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Pathways to Empowerment: A Social Work Student's Reflection on Anti-Oppressive Clinical Social Work Practice

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ABSTRACT

There is increasing attention being provided to the experience of marginalized and oppressed communities in the U.S. The rise of public awareness of societal issues coincides with considerable attention in the social work community on providing direct practice care to clients that fully incorporates the social justice aims of the profession. Using the history of the profession of social work and core anti-oppressive practice and concepts, this reflection touches on incorporating an anti-oppressive framework into modern clinical social work practice. Case narratives on my internship with adolescent females in a high school in Brooklyn assist in depicting the process of concept into practice. These examples will hopefully demonstrate the applicability of interventions such as group work, strengths based work, and mindfulness as tools for anti-oppressive social work practice.

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INTRODUCTION

Social work is a unique profession aimed at improving the well being of individuals and families while also advocating for marginalized communities in the fight for social justice. These values anchor the professional code of ethics and underpin professional training programs for Social Workers. However, what does advocacy actually look like in a therapy session? How do clinical social workers uphold the social justice values of the profession while working within systems that oppress and marginalize our clients? My beginning education as a social work professional has been defined by these important questions. As clinical social workers, we are tasked with applying direct interventions with clients while maintaining social justice and anti-oppressive values. This is a daunting task especially for a new social worker learning their own clinical style while, simultaneously, finding their path in the professional world. Reflecting on my personal journey as a new social worker, I realized that this tension is critical to every choice I make in my learning and in my work.

The fight for social justice begins with exploration of personal and professional identities and understanding our place within the communities in which we work. In order to ponder the future of anti-oppressive clinical social work it is necessary to explore the history of the field that led to current practice perspectives. This history informs our identities as social justice oriented leaders in the field equipped to join in with our clients. Along with this history it is important to discuss critical concepts of anti-oppressive social work as well as some therapeutic interventions that encourage self-efficacy and empowerment for our client populations. It is my hope that this thesis leaves the reader with increased understanding of the power of social work in a time when so many are feeling powerless. Traditionally, social workers have been at the forefront of social

change bearing the brunt of major cultural and political issues. We work closely with those individuals directly impacted by oppressive social systems while simultaneously being charged with critically examining and revising the structures that create these issues. The case reflections on my work with adolescent girls in a high school setting provides insight into how anti-oppressive concepts and practices can shape direct practice work in positive and liberating ways for our clients.

LITERATURE REVIEW

SOCIAL WORK AND SOCIAL JUSTICE

An important backdrop to the present discussion is the recent shift in U.S. presidential administration. Our country is moving away from an administration that afforded government funding and programming for marginalized communities and towards an administration that values minimal governmental aide. The exact policy changes have yet to be seen. But many who have dedicated their lives to social service feel worry and concern for our clients. We are experiencing a cultural shift that harks back to the racial tensions of the Civil Rights era of the 1960's. We are seeing more protests than ever as so many become increasingly intolerant to the hateful rhetoric and institutionalized oppression that is seemingly steadfast. The sense of urgency fostered by accessibility to news can make social worker's fight for social justice feel uniquely modern. The influx of attention paid to social injustices and oppressive systems has certainly raised our level of social consciousness. Of course, the close ties social work has always had to socio-political issues means that we are called to be uniquely aware of how culture impacts the lives of our clients. Social workers most often engage with communities most directly affected by systemic forms of oppression based on various aspects of social identity including race, gender, and social class.

Historically, social work has been at the forefront of advocacy work for impoverished and marginalized communities. Social work in America was born out of the industrial boom and urban migration in the late 19th century. The beginnings of social work were characterized by altruism and philanthropic support for impoverished immigrants landing in developing urban cities. Reamer (2014) defines this era of social work as the "Morality" period stemming from the

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Poor Laws in feudal England in which individuals in poverty were considered "immoral" or "unrighteous". Mary Richmond and Jane Addams were pioneers in the field bringing attention towards systemic issues with the need for broad social reform. Addams created Settlement Houses and Richmond founded Charity Organization Societies (COS) which were fundamental to shaping the community based social work as we know it today (Haynes, 1998). Their efforts were fundamental in weaving social justice into the profession of social work. This macro-level perspective continued into the Great Depression era with new social programs initiated to support underserved populations (Reamer, 2014). The beginning of social work quickly evolved from not only individual casework but also advocating for social justice within communities. Along with the changing understanding of populations to be served came a burgeoning sense that social systems play an important role in shaping individuals within communities. Interestingly, members of the Social Work community trace our current professional dichotomy of micro-level direct work and macro-level community work to this beginning history. Shdaimah and McCoyd (2012) further characterize Richmond and COS as the forefront of "scientific philanthropy" and Addams Settlement Houses as community and social policy based. The distinction we see today regarding practice with individuals or communities may stem from the early beginnings of the profession.

In addition to the influence of the Addams and Richmond, the Flexner Report and speech of 1915 was another huge catalyst for further consideration of the "profession" of social work. Flexner was a prominent educational reformer of the time and published a foundation report on medical education curricula in the U.S. and Canada. After the response to this report, he was asked to speak at the 1915 National Conference of Charities and Correction. Flexner is largely

regarded as criticizing social work for taking aims at reducing societal problems as opposed to focusing on individual behavior using defined practice methods. McGrath (2008) cites this response in an editorial examining the speech and its influence on the profession. She asserts that the response to Flexner's speech charged many prominent social workers to consider viewing the profession through the lens of a scientific model in which practice methods could be developed and practiced. In response to his speech, social workers worked towards for "legitimizing" the profession. As such, it is important to note Flexner's speech as crucial in pushing social work towards developing teachable practice methods, developing specialist educational curriculum, and, as some posit, abandoning its social reform heritage (McGrath, 2008).

Further, the beginnings of social work in America are very clearly tied to economic disparity focusing on impoverished individuals and communities. Not surprisingly, the 1960's-70's broadened the general understanding of social injustice in our country. The Civil Rights and Feminist movements of the time brought attention to the pervasive racial and gender disparities in our culture. No longer was social work focused solely on class disparities and issues of poverty as defined in the beginnings of the profession. With the broadening understanding of these social injustices came a re-evaluation of standard Social Work practice. The social work "generalist" model of practice, which came about in the late 1960's, remains the standard model in today's social work practice (Miller, Harnek Hall, & Tice, 2008). The generalist model incorporates casework, group work, and community organization as central to effective social work practice. The model is based on understanding a person within their social environment in order to provide comprehensive treatment and services. The generalist model of social work practice aims to combine work with individuals and groups while maintaining

appreciation for systemic social issues. The generalist model also encompasses foundational

concepts of understand individual pathology as well as forces of systemic injustice that influence

a person's experience. It should also be noted that foundational concepts of Freud's

psychodynamic theory such as transference, countertransference, and defense mechanisms came

to be important components of clinical social work training models.

So, it is evident that the changing understandings of social injustices as well as

continually developing models of practice influence the profession of social work. One can view

the divergent fields of practice as a unique benefit allowing social work professionals multiple

ways in which we can provide services to clients. But we must remain vigilant in determining

how our practice drives training and interventions that consider social justice. Consider, for

example, the push for clinical social work models that fall in line with medical models in which

clients are given immediate diagnoses which can further pathologize our clients' experiences.

Interesting studies have been conducted to ascertain how clearly clinical social workers even

understand social justice. Hawkins, Fook, and Ryan (2001) found clinical social workers to rely

on individualistic, therapeutic language that contradicted or omitted entirely social justice

oriented language. This suggests that clinical social work training does impart distinctive

knowledge out of line with social justice oriented practice. Another qualitative study collected

narratives from clinical social workers and found many to have an overall lack of confidence

when discussing social justice as well as inconsistent definitions of social justice (Cowley, 2014).

The general trend towards clinical practice is evidenced by the Council for Social Work MSW

program enrollment data. In 2015, 49.1% of MSW programs offered training with clinical/direct

practice focus, 29.7% with generalist focus, and 12.7% with a community development focus

(Council for Social Work Education, 2015). This means that more and more social workers are being trained to specialize in work with individuals and families. Social justice has been and will remain a desired outcome of practicing social work professionals. However, this data suggests we may have some more work to do in terms of gaining a deeper understanding of social justice. We must also remain diligent in our efforts to maintain anti-oppressive ideals in work with individuals and families as well as within systems and communities.

ANTI-OPPRESSIVE SOCIAL WORK CONCEPTS

The historical context and current practice trends lends to a deeper understanding of the need to critically review social justice oriented social work. It is also just as critical to explore the central concepts and theories of anti-oppression that lend to an understanding of the available practice interventions that undo such oppressions. To review anti-oppressive work one must have basic understanding of what oppression is and how it manifests in everyday life. Baines (2011) uses the following description in her book on anti-oppressive social work practice:

> Oppression takes place when person acts or a policy is enacted unjustly against an individual (or group) because of their affiliation to a specific group. This includes depriving people of a way to make a fair living, to participate in all aspects of social life, or to experience basic freedoms and human rights….Oppression can be external…or internal. Internal oppression often involves self-hate, self-censorship, shame, and the disowning of individual and cultural realities. (p. 2)

Identity and societal labels clearly play a role in allocating power and privilege among members of different communities. It is evident based on this definition of oppression that power is a hugely influential factor involved in oppression. This power is wielded by oppressive individuals, groups, and systems to take power away from and marginalize communities. Oppression takes the form of interpersonal discrimination and in the form of prejudicial policies or rules enacted by institutions or systems. The vast number of ways in which oppression manifests in societies means that it is a pervasive and persistent societal influence. Oppression is so entrenched in our culture that it can be difficult to tease apart, define, and understand. Some

might argue that this fluidity of oppression is by design to keep the "oppressor" in a position of power and influence.

To continue, for the purposes of this discussion it will be helpful to consider a unifying conceptual framework that further explicates effects of oppression. Baines (2011) breaks down anti-oppressive practice into ten core concepts. Some of these concepts will be discussed in order to better understand how anti-oppressive practice interventions dismantle effects of prejudice and discrimination. Social relationships on an individual level as well as on a systems level are the driving force in enacting and generating the oppression of groups and individuals. Oppression does not occur either on the micro or macro level but rather permeates all levels of social relations. These interactions are social in nature suggesting that oppression is constructed and organized by people. This means that oppression can be stopped or re-organized by people as well. Oppression is by definition a social construction with the intent of creating categorical organization of people and groups within societies. The concept of intersectionality relates to this categorical organization in that it refers to the multitude of categories by which societies label and oppress individuals and groups. Multiple social labels are often wielded in discriminating against individuals and groups which include race, gender, class, sexual orientation, and disability. These labels are not mutually exclusive and influence and compound one another creating multiple layers of oppressions.

In addition, many core concepts of anti-oppressive social work focus on the profession itself as an agent involved in oppressive systems. Baines (2011) purports that social work is political in nature and cannot be truly neutral. We are agents working on the local or federal level and rely on concepts of power, resource, human rights, and opportunity for change and growth. It

is important to understand these power dynamics between social workers and clients in order to remain diligent in undoing oppression. Similarly, a core concept of anti-oppressive work requires that social workers participate in constructive criticism of their own participation in social processes. Frustrations, disappointments, and successes are all avenues in which we can gain insight into improving anti-oppressive theory and practice. As evidenced by the core values of the profession, social workers must engage in social justice and work towards providing service to marginalized and oppressed individuals and groups. These are central tenets of all social work practice but also critical to anti-oppressive practice. Just as the experiences of our clients are complex and multi-dimensional, so to is our understanding of anti-oppressive theory and practice. Baines (2011) suggests that effective anti-oppressive practice must utilize a multitude of theories and models in order to have the greatest potential in dismantling the effects of oppression.

Yet another way to conceptualize the power dynamics evidenced in our work with clients is through the professional role and client role, or "expert" and "patient." Ann Hartman (1992) posits that access to knowledge itself can be a way in which marginalized individuals experience subjugation and disempowerment. The steps we have taken towards building social work's professional identity also acts as a means of institutionalizing knowledge of the experience of many of our clients. She cites the prominence of white males in the social sciences as an example that demonstrates a way in which our profession itself works towards stifling divergent viewpoints. It is important, rather, that social workers rely on the client as the expert of their own experience. We are not imparting knowledge onto our clients but rather asking and listening in order to help our clients feel validated in the clinical space. Hartman's perspective is that power

is linked to knowledge and we must aim for collaboration with clients in which their experience is valued and affirmed.

As mentioned, oppression influences individuals and groups through the social processes of identity formation and power relationships. These processes are integral to dynamics between individuals and groups and are important to consider when discussing anti-oppressive social work practice. Because identity is partially constituted through interactions between people it is inexorably linked to oppression relations (Dominelli, 2002). The creation of a personal sense of identity is built on social context. Our presentation of self is either affirmed or rejected by family, friends, and systems and requires constant appraisal of attributes of self expression. The process by which we create our personal sense of identity is then influenced by one's social context. Our relationships involve a negotiation of our knowledge, values, skills and resources that are carried with us as a means of representing our ability to influence our environment (Dominelli, 2002). Some members of oppressed groups begin to internalize the norms and values of the dominant social group. These individuals engage in the creation of a sense of identity within an oppressive social structure and manifest this internalized oppression through social relations with systems, groups, or individuals. Dominelli (2002) argues three possible courses of action of those who internalize oppressed identities: acceptance, accommodation, and rejection. Those who accept the dominant paradigm do not believe that there are other ways of being and express little recognition of alternate realities. Some members of marginalized groups accommodate the dominant paradigm into their sense of identity too a lesser extent. They remain observant and critical of the group in power but also continue to operate under an identity that inhabits the norms and values of the oppressor. Those who reject an internalized oppressive identity

recognize the existence of oppression and seek to undermine the social order. She points out that these are not fixed reactions and that often marginalized individuals can fluctuate between these reactions in different social contexts. This suggests that those who are oppressed in some aspects of their life can also be oppressive in others. This is because of the complexity of social identities and the fluidity of responses to marginalization and powerlessness. Being able to recognize potential reactions to oppressive realities is critical in forming an understanding of anti-oppressive social work practice.

Moreover, Dominelli (2002) discusses the concept of "othering" as a critical process in social oppression that wields power and privilege over oppressed groups. This is a means by which a dominant group constructs an individual or group as "other" and as such is excluded from hierarchies of power and privilege. Those included in the group defined as "other" are viewed as inferior, powerless, or even pathological. This process manifests dominance over a group by creating exclusions and conflictual relationships that perpetuate boundaries and limit social resources. "Othering" often involves de-humanizing tactics in order to exert dominance and control. We can consider the previous mentioned constructs of social identity to consider the ways in which "othering" can occur. For example, the ways in which women are objectified in popular culture can be seen as a way of de-humanizing a gender identity for the purposes of power and control. Focused attention on the external representation of self through the body can influence a person's understanding of self and negatively manifest in feelings of shame, low self-esteem, and powerlessness. The practice of "othering" through representations of body and beauty are not only tied to gender but tied to race as well. Idealized images of beauty in many cultures are not only tied to gender binaries but also to race, sexual orientation, and physical

disabilities. These experiences serve to isolate individuals who cannot relate to the "status quo" and perpetuate feelings of "otherness" making them more susceptible to experiencing oppression. Acknowledging the ways in which social thought can manipulate the experience of groups and individuals is important in avoiding conflation between internalized oppression and victim-blaming. The effects of oppression are far-reaching and it exists as a persistent experience among societal groups over time. Social Worker's efforts to understand the experience of the marginalized groups should always be based in empathy rather than blame. In so doing, we work towards empowering oppressed individuals and groups to join in the fight to acknowledge, challenge, and change oppressive groups and systems that hold power in a given society.

SOCIAL JUSTICE ORIENTED PRACTICE

Exploring anti-oppressive concepts helps ground us in figuring out where the work needs to happen. Incorporating these concepts into our conceptualization of our client's experience is integral in understanding their experience and providing holistic treatment encompassing social justice values. However, it is not enough to simply be aware of oppression and to be empathic towards our clients. Social Workers must also engage in enhancing their toolkit of practice interventions that provide a therapeutic outlet for the "symptoms" of oppression. A central component of our work with clients is not only treating symptoms but also working towards de-pathologizing a client's experience so that they can work towards a healthy and functional sense of self. We have reviewed the ways in which oppression exists as a dominating tool to construct powerless identities within a given culture. In so doing, it becomes clear that anti-oppressive practices must work towards joining in with a client's quest for power, self-discovery, and belonging. A beginning step in anti-oppressive practice is understanding the power dynamics that exists within our relationships with clients. We are trained with crucial knowledge and tools that equip us with authority in the therapeutic relationship. In working with marginalized or oppressed groups, we must pay constant attention to how this authority is experienced by our clients. Our professional identity is thus a crucial component of anti-oppressive practices toward social justice.

With this in mind, Sakamoto and Pitner (2005) call for a continual development of "critical consciousness" in anti-oppressive social work practice. This refers to an ongoing self-reflective process in which social workers engage in examination of biases, cultural worldviews, assumptions, and power dynamics. This process most commonly takes the form of supervision

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between social workers, colleagues and supervisors examining reactions to clients. Through this process we hold ourselves accountable to clients and use objective guidance from our peers to consider the ways in which our biases and assumptions manifest in the session. The first step in this process is to reflect on our personal social identities, or labels, to understand our social position. In so doing we will begin to understand how we perceive ourselves and others. We may be experience privilege in some aspects of our lives, but feel oppressed in others. Teasing apart our own identity helps us to appreciate the complexity of social identity and how much it contributes to our worldview. The practice of critical consciousness requires us to explore the power dynamics that exist between social worker and client. Hopkins contends that the ultimate goal of social work practice is to provide liberation for both social worker and client (as cited in Sakamoto & Pitner, 2005, p. 443). When we recognize the "teacher/student" trap that can exist between worker and client we can then actively dismantle this dynamic by allowing the client to narrate their own experience. In this way clinical social workers can transcend the stereotypical therapeutic dynamics in which therapist is expert and client is student. Rather, we give control to the client to navigate the therapeutic experience. A very important aspect of this process is to deter social workers from defining the oppression experienced by the client. We must be aware of these social processes but value the individualized experiences of our clients by actively tuning into their life stories.

In fact, current standard practices of clinical social work may actually achieve these same ends for our clients. For example, strategies for engagement in social work often call for meeting a client where they are at, joining resistance, and using a strengths based approach. All of these tactics are meant to give a voice to the client in the therapeutic alliance and, especially for clients

experiencing some form of oppression, can be hugely liberating. A foundational approach in clinical social work practice is to assess a client based on their strengths and resilience. This process is meant to empower a client to view the available ways in which they are able to bring about growth and change in their lives. In so doing, we can transform client's from viewing themselves as "sick" or "bad" which is common in a traditional medical model. Instead, our role is to help a client not only work through the issues they are facing but also find strength and power in themselves that they may not be able to see or feel too disempowered to present. If we consider the ways in which oppression works to de-humanize marginalized groups than it is a natural connection to view strengths-based care as transformative clinical practice. Similarly, group work is a possible available intervention in an anti-oppressive social work perspective. The act of universalizing and validating a client's experience is no more salient than in the group practice model where clients bear witness to the experience of others. In this way group work can counteract the isolation and exclusion experienced by individuals in oppressive social systems. While group work can create belonging, we must also consider practices that help our clients embrace their individuality and central humanness. Liberation from oppressive forces requires us to tune in to what makes us uniquely human. Mindfulness is process by which individuals can attain a heightened awareness of self and a sense of clarity. Thus, a sampling of relevant social work interventions such as empowerment social work, group work, and mindfulness will be reviewed as they relate to anti-oppressive social work practices.

Strengths based work calls upon fundamental aspects of human interaction which make it a practical and accessible intervention tool. Considering the positive traits and resources of an individual is a practice we engage in everyday in interacting with family, friends, peers, etc. The

ubiquity of this process means that it can be widely applied in different settings with varying

populations. With that being said one must also consider the subjectivity of strengths. Different

clinicians may not perceive similar strengths in the same client. And, more importantly, a client's

view of themselves may not align with a clinician's assessment. It is not as important that we

ascribe positive attributes to a client and that our views align with the client's. Rather, the benefit

of a strengths based approach is to appreciate a client's capacity for adaptive and resilient

functioning in a given environmental context (McQuaide & Ehrenreich, 1997). This can include

individual characteristics as well as characteristics of their social environment including family,

peers, culture, work, etc. Strengths based work enables individualization and increases the

possibility for resilience and growth. It can be transformative in the therapeutic dialogue for

clients to assess their own strengths. Some may never have considered such an exercise, but it

sets a tone for their control and agency within the relationship.

Additionally, the scope of a strengths-based perspective lies critical concepts of

empowerment and collaboration between social worker and client (De Jong & Miller, 1995). By

allowing clients the space for self-reflection of strengths we are asking them to define their own

experience. Rapport (1990) contends that this empowerment is reached by creating a context in

which clients can discover power from within themselves (as cited in De Jong & Miller, 1995).

In this way, we create a space where clients can feel empowered to conceptualize their world and

decide how they want to live in it. For many of our clients, this power has been taken from them

in various ways. Depending on the setting of our work, a strengths based approach can seem

difficult to impossible. Working with tragically impoverished and marginalized communities

creates focused attention on providing the most basic human needs and therapeutic intervention

can take a backseat. It is important, nonetheless, to engage in the "suspension of disbelief" as De Jong and Miller (1995) call it, in order for our clients to experience acceptance and validation. This experience is reached through collaboration and dialogue with a client asking them to define their own experience. In this process, the social worker is a guide not an expert and works towards enhancing the strengths and available coping skills a client already possesses. If oppression works towards de-humanizing and minimizing the power of the individual, then strengths based work and empowerment practices are a crucial antidote that can assist in a client's quest for their right to experience individuality and autonomy.

In addition, group work can also have transformative power in anti-oppressive social work practice. Schwartz (1994) posits that the earliest forms of social work practice with groups emphasized empowerment of members (as cited in Gitterman & Knight, 2016). The roots of mutual aid are fundamental to social work practice and provide liberating validation for participating clients. Relying on fellow group members further emphasizes the strength and power of the individual in the therapeutic relationship. Resilience and growth are typically fostered through relationships between group members and group leader. Group members provide support and understanding this is unique in its power to discourage feelings of isolation exclusion, and helplessness. The capacity for strengths assessment and validation can be somewhat limited in individual sessions where a client feels a lack of power supported by the therapist-client dyad roles. Through group work, clients are able to hear from others who have a similar life experience in which challenges are mirrored or similarly represented. In relation to notions of empowerment, the act of being helped by and helping fellow group members can vastly increase feelings of self-worth and self-esteem (Gitterman & Knight, 2016).

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Similarly, I would like to point out the importance of group work with adolescents which is related to my fieldwork reflections. The transition from childhood to adulthood is fraught with ambiguity, identity issues and the search for meaning and purpose. Sure, these may be tasks that stay with us through our lifetime but they are undeniably linked to the period of adolescence. In their article on the effectiveness of group work with adolescents, Vysniauskyte-Rimkiene and Matuleviciute (2016) point out that the diminishing family influence and increasing peer influence during adolescents heightens the effectiveness of group work for this population. They posit that intuitive and non deliberate group work activities can help increase self-awareness and peer belonging. In their experience working with small groups of adolescents in Lithuania, the authors found that creative group activities activated group trust and community. The fundamental tasks of group work such as creating group norms, establishing group roles, and open communication all contributed to a sense of community among members. They identified a need for social work group leaders to be experiential and experimental in facilitating groups with adolescents. Tuning into the evolution of group members during this transitional period of life is essential to effective group work. Paying attention to changes within the group is essential in helping group members to apply decision making and problem solving tactics that can then be applied to other areas of their lives. Through the lens of social justice and anti-oppression, one can see in this example the transformative power of groups by helping members feel social belonging, self-efficacy, and mutual understanding.

Beyond group work and empowerment strategies, I would like to suggest that clinicians might consider mindfulness-based interventions as engagement in anti-oppressive social work. In the next section, I will go into further detail about how I came to incorporate mindfulness in my

group work practice with high school students. However, to contextualize my practice reflections I would like to make some distinct connections between mindfulness and anti-oppressive social work. A crucial aspect of mindfulness meditation revolves around attempting to take control of one's mind and thoughts. In their book on practical applications of mindfulness, Dunkley and Stanton (2014) provide helpful insight into the foundation, theory, and practice of mindfulness today. Mindfulness utilizes various exercises aimed at focusing attention, increasing awareness, and reducing intrusive thoughts that can induce unwanted stress. They report a study in which MRI scanning showing decreased grey matter density in the amygdala (the part of the brain in charge of memory and emotional processing) among participants who went through an eight-week mindfulness training program. Mindfulness meditation aims to create increased consciousness through the act of intentionality and deliberate decision making. This connects to ideas around gaining control over ones mind and body in order to create grounded awareness of the lived experience.

Learning mindfulness skills and continued practice clearly holds some important benefits for the user. But, who has time for that? Certainly not many of our clients who are struggling to accomplish other important life tasks that take precedence over sitting still for an extended period of time. It is important to consider how mindfulness-based interventions have connections to evidence based treatments as well as centuries old religious practice and can take the form of many different exercises. Baer (2006) reviews the various forms of mindfulness based interventions which include mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT). The methods by which mindfulness is introduced and practiced can take many

shapes and forms. Traditionally, an individual is encouraged to practice meditation but also can engage in exercises aimed at bringing awareness to everyday activities such as walking, eating, bathing, driving, etc. A crucial teaching practice of mindfulness is to engage in non-judgmental observation of oneself. Mindfulness has been most commonly practiced as a form of stress reduction. However, as Baer highlights in her book, the application of mindfulness is far-reaching as it has been effectively used with clients experiencing anxiety, depression, borderline personality disorders, eating disorders, and others. These examples legitimize the practice of mindfulness as a therapeutic intervention with beneficial outcomes for individuals.

So, the connection must be made then between effects of mindfulness-based interventions and the goals of anti-oppressive social work practice. Though there are additional social work interventions that aim to decrease oppressive power dynamics with our clients the practices mentioned in this work are particularly relevant to my own beginning practice. I have previously outlined in this review of prominent social work literature the ways in which oppressive social systems marginalize individuals and groups. This happens through micro and macro level interactions that de-humanize, discriminate, and disempower individuals and groups. Social work aims to rectify these social injustices by providing resources and empowerment to affected populations. A way in which we can achieve this goal is through introducing mindfulness in the therapeutic space. The Center for Contemplative Mind in Society provides a quick and accessible overview of goals and practices attributed to Mindfulness (see *figure 1, below).*
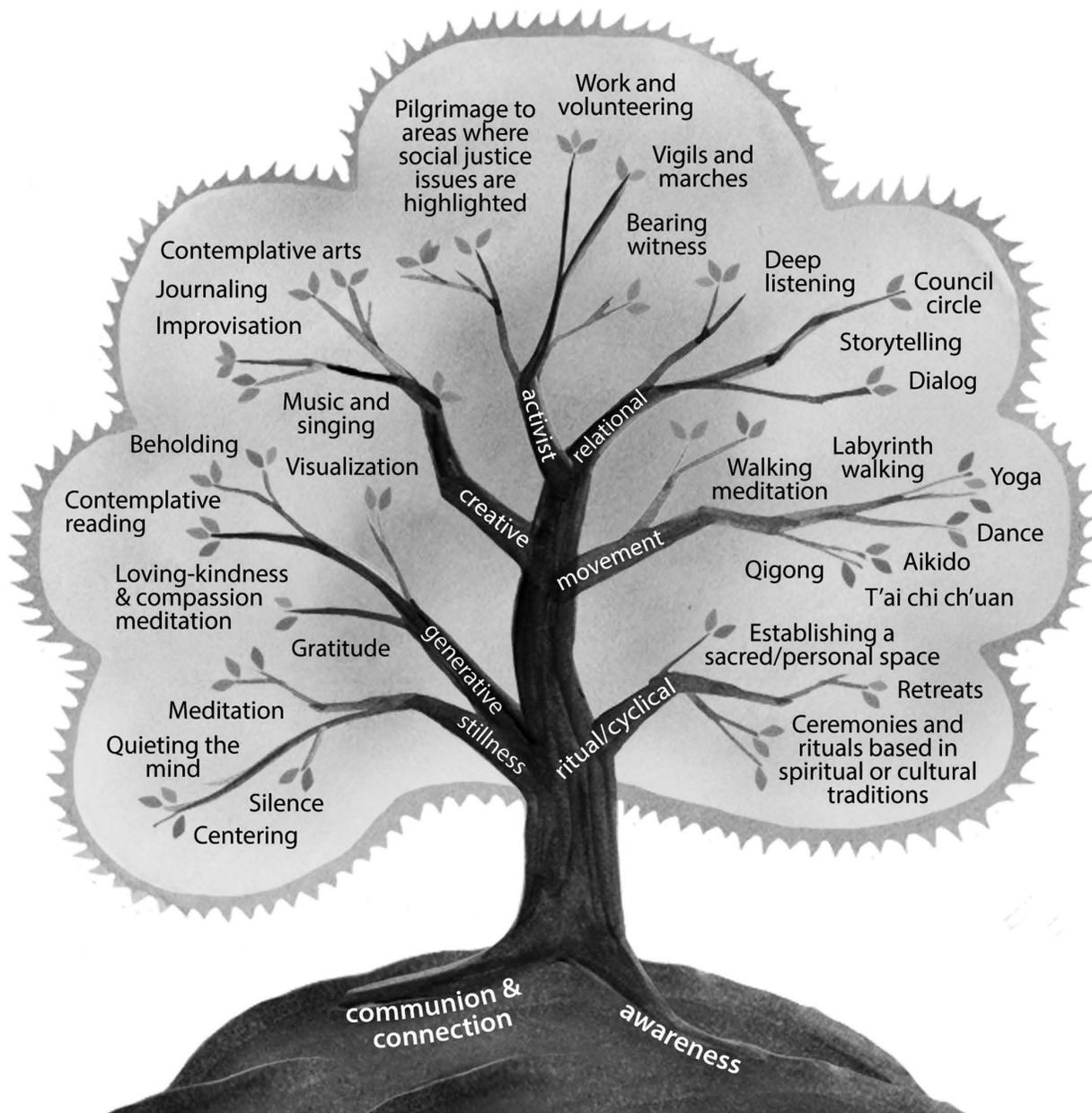
Figure 1. The Tree of Contemplative Practices. This figure illustrates core functions of mindfulness practices and provides exemplary activities.

It becomes clear that the goals of mindfulness are not aimed at treating mental illness. The goal of introduction of mindfulness should not be focused on pathologizing our clients or compounding the self-blame that oppressive structures already engender. Existing in oppression creates unwanted internal experiences that manifest through behavior, emotional distress, cognitive distortion. Mindfulness-based practice focused on non-judgmental clarity and awareness can help create positive outlet for such manifestations in our clients.

To continue, current literature on the effectiveness of mindfulness based strategies in clinical settings is in its infancy. Some of the literature pulled for this review showcases the beginning research on mindfulness-based, or acceptance-based, approaches for underserved or marginalized communities. Rucker and West (2013) consider challenges and considerations when using mindfulness practices in diverse community settings. They argue the effectiveness of mindfulness in working with underserved populations as it can present the possibility of being able to alter one's own emotional experience. Mindfulness approaches aim to validate discrimination and oppression and promote action and self-advocacy. The authors cite several considerations when implementing acceptance-based interventions with clients from these communities. Individuals from underserved communities have a high probability of experiencing multiple life stressors that present challenges to meeting basic needs. As a potential response, some clients living in such conditions have learned to cope through avoidance of emotional response which can in fact compound pain and distress. Mindfulness aims to provide validation and acceptance to these painful emotions which can be liberating for clients experiencing poverty and oppression. The authors additionally present Mindfulness as a practice that can re-connect clients to their personal value system in the face of adversity. This falls in line with

acceptance of difference and diversity which is fundamental to culturally competent practice. Skills of mindfulness can be learned through individualized exercises that appreciate the unique interests, values, skills, and interests of the client. This is an important value of the practice of Mindfulness which can be tailored to the needs of the client.

For example, a study conducted by Dutton, Bermudez, Matas, Majid, & Myers (2013) looked at the effectiveness of Mindfulness-based stress reduction (MBSR) for low-income, predominantly African American women with PTSD and a history of intimate partner violence. A randomized clinical trial was held with 53 women with a predominant representation of African American women at 67.3%. All participants had experienced multiple traumas across the lifespan and met the criteria for PTSD. The women participated in 10 weekly 1.5 hour sessions of MBSR led by qualified instructor. The findings show a low-dropout rate with 70% of the women attending five or more sessions. This demonstrates a high feasibility of using MSBR with this client population. Additionally, the practice was widely accepted among the client population with women citing various benefits in follow-up interviews conducted by the researchers. The most frequently reported positive benefits included sense of increased awareness, self-acceptance, self-empowerment, non reactivity, and self care. The results of this study represent a positive beginning to hopefully continued research on mindfulness-based practice with underserved and marginalized communities.

FIELDWORK SETTING AND CLIENT POPULATION

My field placement took place at a school based health clinic in a public high school in Sunset Park, Brooklyn. The clinic is operated by a large Brooklyn-based hospital and places mental health clinicians, medical providers, and additional health service providers within many schools throughout the borough. New York City Department of Education (2016) routinely gathers demographic and performance data on schools which will help illustrate the environment and culture of my particular school. In terms of racial makeup the school is predominantly represented by Hispanic students at 77% with 9% identifying as Black and 7% as White or Asian, respectively. Unfortunately, there is not further data to break out this racial category by ethnicity. Based on my experience and feedback from students, cultural identity is highly valued among students and in-grouping based on ethnicity was very common.

An overview of the attendance rate, academic performance, and aspects of the school environment help to describe the school environment. There is an 86% attendance rate which is just below the city-wide average of 89%. Only 68% of students will graduate in 4 years as compared to the city wide high school rate of 73%. Interestingly, an overwhelming 84% of students successfully completed college or career prep courses and exams as compared to 47% of students in other city schools. This data suggests that some students at the school struggle to get to school and complete requirements on time. However, the students exhibit strong participation in coursework that prepares them for college and/or a career demonstrates that students and school staff value planning for future job success. 86% of students stated that they feel safe in the hallways, bathrooms, locker room, and cafeteria which is above the city-wide average of 83%. In my experience talking with students and school staff, there is a sense of community helped by

the fact that many students, teachers, counselors and other administrative staff actually live

within the community.

FIELDWORK REFLECTION

My role was as a mental health clinician working with 9th-12th grade students. I worked collaterally with teachers, guidance counselors, and other school support staff to provide comprehensive mental health services to students. I saw 3 clients weekly for individual counseling and ran 3 weekly groups with a total of 16 students. Students are referred to counseling for a range of presenting problems including signs of depression, anxiety, trauma, and adjustment issues. I was tasked with completing initial assessments of the students and creating treatment plans that guided the therapeutic process. The following reflection recounts my work leading a 6-week Stress Management group. The group met once weekly for 60 minutes. Students were recruited for the group through the advisement of my supervisor who assessed student's presenting issues, symptomatology, demographics, temperament, and case history. Each group member also received individual counseling in addition to group counseling. The practice of mindfulness was a helpful and widely applicable intervention that facilitated group discussions about various cultural and socio-political issues affecting student's lives.

The purpose of this section will be to reflect on the group work done at my field placement. I will provide information about the clients but will omit names and any other identifying information to preserve their anonymity. I will include information about different activities and themes for sessions throughout to demonstrate the responsiveness of group members to the interventions. I will also provide specific case examples gathered from my fieldwork notes and reflections. Students responded at the end of our work together that they most enjoyed mindfulness based practices and might consider using them in the future. As the groups progressed the students gained trust in fellow group members and the group process. This

trust allowed for very personal and poignant dialogue about the vast array of stressors in their lives. The mindfulness based practices represented an important tool that helped the students cope with difficult emotions resulting from chaotic home and school environments as well as the greater socio-political environment at the time.

GROUP MEMBER CHARACTERISTICS

First, it will be useful to discuss the members of the group in order to get a sense of the dynamics. The group consisted of 5 students from 9th-11th grade. All the students identified as cis-gendered female. They were asked to join the group based on their display of behavioral and emotional issues relating to anxiety and stress. All members had a formal diagnosis of anxiety or mood disorders. Figure 2 below shows a diagram of all group members with known demographic information. For the remainder of this reflection the initials used in this diagram will be used in reference to these students.
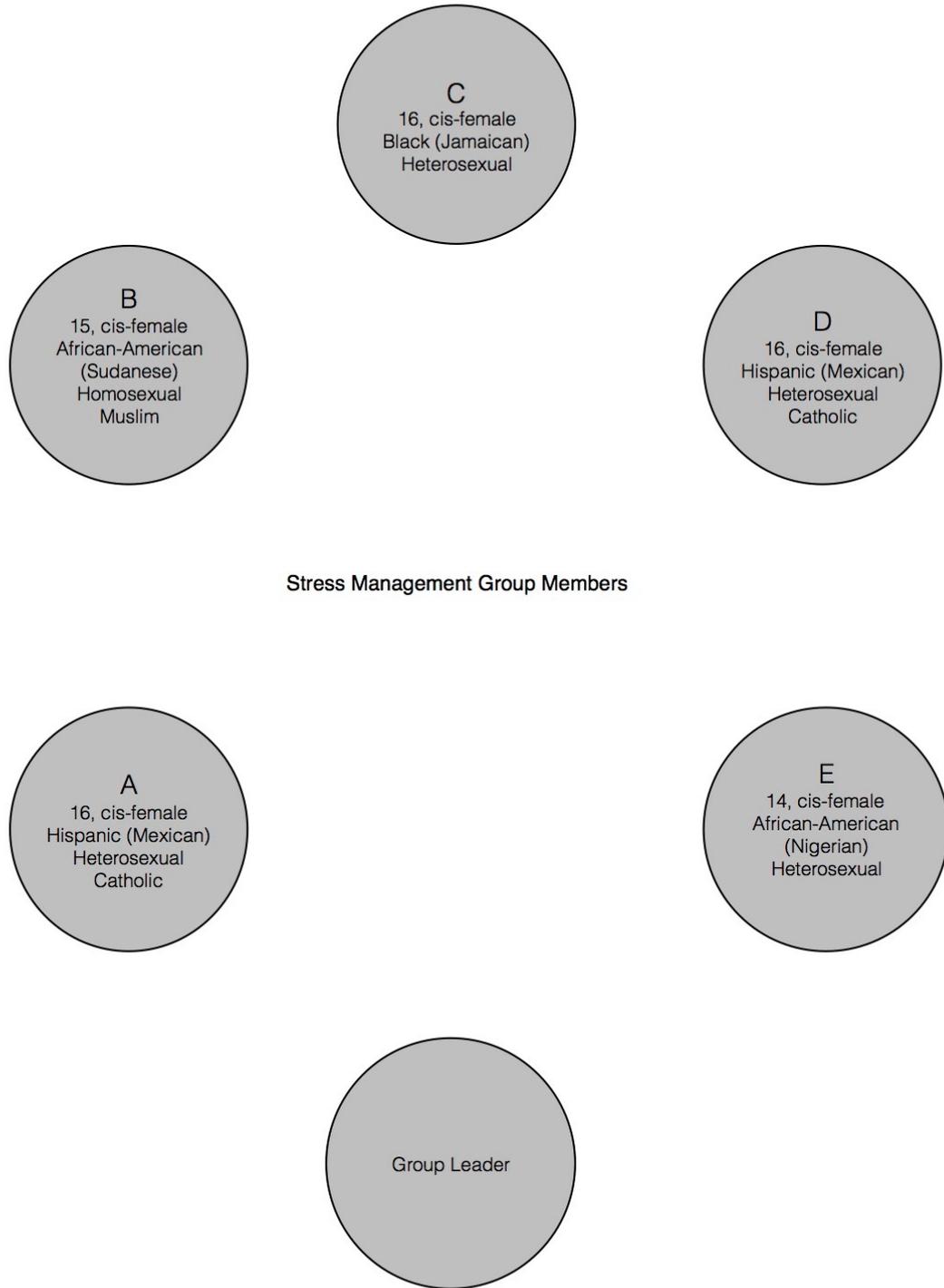
Stress Management Group Members

Figure 2. Stress Management Group Members.

GROUP SESSIONS

My supervisor and I started this group in March and planned it as a short-term stress management group. I planned for 7 group sessions that would run once weekly for 60 minutes. In addition to this group, I had been running an anger management group and a social skills group. The theme of stress management felt very broad and for this reason I found it challenging to come up with specific topics and interventions. I did not follow a specific mindfulness treatment model. Rather, I infused various modalities into our sessions in which mindfulness-based activities became a central component of our group sessions. With such a short term group it would also be crucial to quickly build rapport and trust among group members. With all of these challenges in mind, I knew I had to prepare for the week's sessions but also stay very present-focused and constantly re-assessing in order to address what comes up in the room. I had to practice being mindful myself in order to protect against my own insecurities as a new clinician. I tried to use these insecurities as a way to establish engagement with the group members. I did not want them to view me as a teacher or a parent. It was important they recognize our boundaries but perceive me as an objective and empathic source of support and encouragement. Calling out my role and establishing group rules as similar but different to the classroom ended up being a helpful way to create a safe and comfortable dynamic in the space.

To begin, I want to acknowledge some critical foundational interventions that I used for this group. There must be a universal agreement around trust and confidentiality in order for a group work to flourish. If members do not feel they can trust their co-members they will be resistant to sharing and the group will fall apart. Trust is especially important in working with high schoolers who struggle with stigma, gossip, and, as they would call it, "drama." I worked

with the girls that first session to discuss confidentiality and asked them to create a paper

contract that we hung up on the wall. This is a fairly standard group process intervention but one

that I think was hugely important for this particular population. There was an implied sense of

mutual respect that was created in our group contracting that set the tone for the rest of our

sessions together. In addition, we played games and ice breakers to build rapport between

members. My experience with the other groups told me that high schoolers can be reserved at

first. I think this was a combination of having trust issues among peers and being in the school

environment. I put thought into distinguishing myself and our work from what goes on in the

classroom where students are expected to remain silent and learn. I encouraged collaboration,

dialogue, and feedback as ways to create a safe space during our sessions.

A recurrent component of our group was to start each each session with students sharing

a rating of their present mood on a scale of 1-10. Some students chose to describe why they gave

themselves this mood rating. This practice called for each member to take their own mood

"temperature," so to speak, and check-in on their emotions. This routine built a sense of

consistency that students grew to rely on each session. The practice helped ground the students in

the space and put themselves in the room. Eventually, the students began this introductory

practice without my prompting. Many group models suggest this as a way of gaining insight into

various aspects of a client's presentation. For example, does their mood rating match the affect

they are displaying? How much does their mood fluctuate? Does the reason they provide for

their mood actually match the number? All of these variances helped me to better understand

each member and how they internalize and externalize their emotions.

When the concept of mindfulness was introduced to the group the practice of mood rating had more meaning and purpose. Many students would stumble and struggle to provide a rating during the beginning of the group but eventually were able to self-assess with ease. I connected the mood rating process to the practice of mindfulness in that it was a way to objectively pay attention to naturally occurring changes in mood, emotion, and stress. As previously mentioned in the literature review on mindfulness, a common response among those experiencing multiple life stressors in underserved communities is to avoid any emotional response. This can achieve the opposite intended outcome and compound pain and distress they are working to avoid. For that reason, the mood rating system was also a way for students to practice connecting with their emotions in a safe space. Often, they would express having such chaotic and busy lifestyles that checking in with their emotions was viewed as a luxury and not a necessity. By framing even the simplest of group routines around mindfulness I wanted the students to feel empowered. It was a way of presenting them with a tool to express their emotions which can sometimes feel too difficult or overwhelming to express.

I introduced meditation and mindfulness based art activities throughout our group work each week. In the second session, I showed the students a short video introducing the concept of mindfulness and asked to hear their initial response. One student actually was aware of meditation and had previously practiced it. Though the other students were not aware of mindfulness they were generally open and responsive to the concept. The first meditation was a 10 minute progressive muscle relaxation technique in which students were asked to tense and relax specific parts of the body throughout the practice. The practice was obviously new and uncomfortable for the students. It was difficult for most of them to sit still and many reported

back that their minds wandered throughout the practice. One student even fell asleep! Even though the students shared doubts about the practice I was pleased by their honesty and willingness to give it a try. Though they weren't able to fully shut down during the meditation they did report that it was nice to have some moments of quiet in their day. Mindfulness meditations also make sure to emphasize that naturally occurring thoughts during meditation are typical and we have the power to redirect those thoughts. I think this was a particularly helpful way to redirect any self-blame.

After our first group meditation, Student C shared that her stress level was still at a 9 and that she "always finds things to be stressed about." Self-blaming and negative self image can be compounding factors that increase feelings of stress and anxiety. Student C presented as very calm and reserved. She performed well academically and reported supportive interpersonal relationships. She was very well-liked among her fellow group members. It is clear that she was struggling with negative self-image that was impacting her ability to manage her stress and anxiety. When she made this comment my initial thought was "Why does she think this way about herself?" That was a very important and inspiring clinical question. What is it in their lives, in their relationships, in their family history that has led up to the person facing me right now? I used this curiosity to be inquisitive and ask questions that prompted introspective dialogue during our sessions. Introducing mindfulness-based practices allowed for foundational components of non-judgmental and objective self reflection. It was often difficult to hear the students be critical of the practice or express that it wasn't helpful. I tried to remain steadfast in continuing the activities in the hope that it might be helpful for some of the students. Throughout the remainder of our sessions together I introduced other short 5-15 minute meditations focusing

on deep breathing and redirecting negative thoughts. I always gave the students the option to opt out so that everyone felt comfortable and not forced into the practice.

In addition to meditation, I routinely set aside time in the sessions for students to color with music. This practice began because a couple of the students shared an interest in the arts such as drawing and writing. I wanted to think of an accessible way into mindfulness. I made some copies from a mindfulness coloring book and brought them with me each week. Sometimes the students chose to color in silence and other times they requested to listen to music. I found it interesting that at times the students would color in silence and other times they began talking amongst themselves. The students all responded that coloring helped them "shut down" and "turn off" their brain. In other words, coloring had a meditative quality for the students. It reduced the self-conscious and judgmental thinking traps that can cause stress and worry in any moment. Though a fairly simple activity, coloring allowed for purposeful decision making and effective actions that can heighten a sense of mindfulness. Simple decisions, purposeful actions, and mastery of a task allowed the students to fully engage and participate in the present moment without being engrossed in analyzing what they were doing. In this way I hoped that this activity could be empowering to the students by demonstrating that the practice is accessible and achievable. The students embraced the art activities and it proved to be a reliable calming activity for us in session.

Student B comes from a strict Muslim family who immigrated from Sudan. She was verbally and physically abused in the home and had routine involvement with ACS. She was shunned from her family for being openly homosexual. She shared these aspects of her life openly with the group and connected it to her stress. When she is at home she is expected to care

for her younger brothers and sisters by completing household chores. She finds escape through her writing but doesn't often have time to write given the chaos of her life. Student B told the group that it was hard for her to meditate but that she did enjoy coloring during group sessions. She shared that she also writes when she can but it is hard to find time to do the things she enjoys. To me, this is an example of how mindfulness can be perceived as a practice of "privilege". To even have the time to stop and meditate, go for a walk, or color is a luxury that so many cannot afford. This was an eye-opening example for me as a beginning clinician in that simply carving out space and time for a student to engage in something recreational is a therapeutic practice. Reframing seemingly mundane activities such as coloring as therapeutic was very revelatory and empowering for these students. It was important that they start to build tools to cope with the pain and stress of their lives and experience a sense of control amid helpless situations.

In addition to mindfulness-based activities the group would engage in dialogue about various topics that came up organically in sessions. I used some role play activities and games as ice breakers for occasions when the group was particularly low energy and non-responsive. I did not want to focus the entirety of every session to mindfulness so that students felt free to make the space their own. I knew I should try to introduce coping skills for the student's to use based on their own unique manifestations of stress. Once we had created a routine and a consistency around group expectations the group opened up in profound ways. Though some of the group members were skeptical of mindfulness it did seem to be unifying way in which the group could focus on the universal experience of stress. The unity created through these group activities allowed them to trust me and their fellow group members with their personal experiences and

opinions about troubling aspects of their lives both in school and at home. I would like to

highlight a couple examples in the following section.

CASE NARRATIVES

Student C was the oldest student in the group and had previously tried meditation. She was highly intelligent and well-liked among teachers and other group members. I had to track down students in class for each group and one week I noticed her class was engaged in a debate. When I asked her why she was the only one on one side of the room she told me that even though she agreed with the rest of the class she wanted to take the other side to "make it interesting and challenge" herself. This is the same student who I also heard say she "finds things to stress about" and "gets down on" herself. She was a paradox of intelligence and bravery mixed with self-doubt, fear, and negative self-image. She was guarded but was skilled at describing her thoughts and emotions which indicated high self-awareness but also intellectualizing of emotions. She didn't just feel and react, she thought a lot about how she presented herself to the world.

C lived with her mother and has no relationship with her father who was incarcerated since she was young. C used the words "strict" and "crazy" to describe her mother. They had a tumultuous relationship and it caused some friction in the home. She has an older brother in the Marines who she is close to but sees very infrequently. She also has a large extended family both in the U.S. and in Jamaica. She frequently went to Jamaica to visit family and felt strong cultural ties to her Jamaican ethnicity. Her mother came to the U.S. from Jamaica and C would often impersonate her mother's strong Jamaican accent to the delight of the group. She was proud of her culture and enjoyed sharing aspects of it with the group such as funny sayings and songs. Student C put a lot of pressure on herself to do well academically and gain financial independence. She worked hard on her studies and worked part time to make money. Her

strained relationships with her mother and her father caused her emotional pain which was difficult for her to manage. A few times she teared up talking about her family and quickly re-directed to a different topic. She didn't want to show emotion which indicated to me that she might equate that to weakness and vulnerability. It seemed that the internalization of her feelings was a major cause of anxiety for the student and she was trying to gain more control.

During our second to last group session I asked the students to engage in a role play. The scenario involved two students meeting up at a concert. One student had the tickets and was waiting for her friend. The friend was late but did not wish to share the reason for her tardiness. Student C volunteered to be the friend who was late. During the role play, she used a painful personal experience as a part of her role play character. She shared that her cousin had attempted suicide and she was "late" because she was visiting him in the hospital. The experience was intense so we took some time to process it. Student C shared that her cousin had attempted suicide recently and that she was actually late to school because of it. A teacher questioned why she was late in front of the whole class and she felt embarrassed and ashamed. She shared that the teacher teased her for being late and kept questioning her which made her feel very uncomfortable. C engaged in this activity with an intentionality and bravery in deciding to share a painful personal experience. I thought this was especially impactful coming from a student who closely guarded her emotions. It was difficult to hear her pain and I am sure even more difficult for her to share it. In my response, I called out the purposefulness of her decision and the bravery and honesty she showed in the session. I could tell this revelation was difficult for other group members to handle. They weren't quite sure how to hold the pain for the student but did their

best in supporting and validating her. It was amazing to me that in only 6 sessions a group could be so unified and supportive.

Student C's vulnerability during this group session was particularly transformative for me as a clinician. It was enlightening to realize just how badly these students needed a safe space to talk about their personal issues. The emotional magnitude of Student C's response was unprecedented in our group. It was important for me to hold the space and be an objective ally in the room. I joined the students in remaining open and curious about her experience so that she could talk about it. I wanted my own curiosity to be a model for the students. It is important in feeling supported that students see that pain can be tolerated and talked about. Shying away from difficult topics can cause someone to feel ashamed and keep quiet. I knew it would be important for Student C experience support and validation after sharing such an emotionally painful situation. We ended this session with a short meditation to allow all the group members a chance to relax and prepare for going back to their classrooms. It is my hope that the use of meditation here was a reminder to the student's that they already possess the tools to gain mastery of their thoughts and emotions through mindfulness. We have the ability to experience challenging emotions but still remain in control and cope. We remain the same people and can come through the other side.

Another example involves Student D during our last group session. Student D had been very reserved and quiet during most of the sessions. She was participatory in group activities and engaged in the group process. Her previous two years at the school were quite difficult and she had extensive absences and low academic performance. She was doing very well this year and stated it was a conscious choice after mending her relationship with her mother the previous

summer. Her mother and father were divorced and her dad lived in Mexico. She has a stepfather who she gets along with but does not describe their relationship as close. The family owns and runs a restaurant and they work long hours to keep the family afloat. Student D would often spend weekends working in the restaurant or just spending time there to be able to see her mom. She worked hard on developing a close relationship with her mother and credits this for giving her the confidence and motivation to work on her academics. Similar to student C, student D also heavily internalized her emotions and presented with low affect. Deep internalization would occasionally result in experiencing overwhelming breakdowns where she struggled to regain control over her emotions.

The students began reflecting on the intensity of the previous group session and came around to the topic of judgment and prejudice. This was in response to a role play activity in which they imagined a scenario with a bully and a victim. They began to discuss instances of racially charged bullying and prejudice among fellow classmates in the school. Student C shared she is particularly aware of certain micro-aggressions as she went to an all white middle school and experienced it quite regularly. The candidness of student C obviously triggered a response from the rest of the members in which they felt they could also open up about their personal issues. Student D opened up about a particularly difficult time in which she felt judged by the school and her classmates. She got in trouble for bringing a knife to school and was suspended because of it. It was difficult for her to talk about the story. She knew there had been rumors going around the room and was fearful of the judgments of her other group members. The group members said they had heard about the incident but didn't know it was her. She went on to explain that her neighborhood can be dangerous and she was being followed by a man to school.

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She had heard that this person had assaulted other women in the neighborhood but that there was nothing the police could do stop it. She felt the only option she had was to bring a knife with her in case something happened. The judgment resulting from this incident haunted the student and created a huge amount of shame and self-doubt.

The students validated her experience and shared their own experiences feeling judged and victimized in school. Student D did nothing to garner the attention of that man in her neighborhood other than simply existing as a woman. It isn't her fault. Student B cannot change that fact that she is homosexual or that she lives in a family system and religious system that is unaccepting. It isn't her fault. In the examples of the students in this group we see how easily societal and cultural norms can impact feelings of self worth. The process of formulating a sense of identity it can be easy to latch onto labels provided to us by our social environment. Unfortunately, these labels can define us in negative ways that affect our sense of self. The use of group work and mindfulness based activities proved to be liberating in a number of ways for these young women. The act of sharing a story in a group can be seen as taking control of the narrative of their experience. Putting words to the feelings and showing vulnerability pushes us past the fear of rejection and judgment and to a place of healing and contentment. The work done in those 7 sessions was actually quite powerful considering it was such a short-term group. My supervisor decided to keep the group going until the end of the school year which gave me a sense of peace. I was glad that the student's would continue to have the space they built in order to continue sharing and working through.

CONCLUSIONS

One of the most useful aspects of mindfulness is the way in which it empowers the user to take control of their experience. In working with clients who may feel oppressed in certain areas of their lives it can make the clinician feel powerless to help. I often felt ineffectual, underprepared, and unqualified. Exploring the practice of mindfulness in a group setting influenced the dynamics of our sessions in powerful ways. I believe that mindfulness in practice can exist as an anti-oppressive framework through empowerment. The user is encouraged to make their own meaning of the practice which can be useful in treatment with clients from wide-ranging socio-economic backgrounds. Practicing mindfulness in a group setting also encouraged a shared experience and universality that was particularly transformative. Isolation, silence, and shame are the main ingredients of oppression. We are assigned our labels, we are defined by our labels, and then told that those labels don't exist. The experience of connecting with ourselves and being seen by others who can tolerate and validate our experience is the transformative work of anti-oppressive therapy. Though all the students had very different identities and stories they quite naturally embraced non-judgmental validation that stemmed from the core concepts of mindfulness. I hope to continue to incorporate mindfulness based interventions in my future practice. In addition, I hope that the practice of mindfulness can be further researched as an effective anti-oppressive modality specifically for clinicians to work towards correcting the damaging individual effects of injustice.

Janet Mock, a prominent transgender rights activist, is quoted as saying "I believe that telling our stories, first to ourselves and then to one another and the world, is a revolutionary act. It is an act that can be met with hostility, exclusion, and violence. It can also lead to love,

understanding, transcendence, and community." There is power in telling your story and being received with love, support, and understanding. So many hold on to parts of themselves out of fear of being judged or rejected. This experience taught me so much about the transformative work in therapy that allows for clients to express themselves without holding onto this fear. I learned that using interventions that aim to foster objectivity, trust, and self efficacy can actually be helpful for individuals who may feel oppressed in society. This was an important realization and one that will inform my professional identity moving forward.

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