts to "reform" welfare have been legitimized not only by the President, but also by the Speaker of the House,

Majority Leader of the Senate, and countless other elected state and national officials. In contemporary political rhetoric, drastic reductions in eligibility and benefits are presented as "reforms" even though they treat welfare recipients as if they belong to a different biological species. As political leaders advocate for and justify "reforms" of this kind, public opinion is shaped by leadership that scapegoats, divides, and reinforces an invidious sense of difference at enormous cost to those categorized as "other."

Political leadership of this kind involves scapegoating and denigrating subgroups to achieve political advantage. Scapegoating employed systematically has four major consequences: 1. Angry, disenfranchised, working and middle class people are given human targets to vent their frustrations against. 2. The target groups are dehumanized and denigrated. 3. The political opposition is associated with the denigrated group(s) and thus discredited. 4. Leaders employing this strategy attain and solidify their power (Whillock, 1995). Extreme examples of such leadership have had disastrous consequences in Europe during the 1930's and 1940's, and more recently in Yugoslavia, East Timor and Rwanda. As we witness the increasing economic inequalities in American society, the rampant use of imprisonment as a mechanism of social control, and the widening divisions scapegoating promotes at a national level, we begin to recognize the budding, terrible consequences that divisive leadership inflicts on all of us.

HOW TO RESPOND

We have tried to identify and understand a combination of societal trends- increased inequality, rising rates of incarceration, decreased services for the needy and a public discourse that denigrates and scapegoats poor people, people of color, and immigrants- by employing selected psychodynamic, cognitive, group and family systems concepts. We have argued that mechanisms of denial, splitting, projection, scapegoating, triangulation, and divisive leadership contribute to a collective psychology of denigration and dismissal. This, in turn, supports a social process of negation and rejection that alienates and harms significant numbers of Americans.

What can be done when psychological mechanisms of this kind are purposefully manipulated to support a national discourse of denigration? There are no ready answers or easy solutions, but we will offer some suggestions. They are directed mainly to clinical social workers because so many master's level social workers practice in clinically oriented settings. Since we believe that the processes described above are, for the most part, unconscious and irrational, the strategies we propose are designed to address unconsciously motivated attitudes and behaviors as well as intentional exploitation.

Making Overt What Is Covert

A fundamental method used to ameliorate the effects of irrational internal processes in individuals involves the simple act of talking. Social workers believe that directed conversation results in greater rational insight. When people understand their irrational wishes, fears, and conflicts, they can change how they understand themselves as well as how they behave.

Directed conversation can be facilitated with families and groups. Bargal and Bar (1994) found that ethnic groups (e.g. Arabs and Jews) in conflict with one another respond positively to small group encounters that promote greater understanding of the historical and social forces which fuel the conflict. Accordingly, our first recommendation is that social workers engage in structured public discussions about privilege and oppression in the context of America's history and its current social structure. Social workers can foster such dialogues or can work with existing organizations that organize such conversations (Examples of such organizations are listed in *The President's Initiative on Race*, 1999).

A number of models of public dialogue provide guidelines for addressing difficult and contentious issues. For example:

1. Large group discussions about controversial, emotionally charged topics that divide Catholics and Protestants have been initiated by social workers in Northern Ireland (Templegrove Action Limited, 1996). These discussions began with formal presentations and proceeded to small group discussions.
2. The Public Conversations Project of Cambridge, Massachusetts (Becker, Chasin, Chasin, Herzig & Roth, 1995; Chasin,

Herzig, Roth, Chasin, Becker & Stains, 1996) has conducted small group dialogues, facilitated by family therapists about controversial issues such as abortion. Clear ground rules make it possible to foster respectful inquiry and avoid clichéd conversations.

3. A foundation-supported effort, Study Circles, provides technical assistance to communities with the goal of fostering on-going discussion groups about race and racism (Study Circles Resource Center, 1997).
4. Schools of social work have sponsored public conversations about racism that feature facilitated discussions in which the leaders model constructive self reflection, and participants engage in small group "fishbowl" conversations (Donner & Miller, 1999).
5. In recent years, President Clinton has sponsored a national conversation about race, thereby using his leadership position to foster a respectful, historically grounded public dialogue that is sensitive to social context (CEA, 1998). Although we do not suggest that conversation alone will suffice (we believe strongly that the social conditions described earlier must also change), we subscribe to the view that changes in consciousness are often necessary preconditions for social action directed toward changing policy. The projects outlined above suggest that public conversations about power, privilege and oppression are an effective means towards initiating shifts in collective consciousness.

Deconstructing Coded Scapegoating

Making overt the covert in clinical work also involves decoding symbolic meanings in discussion. Recent advances in narrative and discourse analysis have assisted this effort (Chambon, 1994; White & Epston, 1990). Words and metaphors are important. They not only shape and frame discussions but open or limit what people can think about, and what actions they are willing to consider. Words and metaphors can be utilized to humanize or dehumanize both object and subject.

Many clinical social workers are already aware that clients' private troubles encode societal discourses that reflect unequal

social structures. This perspective encourages clinicians to actively identify how internalized societal oppression contributes to the development of symptomatic behavior (White & Epston, 1990), thereby allowing them to deconstruct and reconstruct public discourses that oppress and marginalize clients. Practitioners can indirectly help their clients by vigilantly and regularly monitoring and challenging the terms and metaphors used by politicians and the media to mis-describe clients. Such language can be deconstructed and exposed as it is articulated in public discourse, much as destructive and negative metaphors are elucidated in therapy. New metaphors that encourage integration (rather than splitting) and healing should be offered to replace those that divide and denigrate.

In the process of developing new metaphors, agencies, professional organizations and individual practitioners can initiate "media watches" which provide weekly briefings about how clients are misrepresented in public forums. Social workers can offer audio essays to public radio stations and organize clients to write their own narratives for agency newsletters. Both in agency practice and in MSW and BSW programs, social workers practitioners and educators can regularly contribute to publications that appeal to general audiences. Although it is important for educators to engage in research and to publish scholarly articles in refereed journals, schools of social work can also give faculty members credit for scholarship and community service on the basis of articles written for popular consumption that are published in the mass media.

We are well aware of the time limitations and constraints social work clinicians face in the era of managed care (Schamess & Lightburn, 1998), and we do not mean to minimize the pressures practitioners currently labor under. Ultimately, however, we have to ask whether by colluding with managed care models that only compensate social workers for "billable hours" spent in face to face contact with clients who have medically diagnosable conditions, we are contributing to the solution or to the problem? We know it is difficult to find time to engage in publicly uncovering coded metaphors that foster client scapegoating, but our future as a profession depends on finding creative ways of creatively engaging in this process. As a case in point, in 1998, the

Federation of Clinical Social Workers proposed union affiliation for regional chapters whose members approve the plan. Where adopted, this initiative will enlist union representatives in negotiating service conditions and reimbursement schedules with managed care companies and other funding agencies. The plan is designed to reduce the power disparity that has, up to now, characterized negotiations between social workers and institutional funders, with the goal of giving social work practitioners more bargaining power both to advocate for client needs, and to protect themselves from exploitation. While still too new to evaluate, the initiative indicates that social work professional organizations are developing innovative advocacy options both for practitioners and clients

Humanizing Everyone

The intrapsychic and group processes we have described work to dehumanize people. As clinical social workers participate in public discourse and dialogue, it is essential to reemphasize the profession's code of ethics; particularly the fundamental value which asserts that every human being deserves to be treated with compassion and respect. Clinical social workers can actively strive to modify public perceptions both by describing clients empathetically in public forums, and by facilitating direct client access to the media. Such initiatives amplify clients' voices in much needed ways, and make it more difficult to scapegoat clients in public political discourse. As practitioners, we are aware of the distortions promulgated by people who are either unaware of the heroic efforts clients employ in dealing with tremendous adversity, or who purposefully scapegoat particular subgroups for political gain. We need to challenge denigrating myths and stereotypes by presenting narratives that both affirm the universality of the human condition and describe clients in all their complexity. Initiatives of this kind would challenge what Allport (1948) called "tabloid thinking."

Taking Responsibility

In our work and in our lives, we cannot challenge scapegoating and oppression and retain our authenticity without acknowledging that social workers too benefit from a privileged

position in society. If rising inequality and scapegoating threatens everyone's sense of integrity, then we, in our paid professional roles, often become unwilling participants in repressing others. As helpers, we too experience cognitive dissonance when we think about the goals and standards of our profession and then pause to reflect on what we are, or are not doing in our work with clients. It is a dilemma all of us must grapple with. We emphasize it here because we believe that if unconscious mechanisms of denial, splitting and projection contribute to negative social trends, social workers can work toward social change by first recognizing and challenging these mechanisms in ourselves. By looking soberly at the history of privilege inherent in our professional status, and by considering what we can do personally, professionally, and collectively, we can take a first step toward challenging the current discourse of denigration. Although social work is far from the most affluent, powerful, or influential professional subgroup, we can nonetheless play a significant role in initiating meaningful social change by examining the functions and roles we play within agency structures in the context of how society at large currently perceives and deals with subordinated client subgroups.

As we know from our clinical work, however, psychological difficulties are not always amenable to rational discourse and self-reflection. The historian, Howard Zinn (1994, p.239), argues that "our traditional much praised democratic institutions—representative government, voting and constitutional law—have never proved adequate for solving critical problems of human rights." We agree with this conclusion and believe that conditions for our clients are currently so desperate that more confrontational strategies such as demonstrations, and in selected instances, non-violent civil disobedience will both be necessary. As in other periods of socially sanctioned scapegoating, it is essential for social workers to bear witness and to challenge the legitimacy of hegemonic discourse.

Such actions by individuals, must of course be by personal choice. Collectively, however, as explicated in the NASW Code of Ethics, clinical social workers have an obligation to promote social justice for clients as well as to enhance their individual well being. Strategies that the profession has used in the past include

sit-ins, demonstrations and teach-ins. Collective, professional, civil disobedience can also imply refusal to cooperate with policies that overtly harm or denigrate our clients. For example, many clinicians currently engage in a covert form of civil disobedience through the practice of code switching; i.e. providing funding organizations with medical diagnoses that ensure needed services for clients, but that neither reflect the actual focus of therapy or the clinician's "actual" assessment of the client's mental status. While typically intended to protect or promote client welfare, such behavior basically involves "playing the game;" i.e. accommodating to the system rather than overtly challenging it. If the profession can unite to take stronger public positions, agency coalitions, professional organizations, consortia of schools of social work, and unions could collaborate in confronting the seemingly inexorable trend toward providing fewer and less adequate services for client populations that have been increasingly defined as unworthy and undeserving of care. The essential decency of much of the American public suggests that effectively presented, widely disseminated information about how inadequate services affect vulnerable client populations is likely to evoke a positive public response.

It is important to recognize a confrontational strategy involves sizeable professional risks. In the short term it could have serious negative consequences including the loss of agency contracts, significant reductions in agency income, agency closures and the elimination of jobs. Nonetheless, as a profession, we must ask ourselves to what extent we will cooperate and even in some instances collude with policies that offer modest work security while ignoring client needs. It is a complicated dilemma that does not lend itself to a quick or easy solution. At this point in time, we can only articulate the issues and encourage serious ongoing discussion throughout the profession, but especially among clinical social workers, who because they constitute the majority of currently practicing MSWs, have in many ways, been most affected by current policies.

CONCLUSION

This paper reflects a preliminary attempt to explore the relationship between intrapsychic mechanisms, family dynamics,

small group processes and such society wide phenomena as public denigration, scapegoating, and the systematic oppression of politically targeted population subgroups. It also recommends a number of "remedies" we think could positively influence the problematic social trends outlined above. In essence, we are urging clinicians to combine therapy with policy practice. While treatment is clearly beneficial to large numbers of individuals, families and groups, clinicians also need to advocate collectively for and with clients. The current scale of social victimization and oppression is so immense, and the present political climate is so focused on scapegoating poor people, people of color and people in other politically targeted disadvantaged subgroups, that frightening consequences seem inevitable unless the processes can be reversed.

In Essence, we are Urging clinicians to combine therapy with policy practice much in the tradition first articulated by Bertha Reynolds (1964).

At present, the critical gap between clinical and policy practice is reinforced by the educational structures of most schools of social work as well as by the work requirements of agency practice as currently defined. The profession should thoughtfully and thoroughly re-examine those structures.

We believe it is critical for clinicians to actively and forcefully enter the public discourse (locally, nationally, individually and collectively) that denigrates oppressed and disadvantaged people. Hate speech is a monolithic narrative which suppresses, oppresses and dehumanizes its targets. In contrast, planfully devised public dialogue can create a discourse of compassion and understanding (Whillock, 1995) in which even participants with passionately opposing views can gradually discover each other's common humanity

As professionals (and citizens) we live at a time when we cannot be complacent. There is too much at stake for our clients and for ourselves. Historically, social work's use of clinical theory has too often been associated with professional withdrawal from public life and social action (Specht & Courtney, 1994). We suggest here that applying clinical theory to social phenomena can contribute to a different outcome by reducing the distance between the intellectual frameworks which inform different fields

of practice. Our analysis suggests that forceful activism by clinical social workers would meaningfully challenge the public discourse of denigration, and contribute to forging a national dialogue of compassion.

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