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“WHERE’S DADDY? WHERE’S DADDY?”: EXPLORING THE EXPERIENCE OF A MALE SOCIAL WORKER OF COLOR IN DYADIC PLAY THERAPY WITH MOTHERS AND YOUNG CHILDREN

Alfonso Navarrete-Mojica

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ABSTRACT

This thesis presents the experiences of a male social worker of color as he and his clients confront the intersecting challenges of racism, oppression, and poverty and their own developmental history. Drawing from attachment theory and object relations perspectives, this exploration delves into the complexities faced by social workers of color, illuminating how these themes significantly shape one's professional journey and influence the dynamics of their interactions with clients. This thesis also examines how social workers' personal experiences can inform their approach to addressing clients' unique challenges, creating a more culturally sensitive and empowering therapeutic space. Three case studies provide context to the intersection of the author's position and identity and the therapeutic work that results from these interactions. Through embracing diverse perspectives and challenging systemic inequalities, this research advocates for a more inclusive and empowering approach to address the complex interplay of issues including experiences of racism, oppression, poverty, and trauma.

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TABLE OF CONTENTS

INTRODUCTION

The rise of social work within the United States began with Jane Addams' work within tenement houses and the charity organization movement in the early 20th century (Ruth and Marshall, 2017). Since its beginning, social work has been created and shaped through White women in positions of privilege working towards the betterment of all individuals. While social work has expressed its values and ethics as anti-oppressive, White women and White social workers have been complicit in oppressive and violent acts against Black people (Plummer, Crutchfield, and Stepteau-Watson, 2021, p. 1006). It is important to note and put forth these ideas and implications of the beginnings of social work to shape better and modify social work and its practices in modern and future applications.

New social work graduates are approximately 90% women, according to a Council on Social Work Education (CSWE) report between 2017 and 2019 and are reported as "ethnically diverse" despite 64% of graduates being White (*The social work profession findings from three years of surveys ... - CSWE*). While these numbers do not reflect the entirety of the current social work population, these numbers do reflect the trend of individuals entering and pursuing social work. Plummer et al. (2021) draw comparisons between the early work of Jane Addams ' settlement house and how it recreates the White savior model as her work, and the praise of her work overlooks the work done by Black and Brown communities at that time (p. 1011).

Considering the demographic trend of social work, social workers are in a precarious position to serve simultaneously as a support to individuals while maintaining the power dynamic of White supremacy. Now more than ever, it is imperative to reflect, dismantle, and

alter the direction of the field. Within my experience, unpacking what it means to be a male social worker of color in the field has been a challenge because there are far too few in social work programs and the workforce. While these communities exist, there is a lack of support and academic literature discussing the experience of men of color in social work.

Experience as a student intern/full-time clinician

My identity as a male social worker of color has come into conversations regarding the clinical work with patients and the clinical team. My experience has been that patients are hesitant to engage or explicitly mention my identity. Some patients distrust men and would feel more comfortable with a clinician who is not a man to feel safe and vulnerable. Similarly, some patients put my identity in the forefront and mention not having positive experiences with men but wanting to address that or work to change their perception of men. The patients we primarily work with are single mothers with children between 0-4 in a large metropolitan city on the east coast. While some fathers are involved in the child's life and live at home, much of the population we work with has little to no contact with the child's biological father. Furthermore, during my time as an intern and now as a full-time clinician, I am the only male clinician of color within the clinical team and across five program sites, each containing three to five clinicians per site.

As the only male clinician of color at my current role, my experience is unique compared to other clinical team members. My identity plays a massive role in clinical work. Mothers have often expressed hesitancy in working with a man, a willingness to change their experience with

men, or an attachment to me as a male figure in their own life. As I navigate my identity within the clinical domain, there is a scarcity of academic literature discussing the implications of social workers with these identities and the potential to invigorate the field of social work.

I find myself cross-examining the importance of the influence of identity. While it is beyond the scope of this thesis to discuss and navigate all the intersections of varying identities, the focus of this thesis will pertain to my own identity and my experience as a male social worker of color and the implications of the identity of the clinician in current and future clinical applications within the field of social work.

Conversations between the clinical team

Within clinical and passing conversations with the clinical team, the notion of "repairing" a ruptured relationship with men has been a recurring topic of conversation. While the notion of a "rupture and repair" in relationships is a common theme in therapeutic practice (Eubanks, Muran, and Safran, 2018) little evidence of applying this notion regarding the fathers of children has been found through my database searches. Ruptures and repairs require nurturance, emotional awareness, and being emotionally attuned to the different power dynamics between relationships. This idea is only exacerbated within relationships with men considering the different social and cultural contexts of masculinity throughout the U.S.

Throughout conversations between the clinical team, a few recurring themes are the focus of discussion regarding my identity as a male social worker of color. Firstly, the therapeutic relationship becomes a safe space to explore and discuss any past experiences caused by men. At

the extreme, violence at the hands of men is a recurring theme within patients and dysfunctional relationships with male figures in their infancy. Secondly, attention is paid to my demeanor as a man first before a social worker. The clinical team emphasizes the importance of a gentle demeanor and introducing a male clinician gently and safely.

The clinical manager once recalled a mother at a different location site who, due to traumatic experiences with men, could not walk past the male secretary by herself and required a chaperone. While this anecdote is an extreme, but real example, mothers often come into the program with complex pasts and require a gentle approach from any male staff. Finally, the notion of the therapeutic relationship setting an example of a stable and healthy relationship with men is vital to understand the importance of a male social worker in the clinical application.

Through my research in different library databases, I struggled to find academic literature delving into the experience of male therapists of color. As mentioned above, social work is primarily a field in which the majority demographic of social workers consists of White women; therefore, the lack of literature is not surprising. However, as a social work intern and now as a full-time clinician, I wonder, what does being a male social worker of color mean for me and my clients in the therapeutic domain? Anderson et al. (2009) investigated the variability in psychotherapeutic outcomes and have linked these outcomes to a therapist's interpersonal skills and less to other variables such as the therapist's gender, time spent in treatment, and theoretical orientation. While this study may provide insight into the therapeutic work in general, the existing literature fails to investigate or perhaps does not consider the intersecting identities of both the therapist and the client impacting the therapeutic work. Part of the purpose of this thesis

is to hopefully bring these notions further into the light to provide a different lens and perspective to the therapeutic work, the academic literature, and the field of social work as a whole.

My experience is not unique, as I imagine others social workers may think and feel the same way. However, I feel that this is a conversation that is lacking throughout social work programs, academic literature, and within the field which further necessitates a deeper dive into this conversation. Clients come into programs or agencies for a variety of reasons and from a multitude of identities. Therefore, it is not illogical to consider the entirety of a client's background and the identity of the person from which they will receive support.

This thesis will consider the literature on different areas of attachment theory, trauma, and men in social work. Three case studies will be presented to offer a view into my experience with three different parents and their children from my time as a social work intern. Finally, a discussion in which I will talk further about my experience, including anecdotes from my time as a full-time clinician. While this is only a brief and minimal exploration into the topic, I plan to begin a conversation that may become a topic of discussion in various domains of social work. The names and identities of individuals in the case studies have been altered to protect their identities.

THEORETICAL BACKGROUND

While it is beyond the scope of this paper to discuss and examine the progression of attachment theory, the focus of this paper will examine the tenets of attachment theory as put forth by John Bowlby and the importance and impact within this thesis. Bowlby's seminal work

on attachment theory's beginnings posits the parent-child dyad as a mechanism stemming from a convergence of biological and social sciences and the integration of an evolutionary context. (Bowlby, 1969; Blehar, Waters, Wall, and Ainsworth, 2015). From this, the notion of proximity-seeking and maintenance behaviors stems from an evolutionary standpoint (Main, 2000). The progression of attachment between a parent-child dyad presents emerging questions when shifting into a more intersectional lens. The development of attachment theory has focused primarily on the mother-child development of attachment and less on the father-child attachment. Studies have explored father-infant attachment as impacted by father's stimulation of the infant and less impact on paternal sensitivity; the father-infant relationship is less of a safe-haven aspect and more related to exploration (Olsavsky, Berrigan, Schoppe-Sullivan, Brown, and Kamp Dush, 2020).

Furthermore, attachment theorists originally did not fully consider the impact of poverty and environmental stressors as factors related to attachment and the parent child bond. Race, ethnicity, socioeconomic status (SES), and social class are facets of identities of families that attachment theorists did not explore as many of the attachment theories focused primarily on middle class White families. Major areas of attachment theory stress the importance of the primary caregiver's attunement to children's emotional development (Steele, Murphy, and Steele, 2010) yet ignore or overlook external factors (e.g., systemic racism, environment, poverty) that may impede attunement or development. Incorporating intersectionality within attachment theory presents a broader range of thought within clinical applications. That is, intersectionality offers broader views of parent child dynamics when considering families that are predominantly non-White, single parents, living in state funded housing, or have a history of complex trauma.

Within this frame of thought, attachment, and secure attachment relationships become a vessel for intergenerational transmission of social, cultural, and biological aspects (Granqvist, 2021). Following this notion further into an intersectionality lens, the secure attachment between a parent figure and the child presents a lineage of positive and negative aspects passed through the attachment bond, which presents its challenges for attachment outside of the parent-child dyad.

Ainsworth

Beyond Bowlby, attachment theory and theorists examined attachment in different aspects of individuals' lives and furthered attachment research to view attachment from a new perspective. Ainsworth et al. (1978) and the Strange Situation operationalized attachment theory to understand better how attachment relationships develop in children. Through utilizing the Strange Situation and the numerous subsequent studies that emerged, attachment research has investigated the impact of various factors, such as parenting styles and family dynamics, on attachment quality. The Strange Situation has also been used to identify attachment styles, including secure, insecure-avoidant, insecure-resistant, and disorganized attachment (Ainsworth et al., 1978; Main and Solomon, 1990).

More recently, studies have continued to use the Strange Situation to explore various aspects of attachment, including cultural differences in attachment patterns (van IJzendoorn and Sagi, 1999), the impact of parental mental illness on attachment quality (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, and Roisman, 2010), and the role of genetic factors in attachment development (Bakermans-Kranenburg and van IJzendoorn, 2011). Although there are a growing number of studies and literature focusing on cross-cultural attachment research, it is

important to recognize that the majority of our current knowledge in attachment research has been shaped by Western cultures (Voges, Berg, and Niehaus, 2019). Within many of these studies, aspects of attachment are not examined for impact by low socioeconomic status, lack of support, substance abuse, or unstable housing despite these risk factors posing a threat to attachment security (Cyr, Euser, Bakermans-Kranenburg, and Van Ijzendoorn, 2019). Attachment research and researchers lack the dimension of attachment within the context of different family dynamics and composition across different aspects of one's identity. Lareau (2011) writes:

> Scholars who take this perspective on inequality typically focus on the ways specific patterns are related… implicitly and explicitly, social scientists who share this perspective do not accept that there are identifiable, categorical differences in groups. They do not believe that the differences that do exist across society cohere into patterns recognizable as social class. (p. 236)

Furthermore, the Strange Situation does not provide information as to the role of men within the Strange Situation. In the original Strange Situation, the examiners and participants were all women. Following Ainsworth's original Strange Situation study, Belsky and Rovine (1988) examined the role of father or male caregivers alongside mothers and linked high father sensitivity to infants having a higher likelihood of being classified as securely attached. Similarly, Lamb, Thompson, Gardner, Charnov, and Estes (1984) compared the behavior of fathers and mothers during the Strange Situation. They found that fathers were as sensitive and responsive to their infants' needs as mothers.

While the Strange Situation paradigm was developed to focus on mothers and their infants, subsequent research has shown that fathers or male caregivers can also play an essential role in the attachment process, and their behavior during this experimental setup can impact their infants' attachment style. A secure base reflects the idea that a caregiver is a safe and dependable base for a child to explore the world. It provides a sense of security and protection that allows the child to feel confident and curious about their surroundings (Ainsworth et al., 1978). While separations between a child and their maternal figure happen, the attachment behaviors seen do not always reflect the intensity of said child's attachment, and it is reasonable to view the attachment as enduring despite overt attachment behaviors (Blehar et al., 2015). Studies have also included the role of fathers in attachment research, specifically using the Adult Attachment Interview (AAI), and have found that the AAI classification of fathers reflects that of the distribution of mothers, which may reflect the associations between infant-mother and infant father attachment (van IJzendoorn, and Bakermans-Kranenburg, 1996; Fox, Kimmerly, and Schafer, 1991).

Object Relations

In considering attachment theory, attention will be paid to the branch of attachment theory related to the importance of attachment developed between infants' experiences, caregivers, and the world around them. As mentioned above, Freud theorized in many of his writings that infants' development and early childhood experiences are fundamentally categorized as pleasant or unpleasant (Arlow et al., 1986). The organization of relationships and how the mental representation of these relationships and experiences are categorized presents a

view of child attachment to caregivers, individuals, or even inanimate objects. Arlow et al., (1986) writes, “from a psychological point of view, the individual’s concept of a person is a conglomerate of many early representations. This coherent, organized concept may be dissolved regressively into its antecedent object representations.” (p. 134) The interactions between infants, individuals, and the world around them are mentally represented within the infant based on various experiences, emotions, and other interactions. Sandler and Sandler (1986) write:

> A whole variety of feelings, wishes, thoughts, and expectations are involved in the interaction, which is characteristic of the ongoing relationship between two people. This is not only true for a relationship between two real people. An object relationship in *fantasy* will also involve a similar interaction between self and object representations, except that in a fantasy relationship, the person having the fantasy can control the fantasy relationship in a wish-fulfilling way to a much greater degree than he can in real life. (p. 273)

From this, we can discern, in part, the formation of an individual’s mental representation of the world from infancy to adolescence and later into adulthood. In infancy, the beginnings of relating to objects begin to form and continue well into adulthood in different relationships and dynamics.

Additionally, the formation, categorization, and unfolding of an individual’s relation to the world around them may continue to inform progress and interactions within the clinical domain. Sandler and Sandler (1986) state, “transference can be said to include the attempt to bring about a situation which would be a disguised repetition of an earlier experience or relationship, or be a defense against the repetition of such a relationship.” (p. 278) That is, the

mental representations formed in infancy construct the grounds on which future interactions may be viewed as a repetition of feelings or emotions fashioned in infancy. Within the clinical domain, the mental representation of both infants and their caregivers towards a therapist may develop on deeper levels. Sandler and Sandler (1986) explain:

> There are unconscious exchanges of messages, as well as the conscious or unconscious experiencing of all sorts of other interactions. Each partner, at any given moment, has a role for the other and negotiates with the other to get him or her to respond in a particular way. (p. 273)

As we consider the mechanisms of attachment in infancy and into adulthood, it is critical to recognize the importance of these mental representations as they may inform the development of attachment and relationships with others in adulthood. In the clinical domain, the therapist, while a neutral party, presents the opportunity for clients to confront, process, or even repair negative mental representations of others through therapeutic work. However, while the therapeutic space is a safe domain for exploration, the therapist and their identity may be part of the individual's mental representation. A mother and her child who have experienced separation, violence, or abuse by a man may be hesitant to work with a male therapist. While the therapist is guided by the ethics and conduct set forth by the National Association of Social Workers (NASW), we must be sensitive to the possibility of triggering negative memories in clients.

Trauma

Part of therapeutic work with parents and children requires understanding trauma as it relates to one’s childhood. Previous research investigated how adverse childhood experiences

(ACEs), described as abuse, neglect, and/or a dysfunctional household, during childhood impacts individuals later in life with respect to physical and mental health, styles of attachment, and parenting stress (Felitti et al., 1998; Steele et al., 2016; Parmar et al., 2023; Munoz, Pharris, and Hellman, 2022; Caspi, Moffitt, Newman, and Silva, 1996). According to the Centers for Disease Control and Prevention (CDC), one in six adults in the United States has experienced four or more ACEs in their lifetime, and at least five of the ten leading causes of death are associated with ACEs (CDC, 2021). Early childhood abuse or neglect in individuals has been linked to issues later in life, such as somatic symptoms, mental health issues, substance abuse issues, developmental issues, and in extreme cases, early death (Kuhar and Zager Kocjan, 2022; Munoz et al., 2022; Felitti et al., 2019; Steele et al., 2016; Sun et al., 2017).

Intimate Partner Violence (IPV)

In considering aspects within the scope of trauma, attention will be paid to intimate partner violence (IPV) and its impact on mothers of children within the clinical domain. While trauma has a broad range and impact on individuals, IPV is an important area of consideration when working with parents, specifically with the mothers of young children. It is important to note that IPV is categorized as *any* violence that occurs within a relational context, including physical, emotional, or psychological acts of aggression (Kelly, Spencer, Keilholtz, McAllister, and Stith, 2022; Barnes et al., 2022).

According to the CDC about 41% of women and 26% of men have experienced some aspect of IPV, ranging from contact with sexual violence to concerns for safety (CDC, 2022). D'Angelo et al., (2023) found in their study that emotional violence was most prevalent in their sample during

pregnancy; however, the findings likely underestimated the prevalence of IPV during pregnancy. The impact of IPV raises several concerns not limited to survivors' physical safety and well-being but to their emotional and mental well-being. IPV has been documented to further impact women and children outside of IPV incidents, with women reporting higher rates of depression, anxiety, PTSD, substance abuse, and suicide attempts (Taft, Resick, Watkins, and Panuzio, 2009; Birkley, Eckhardt, and Dykstra, 2016; Golding, 1999). In considering attachment and survivors of IPV, IPV has been documented to impact people's relationships outside of IPV incidents. Levendosky et al. (2012) write,

> During a traumatic experience such as IPV, the attachment security system is evoked, and the victim (i.e., woman/mother) of the trauma seeks protection from further trauma. However, since IPV inherently involves a betrayal of trust within an intimate relationships, the woman finds herself in a psychological 'double bind. 'Her attachment figure is the same as the perpetrator of the trauma. (P. 401)

As with any instance of trauma, long-lasting effects can be seen beyond the physical realm of survivors and disrupt an individual's mental, emotional, and even attachment system. The disruption of an individual's attachment system poses unique challenges in the therapeutic domain. Survivors of IPV may struggle to work with a male therapist considering the effects IPV survivors report after incidents of IPV. Considering attachment and IPV, Levendosky et al. (2012) write,

> In a romantic relationship, each romantic partner serves as an attachment figure for the other, mutually providing attachment and caregiving in the times of stress… These

> working models provide the template for how these individuals conduct themselves and relate to their partners within these relationships. The working model also includes expectations of these relationships that promote selective attention for expected relational patterns, further reinforcing these expectations. (p. 398)

While these expectations are discussed within the realm of a romantic relationship, the attachment system of an individual is nonetheless disrupted. The impact of an IPV incident at the hands of men may, in turn, reinforce negative or harmful expectations of men in general. While this is mere speculation, it must be noted that the impact of IPV stems deeper than within the romantic relationship and affects various aspects of an individual's emotional, mental, and physical stability.

Ghosts/angels in nursery

Fraiberg (1975) introduced the notion of 'Ghosts in the Nursery, 'and Lieberman (2005) posited a different perspective of coexisting ideas. Both ghosts and angels provide a section of the breadth of work with parents and young children. The idea of ghosts and angels in the nursery posits the cycle of transmitting intergenerational trauma or intergenerational love from parent to child. These cycles and patterns arise within the therapeutic domain, and studies have investigated ways to address cycles of intergenerational trauma through therapeutic intervention (Steele et al., 2016; Steele et al., 2010).

Specifically, these conceptions provide ample room to discuss and further posit the impact of a clinician. While it is beyond the scope of this work to unpack the extent and

specificity of possible traumas, trauma, specifically with men or at the hands of men, will be primarily considered. That is not to say that other traumas are not as impactful or critical in the progression of a parent's intergenerational cycle; instead, specifically in my experience, this is a reoccurring conversation. For individuals who have suffered trauma at the hands of men, the concept of a man being anything other than someone who engages in abuse becomes challenging to erase.

While the therapeutic relationship differs greatly from any platonic or romantic relationship, the concept remains the same-- the attachment with a male figure becomes disrupted, and future attachments with *any* male figure become a source of struggle and difficulty for the survivor. One aspect of working with parents of children is navigating the different memories and experiences of one's past. Lieberman (2005) writes, "As they enact scenes from their own past, parents unknowingly carry forth angels from their childhoods into their babies 'nurseries." (p. 506).

Previous studies have also looked at the impact of trauma as a child and its effect later in life (Caspi et al., 1996; Felitti et al., 2019), which linked exposure to abuse or dysfunction in one's childhood and its impact later as an adult. These notions of intergenerational transmissions allow for a richer understanding of working with individuals who have experienced any level of trauma or abuse. Much like the ghosts in one's nursery may serve as a haunting reminder of the past, the angels in the nursery show hope for the possibility of change and breaking these intergenerational cycles, for the ghosts do not disrupt the love bond (Fraiberg, 1975).

Men in Social Work

"Let me tell ya something. Nowadays, everybody's gotta go to shrinks and counselors and go on "Sally Jessy Raphael" and talk about their problems. What happened to Gary Cooper? The strong, silent type. That was an American. He wasn't in touch with his feelings. He just did what he had to do." — Tony Soprano in the opening scene of The Sopranos

Within the present day, the number of men in social work is a shadow compared to the number of women in social work. While the difference in numbers is often staggering, the division of gender continues to exist on various levels within the field. While the ratio of gender in social work is skewed, that does not necessarily dictate a parallel or equal division of power. Power in various forms has been a central point of discussion across Feminist theory in discussions surrounding gender and race (Brubaker, 2021; Crenshaw, 1991). The idea of transference and countertransference in a therapeutic setting posits a disparity of power between the therapist and client as the manifestation of emotions as the clinical work progresses. West (2013) states:

> In the therapy, and in particular the transference-countertransference, the aggression becomes manifest in the outrage against those who become bad objects through having triggered and re-traumatized the individual– a kind of splitting where what has been split off returns by dint of the wound itself. (p. 76)

In considering my position as a male social worker of color, the notion of transference with this population provides an interesting distinction within the therapeutic work.

Similarly, many theorists in the psychological and therapeutic domain have been men. Freudenberger (1990) discusses the influence of psychoanalytic training and the subsequent

socialization of the "role of men" as therapists within therapeutic relationships. Freudenberger (1990) writes,

> Many male therapists of my generation have initially chosen the Freudian framework. This is a framework that *reinforces traditional male role attributes* through the expectations that therapists only reflect patients 'feelings and give no evidence of their own personal feelings, appearing strong and being silent. (p. 340, italics mine)

The opening quote from The Sopranos encapsulates this notion of the male role and what Freudenberger (1990) writes in attributing that role to male therapists of yesteryear. Social work, specifically, emerges from the collective morality of White women at the beginning of the 20th century. Reamer (1998) discussed the profession's evolution into four distinct periods: morality, values, ethics and decision-making, and the ethical standards and risk management period. This posits a shift from the beginnings of social work emerging from a White morality standpoint and progression towards a more holistic and ethical approach. How is it that gender in social work operates in its own right? Hicks (2015) discusses how gender is often discussed, overlooked, and isolated in various ways. While gender is a crucial aspect within various social, academic, and political aspects of life, gender is often overlooked and theorized in limited ways (Hicks, 2015).

These critiques and discussions regarding gender are essential, specifically within the social work field, to progress the application of therapeutic practices to allow access to individuals further. Gender is often such a consistent and re-occurring variable that we (social workers) often take for granted or do not attribute gender as an important factor in social work

and in one's life. We can see an example of this through the language and discussion regarding child welfare or ideas regarding raising children. Hicks (2015) writes,

> In one sense, this is vitally important: Why does some social work practice tend to blame mothers and ignore fathers? Why are mothers often held accountable for men's abuse of children? But, in another sense, the book never really asks how gender works, or is made to matter, in these contexts and instead frequently treats it as a mono-causal explanation. (p. 473)

Concomitantly, the various aspects of both the clinician and client's identities warrant discussion, given the scope of this thesis and the themes discussed. While there is a breadth of literature regarding the therapist's understanding and conceptualization of the intersection of race, ethnicity, gender, or social class (Salazar, 2006; Constantine, 2002), the focus is often on the client's intersections and less on the therapist. Of course, the therapeutic space provides the client with a domain where they can feel safe and vulnerable. However, a client's identity or previous experience may negate this space and impact the desire or ability to work with a therapist. That is to say, the therapist's intersecting identities may somehow make an impression on the client's intersecting identities. Anderson et al., 2009 examined the therapist's interpersonal skills as a measure of therapeutic outcome compared to a therapist's age or gender, however even this study featured predominantly White therapists and White clients.

Often, the dimensions of gender, race, ethnic identity, cultural identity, and social class within the social work field and social work education are, at best, a surface-level exploration rather

than a dive into appropriate literature, historical thinking, inner reflection, and appropriate pedagogy.

In my experience as a male clinician, gender is a salient aspect of working with clients. Burkhalter and Eagle (2015) write, "gendered experience is an important dimension of the co-construction of the therapeutic relationship" (p. 98). The conversations between the clinician and client surrounding gender, race, or ethnic identity provide fertile grounds to explore and address conflict or distrust instead of lessening their impact. Wilson, White, Jefferson, and Danis (2019) state, "rather than pretending that differences do not exist, or minimizing their potential impact on the patient–clinician relationship, intersectionality acknowledges how multifaceted differences shape the patient–clinician interaction and forces a reframing that can lead to improved outcomes" (p. 9).

Identity is not unidimensional, solely existing on one plane; instead, identity often converges and interacts on all levels between the micro and macro. Parish and Eagle (2003) found "… unexpected differences in levels of attachment to the therapist depending on the gender of the patient and therapist. Female patients in therapy with male therapists had higher levels of overall attachment to the therapist." (p. 282). However, Parish and Eagle (2003) enlisted a predominately set of White and educated participants, and the therapists are predominantly White. This distinction is important due to the levels of different intersecting identities within the therapeutic domain. However, this study provides a look into the possibility of interaction of identities between the clinician and the client.

Gender is an important and consistent piece of discussion and contemplation within the therapeutic domain. Burkhalter and Eagle (2015) state, "On the basis of our personal histories, our contextualized experience, our ideological underpinnings, and our theoretical orientation, we all carry assumptions and prejudice concerning how we are rooted and positioned within gender" (p. 73). Part of being a male clinician working with mothers and their children requires including all aspects of the mother's identity, not solely gender, and how these identities combine and interpolate in the patient's everyday life. Considering how gender and race intersect, Crenshaw (1991) writes,

> It is, therefore, more than reasonable to explore the links between racism and domestic violence. But the chain of violence is more complex and extends beyond this single link. Racism is linked to the patriarchy to the extent that racism denies men of color the power and privilege that dominant men enjoy. When violence is understood as an act out of being denied male power in other spheres, it seems counterproductive to embrace constructs that implicitly link the solution to domestic violence to the acquisition of greater male power. The more promising political imperative is challenging the legitimacy of such power expectations by exposing their dysfunctional and debilitating effect on families and communities of color. (p. 1258)

Unsurprisingly, Euro-American norms have influenced social work, psychology, and counseling by actively excluding and discriminating against those who do not fit Eurocentric ideals (Hays, 1996). Similarly, in popular culture, we are faced with the idea that these identities do not or should not be a source of concern so long as an individual recognizes, on some level, and are

"aware" of basic understandings of identity. That is, phrases such as "I don't see color" or "boys will be boys" dismisses the individual's experience of racism or misogyny by actively denying and minimizing what was said or its impact on the individual. Robinson (1999) writes,

> Identities possess rank, have value, and are constructed hierarchically, particularly those that are visible and discernible. If professional counselors wish to challenge, deconstruct, and ultimately change existing meanings, we must contend how identities are socially constructed and how oppressive dominant discourses are perpetuated in the counseling profession. (p. 73).

Individuals carry their identities, visible or not visible, as they navigate the world, and their experiences stay with them in and out of the therapeutic domain. Therefore, it is pertinent to fully grasp the way identity exists in the micro and the macro while also understanding that one person's experience is not prototypical of others, such as the White participants in research studies cannot encompass everything we need to know about the experience of medical illnesses (Wilson et al., 2019).

CASE STUDIES

The families I work with consist primarily of single-parent households comprising of mothers and babies ages zero to three. While not all families are single-parent households, the baby's biological father or mother's significant other often sees the baby and supports the mother financially. The relationship between mother and baby having a male presence in life is not typically discussed. The mother usually does not talk about or detail the father's presence. Considering the families I work with, issues surrounding IPV are a common theme. Most cases

we receive are referred through preventative services because of an outstanding case with the Administration for Children Services (ACS). These cases are primarily the result of physical abuse within the family. Therefore, the families I see come into the program already with negative experiences with men.

In the following section, I will describe three families I work with and have encountered during my time as a student intern. While I will share anecdotal experiences with mothers, the case studies will follow individual families closer. All names and identifying information have been changed, altered, or omitted entirely to protect the family's identity.

Ms. Z and X

Ms. Z and her son X live in state-provided public housing in a large metropolitan city on the east coast. Ms. Z, age 23, and X, age 24 months (at the time of intake), were referred to our program by their prevention agency because of an open case with ACS. The ACS case alleged that the father enacted physical violence against Ms. Z and the baby, which was then reported to ACS. Ms. Z explained that X's father is "an abuser." Ms. Z stated that he abused Ms. Z and X physically, verbally, and emotionally. Ms. Z and X continued to see X's father during weekly supervised visitations. However, much of the interaction is between X and his father.

In meeting the family for the first time over the phone (audio only), Ms. Z was surprised to hear my voice. We had been in communication via text messages the week before the family's intake date to confirm the session and gauge their interest in the program. When the call was first

made, I introduced myself and proceeded to inform Ms. Z who I was. The first interaction proceeded as follows:

Author: "Hello, Ms. Z, this is Alfonso from the Parent program; I'm calling because we have an intake scheduled for this afternoon. How are you doing? Is this still a good time?"

Ms. Z: "Hello Alfonso, this is still a good time. I imagined you would be scarier to talk to."

Author: "You thought I would be scary? I'm glad to hear I'm not scared; let me start by getting some background information before we start."

Before even meeting, Ms. Z had created a preconceived idea of how I, a male social worker, may present myself. Immediately, I was perceived as "scary," which carries connotations of a power differential. Within this first interaction, Ms. Z revealed much about her history with male figures. As I got to know Ms. Z more, it was apparent how reserved she would be in session.

X completed a developmental assessment through the screening of the Ages and Stages Questionnaire (ASQ). According to the ASQ, X was reported to fall within the "monitor" and "further assess" categories in his developmental areas. That is to say, X was lagging in his developmental progress—at almost two years old, X only made sounds as he could not form full words. With Ms. Z and X having experienced abuse within the home, it was apparent that the family required a lot of slow and consistent nurturing.

Throughout our time together, Ms. Z slowly built her confidence around me as her clinician. However, engaging Ms. Z was complex because she regularly missed or rescheduled sessions. This made it rather complicated to engage Ms. Z and build rapport. However, this quickly

changed as my winter break approached. I was set to be out of the office for about a month when Ms. Z and I had this conversation. Her reaction held notes of sadness and disappointment. Ms. Z wondered aloud, "Do you have to be gone? Who am I going to have sessions with?"

As time went on, I was informed by my supervisor that Ms. Z had missed several sessions as I was gone. Ms. Z became difficult to communicate with, and her engagement dropped. After my return, Ms. Z became more consistent in her sessions, communication, and engagement. Our sessions also started to encroach on topics surrounding X's father and their relationship. Ms. Z opened up about her experience with X's father and how she navigated the time spent with him. As I listened to Ms. Z, I was attentive and empathetic and reflected on her emotions and what she shared.

Ms. Z engaged in a cat-and-mouse game as she divulged this information. That is to say, she would share something heavy and traumatic, and before I could respond or give time for what she shared to process, she would change the topic altogether. She offered this view into her life as a message in many ways. While this is my introspection and interpretation, I felt Ms. Z saying, "Here is how men have hurt me. *You're different*. I can share this with you without fear of backlash."

Considering my relationship with Ms. Z and X, we developed a strong therapeutic alliance that evoked a sense of trust, communication, and dedication. Ms. Z has shared an interest in my work as a male social worker and often uses me as an example of a "healthy man." In one particular session, Ms. Z shared, "I wish there were more men like you." When asked to expand on that statement, Ms. Z explained that the men she has interacted with act much more

childishly. Ms. Z went on to share that even members of her own family are not as open, communicative, or understanding.

Much of the work focused on Ms. Z and her experience with trauma and working on her ongoing relationships with men. However, even though X sees his father for weekly visits, according to Ms. Z, he does not enjoy these visits. Ms. Z stated that X often cries most of the time and looks to Ms. Z for comfort. X may have developed a strong attachment bond with Ms. Z, and any prospect of separation impacts X. Ms. Z does not mention X having any other positive male relationships outside of the family.

Ms. G and her four children: A, B, E, G

Ms. G and her four children, two girls, A and E ages four and one, respectively, and two boys, B and G, ages three and two, respectively, were relatively new to the program and did an on-site session for their first session. Upon arrival, the children were immediately interested in me and my colleague, a White woman in her 30s. Without skipping a beat, Ms. G introduced herself, pointed at her three-year-old, and shared, "he might be all over you; he doesn't have any male figures in his life, so he might want to engage in rough-and-tumble play." Within the first five minutes of our encounter, gender and my role as a male clinician were already being called to attention.

Ms. G is a single mother with a tumultuous relationship with all of the children's fathers, stating that the fathers are more of a source of stress than help. Ms. G lives with her four children in a shelter in a large metropolitan city on the east coast. Ms. G reports a complex history of

significant trauma at the hands of men, including significant physical and sexual abuse and domestic violence.

At the start of the session, all four children were engrossed by the playroom and toys. Immediately, the children ran into the room and began inspecting it and its contents. Once the adults were in the room, the children ran up to me, my colleague, and their mother, all while speaking incessantly about playing. The children jumped into the play, repeatedly ran up to me, asked me questions, and then returned to playing. At some point, the eldest girl, A, and the second eldest boy, B, began playing with the dollhouse and its contents. A looked at me and asked if I would play with them. A asked, "Who do you want to be? I know! You can be the daddy." Without any prompting, the children placed me as a caregiver, specifically of being the daddy of dolls.

As the session went on, the children repeatedly looked for mommy. The children would scream, "Mommy, mommy, where's mommy?" My colleague and I would point to Ms. G and share, "Oh, the babies are looking for mommy; mommy is right here." Every time this exchange would happen, the children would shake their heads and reply, "No, the dolls are looking for mommy." Within the play, the dolls were looking for both mommy and daddy. B would often run up to me and ask me what a specific toy was or its name, then turn around and engage in play by himself. I was included in the play but only as a center object where the children could come to me, recognize I was there and engaged, and then shift back to their play.

Throughout the session, I was called the doll daddy and engaged in play with the two eldest children. A and B sought attention from their mother, Ms. G, and myself. However, they

were less interested in mommy, and I suspect because of the new environment and new adults, one of whom is a male of color. The younger of the two children were more engaged in their play, while the youngest would look at me and smile. All four children interacted with me in their way, slowly at first and then without restraint.

As the session ended, the children were very vocal about their desire to stay. My colleague and I kept repeating, "It must be really hard to say goodbye, huh?" All four of the children agreed. Those who can communicate expressed their concerns about the dolls and toys, insisting they needed to be watched. Ms. G was not at all phased by the change in the children and encouraged them to say goodbye. The ending of the session was perhaps the most difficult—the children increased their proximity to me as if using me as an anchor. While none of them physically touched or sat in my lap, they were next to me and continued to engage me in play.

The eldest, A, had the most difficulty separating from the playroom. She said, "I don't want to leave; I want to stay here forever." It was not clear, however, if A meant she wanted to stay in the playroom forever or wanted to stay near all the new adults. I say this because as the family was on their way, A turned to me, smiled, and shared, "I'm going home with you." I replied, "You're going to go home with mommy and all your siblings; the playroom will be here when you come back." A shook her head and exclaimed, "Nope! I'm going home with *you*." As we walked the family out and my colleague waited with the family for their cab, A and B stood near me. I was on my way out, seeing as they were the last session and the last family of the day. I was saying goodbye to Ms. G and her children, yet I had the eldest two walking with me toward the door. I stopped, crouched down to their eye level, and shared, "You have to go home

with mommy; it's time to say goodbye." B was more receptive to this separation. He said goodbye and returned with mommy; meanwhile, A appeared emotional and repeated, "No, I'm going with you!" Ms. G had to intervene and grab A, reassuring her that she would see us and the playroom again. Unhappy, A said goodbye and went to stand next to mommy.

I could not process what happened when I left the site that day. These two eldest children attached to me in a way that no child has thus far in my time at the agency. I felt put in a position where I was seen as more than— more than a therapist, more than a man, and more than a stranger. That first interaction with the family was more than I hoped for.

Ms. S and B

Ms. S is a new mother aged 25; her son B is only 5 months old. Ms. S, at the time of writing, had completed her 12th session with the program and terminated. This is important to note because Ms. S enrolled as B was just a newborn. B was born premature and struggled for the first two months. Ms. S, full of hope, would join sessions and boast about her baby and how amazing he is. Ms. S joined the program due to an ACS mandate and wanted to finish the program and get her certificate. Ms. S was always formal and cordial in session and actively participated.

Much of the work within-session revolved around Ms. S's support systems and how she feels supported by the people in her life. Ms. S is a positive and enthusiastic person, not prone to depression. She was always so happy to start a session and would begin by saying, "there is my friend!" Ms. S did not seem put off by my presence as a man. She was in a relationship with B's

father, who was around often. Ms. S never discussed having other male figures in her life, yet she felt so at ease with me. I often would bring this topic up to discuss, and Ms. S always responded, "I just feel comfortable around you."

Throughout our time together, Ms. S and I developed a strong therapeutic relationship where she felt comfortable enough to send me pictures and videos of B during a session. Toward the end of our time working together, Ms. S would laugh and say, "I am going to be so sad when we finish here. You're still going to be in B's life; you're like an uncle at this point!"

These comments happened the closer we got to our final session. A couple of weeks before our last session, I brought up the idea of termination and described to Ms. S the options she had. I explained that she could continue with the program and still maintain her certificate of completion, or she could opt to get the certificate and terminate the program. Ms. S hesitated to answer. She did not like the idea of terminating, but on the one hand, she did want to finish the program and comply with her ACS service plan. I understood her predicament and gently reminded her she still had time to decide.

During our last couple of sessions, Ms. S became emotional at the talk of termination. She explained that I have been an important part of her journey with B. She shared, "You were here with me to watch him grow; you're basically his uncle." At this point, Ms. S was wiping tears off her face. She apologized and replied, "Goodbyes are hard."

At the end of our time together, I could not help but feel the pain of this shared goodbye. While I never met B, and he was probably too young to know he was looking at me through a screen, I felt connected. Though I did not share this with Ms. S, there was truth to her words. In

some ways, I was like an uncle. Uncles are supposed to be there and support the baby. While B did not know it, he had another male figure ensuring he was okay and checking in with his mother. Ms. S never mentioned any other positive male figure but mentioned several sisters, aunts, and her mother.

Perhaps the closeness Ms. S felt within our therapeutic relationship may be attributed to my being a positive and compassionate male figure. While it is difficult to confirm, I know the therapeutic relationship was strong. During my time off in the winter, I recall my supervisor having difficulty reaching Ms. S for sessions. While it is difficult to ascertain, I know that endings and saying "goodbye" is difficult for many of the families we work with.

DISCUSSION

Male social workers of color face an intriguing intersection within social work. Much of the work within social work, mental health, and development revolves around the intersection of the different levels of experiences, situations, and surroundings within an individual's life (Bronfenbrenner, 1981). Given that the present-day social work demographic skews towards a majority of White social workers, it is my opinion and experience that social workers of color, of all gender identities, contribute a profound richness to the field that deserves further exploration.

As a social work intern and now a full-time clinician, I have experienced the impact of my identity within the therapeutic space. As mentioned above, studies have found that identity and other similar variables impact the therapeutic outcome less than a therapist's interpersonal skills (Anderson et al., 2009). This may be true depending on various factors like the client population the therapists work with, the geographical location of said services, or the cultural and

social differences compared to other parts of the continental U.S. However, I wonder if it is not *me* as a social worker or my interpersonal skills per se, but rather, the culmination of my presence in a therapeutic setting and my identity that is at the forefront of my interactions with clients and that is deeply incorporated into the therapeutic work.

So, what about the combination of my position and identity that impacts families to such an extent? As a social work intern and now as a full-time clinician, I found that families often compare me to close male family members in their own life. Mothers often confided in me that I felt like a brother, uncle, or grandfather to whom they had a strong connection. Conversely, I have worked with mothers who were adamant against working with a male clinician and stated they could "never talk" about their experiences with men to another man.

Violence and abuse at the hands of men are often at the forefront of the work with this specific population and are a recurring theme when considering child development and the family dynamic. Ms. Z demonstrated her initial distrust in me as her clinician *because* of her past experiences with men. Despite her enrollment and engagement within a professional setting, much of the discussion revolved and centered around topics relating to men, specifically the results of men's actions. It is unsurprising that mothers who have experienced such trauma and abuse are hesitant to connect with men, even in a professional and therapeutic setting. Regarding one's history of complex trauma and, relating this trauma to gender, it is important to consider the context, history, and process of one's experience. Burkhalter and Eagle (2015) state:

> If we understand our formative experience within the primary process to be gendered, and further, that our forms of representation in language within secondary processes are

> gendered, then gender is intrinsic and inescapably part of how we constitute experience of self. (p. 73)

Considering the intersection of different facets of identity, it is essential to recognize and emphasize areas of identity overlap. Comas-Diaz and Greene (1994) explain, "More specifically, a failure to recognize the combined influence and impact of racial and gender parameters can seriously compromise the effectiveness of mental health treatment" (p. 186). More so, the combination of my identity appears to resonate with these families and as mentioned above, provides families with familiarity to attachment with their own family. In discussing patient attachment to the therapist, Parish and Eagle (2003) writes, "Not only do the qualities of early attachments affect later adult relationships, but also some adult relationships themselves function as attachments." (p. 272)

More specifically, my experience as a full-time clinician has primarily focused on engaging with Spanish speaking families from a number of countries outside of the U.S. Many of these families have migrated to the U.S within the last five years and often recall memories of their childhood around various family members. These mothers often emphasize the role of men and women within the familial dynamic and their own experience because of the gendered roles. When encountered with a Spanish speaking male clinician, these mothers identify and consider the possibility of how men can learn or unlearn gendered norms. This is seen specifically through mother's remarks recognizing paths of growth for their son's and their aspirations for their son's to be "different". Mothers have and continue to "thank" me for showing a different side of

masculinity, one they can relate to *because* they identify parts of my identity with members of their own family.

Focusing on our thinking of attachment across generations, much of the work within the therapeutic domain relates to the parent's childhood experiences. In many instances of being referred to as a family member, the parent often reflected on their childhood experiences, sifting through different positive and negative recollections of their interactions within their relationships and related these memories to the therapeutic bond formed. Bowlby (1969) states, "Although there is abundant evidence to show that the kind of care an infant receives from his mother plays a major part in determining the way in which his attachment behavior develops, the extent to which an infant himself imitates interaction and influences the form it takes must never be forgotten." (p. 203)

Early attachments play a huge role in an individual's life and can be seen as blueprints for future relationships through the influence of attachment behavior passed through generations. When considering the role of men within the family, there are many types of involvement that are not exclusive or limited to fatherhood. Ms. S mentioned specifically my role as an "uncle" in B's life, a figure that is not always present but cares for the child all the same. Fathers are important to a child's development and their importance is well-documented (Hewlett, 1992; Lamb, 2004; Tamis-LeMonda, and Cabrera, 2002). However, fathers are not the only caregivers nor the only male figures. Many of the families remember and share memories of grandfathers, godfathers, uncles or male family friends that have shaped and supported them in their childhood.

Ms. G's comments about male figures related to her children emphasizes this point further. Mothers within the program often depict tumultuous relationships with men, furthermore many of these relationships and experiences are inextricably linked to the children present in the family dynamic. Ms. G's depiction of her children's exposure to male figures portrays a scarcity of positive encounters with men. Men in society and masculinity, as a practice, relies on different beliefs held socially and culturally. Liu (2005) states, "Consequently, there is no singular masculinity, but there are plural masculinities, and men may encounter problems in living as a result of different expectations and socialization experiences." (p. 688) If we consider masculinity from a foundation of Whiteness, we must then account for how power and privilege intersect and is intertwined with gender and race (Crenshaw, 1991) within the clinical domain. The complex history of trauma at the hands of men may in turn influence the working models of attachment for families as discussed in the case studies; the intergenerational transmission of experiences or memories is then a significant role that requires further attention.

Marcel Proust (1981) and his work "Remembrance of Things Past" bring the notion of memories induced by senses that bring one back to that exact memory. There are parallels between Proust (1981), Fraiberg (1975), and Lieberman (2005), where childhood experiences can and are re-lived and experienced again later in life, much like how Marcel Proust discussed the combination of senses "transporting" him back to his childhood, it may be that the combination of my position and identity prompts a different reaction to the families similar to what Fraiberg (1975) and Lieberman (2005) discuss related to parenthood. These therapeutic bonds or attachments within the therapeutic work with these families are a byproduct of

connecting with a safe, compassionate, and available male figure of color that perhaps has not been experienced before in such depth or consistency.

Many of the mothers I have engaged with as an intern came into the program with a severe history of complex trauma that impacted every aspect of their life. Poverty, racism, and physical abuse are just a few main reasons these families entered the program and sought therapeutic support and substantial resources. As an intern and now as a full-time clinician, a common theme of conversation with many families revolves around the need to *survive*. As many mothers are the sole providers, they often voice their experiences and feelings toward the child's father and, subsequently, to all men. This theme is often difficult for many mothers, and when it comes to the surface, the mothers often turn the conversation to include me as a male figure.

More recently, a mother reflected on her newborn son. While she was happy he was healthy and ecstatic to be his mother, she ended her reflection by stating, "It must sound horrible to say, but I am deeply afraid and worried about having birthed a son… I fear that he will be like his father… like many men in this world." Many of the mothers within the parent groups have experienced violence at the hands of men and at the hands of their child's father. Often, these traumatic experiences are reflected on as significant breach of trust and reshape the mental representation of a relationship with the child's father and, in many cases, with all men. While many mothers within this group who have experienced similar abusive instances with the child's father agreed with this mother's statement, they soon began discussing me as an example of a positive male figure.

At the center of trauma-informed therapeutic work, the goal is to provide these families with a safe space and support to begin the strenuous work of psychotherapy within the parent-child dyad. Within the space, it is crucial for clinicians to recognize the privilege, position, and impact one's identity may implicitly or explicitly have within the therapeutic work. As mentioned above, the demographics of social workers present an exciting opportunity to work with diverse populations who are often thrown into a system coupled with a cycle of injustice practices. The insufficient number of male social workers, let alone male social workers of color, offers areas of the field that may be untapped within the therapeutic work. That is to say, there is much to explore within the field of social work through a different lens of gender, racial, and ethnic identity.

Moving beyond a Eurocentric perspective and frame of thinking will only offer new modes of interpretation, realization, and connection with individuals who skew from the Eurocentric standard and are often marginalized or overlooked. It is crucial to recognize past social workers' involvement in movements and experiments against certain racial or ethnic groups that caused extreme harm to these populations. It is also imperative that, as social workers, we recognize that while the NASW maintains a code of ethics, it is only as recently as 2021 that the NASW is beginning to focus on racial justice advocacy and formulating a stance for racial diversion, equity, and inclusion (NASW, 2021). While these steps are in a positive direction, there is a far greater opportunity to supply the field with a perspective beyond what is taught in social work education through the lens of individuals outside of the Eurocentric binary.

LIMITATIONS AND IMPLICATIONS FOR THE FIELD

It is beyond this paper's scope and my experience to include, address, or discuss the impact of different racial, ethnic, cultural, and gender identities. I recognize that my position and place of privilege impact my perspective, thought process, and portrayal of experiences. However, through the lens of experiences of individuals like myself, we can add a new dimension to the field of social work.

This paper views my personal experience. However, it is not meant to negate or minimize the experience of other folks but rather enrich the discussion that is so often dominated by Eurocentric standards. This paper is only limited by time and aspires to expand this work further to create and document experiences beyond the general demographics of social workers. The lack of academic literature, social work education, and representation within the field of social work only demonstrates the need for more voices and experiences to enrich the field.

Some areas of further investigation may include connecting with, interviewing, and collecting data with social workers of color from various parts of the U.S. The perspectives of more individuals in the field or in social work education may further enrich the discussion to include, corroborate, or shift the perspective of the present paper. It is my hope that this paper may begin to spark a discussion and invite other social workers, mental health practitioners, psychiatrists, psychologists, and educators to share their experiences and perhaps reinterpret what mental health treatment represents for practitioners and individuals.

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