Published in Clinical Social Work Journal 31(3) Fall 2003 (© 2003)
PDF available at journal website.

Mentors at the Gate

Editors Talk about Clinical Writing for Journal Publication[I]

Suzi Naiburg, PhD, LICSW

ABSTRACT: Writing psychodynamically oriented clinical papers is a daunting yet important task. To understand the page-by-page challenges better, I interviewed 12 editors of 4 clinically oriented American social work journals. This paper grew out of that project. It briefly describes the peer review process and examines how editors serve as both gatekeepers and mentors. It then describes how they interpret journal guidelines for evaluating manuscripts, how they spot potential in problematic manuscripts, view a manuscript's conceptual strength, define clinical data, think about the question of "proof," and identify contributions social workers can make by writing about their clinical work.

KEY WORDS: clinical writing; manuscript assessment; peer review; journal editors.

Writing psychodynamically oriented clinical papers is not easy. For starters, working with

[I]I wish to acknowledge the generosity of the editors I interviewed and thank them for their time and interest.

our clients requires listening, sensing, and responding simultaneously on many different levels—of the verbal and nonverbal, affective and somatic, of conscious, preconscious, and unconscious communications, of silences and noise. Also, different mental processes are called into play when we try to grasp "psychic reality" in the moment, or perhaps later in reverie, and "when we report, make sense of, and debate what has been grasped" (Tuckett, 1994, p. 665). One of the first problems we face is that of translation when we try to put sequentially into words these private and confidential, subjective and intersubjective, multi-modal and simultaneous experiences.

As if this is not enough, different modes of expression are required when we bring a clinical situation to life in a paper and when we link what we describe to ideas, concepts, and theories that might be helpful in understanding what has transpired. Descriptive tasks require more of the novelist's or playwright's vision while the art of teaching from example requires a more didactic or critical-thinking mode.

It is no wonder that few social workers outside of academe write for journal publication. Yet if we are going to challenge ourselves to think more clearly and deeply about our clinical work, if we want to communicate to our colleagues and a larger public, if we want to demonstrate how our practice and our theories work, and if we want to advance the field and hear more social workers' voices in the vibrant discussions about contemporary psychoanalysis, *we need to be able write about what we do.* The better our writing is, the more likely we will be able to achieve these goals.

It is easy to find protocols, guidelines, and even checklists for writers who are writing research reports (Anastas & MacDonald, 1994; Day, 1998; Fischer, 2000; Flemons, 1998; Rosnow & Rosnow, 1998). The report's component parts—introduction, literature review, methods, results, discussion—are all too familiar. But there are no standard protocols for writing clinical papers about our cases. Journals' selection criteria are so broadly defined that they are of little use. What do editors really mean when they say a manuscript should make a contribution to the field, be well written and relevant? To find out, I interviewed a dozen editors of four clinically oriented American social work journals and read extensively. This paper has grown out of that research and will respect the confidentiality of the interviewees by quoting them anonymously.

Rather than examine the genre of single case studies, which has its own history and is deserving of separate attention, I focused on clinical writing that uses case material in service of explicating ideas and demonstrating, challenging, and/or developing theory. The NASW Press (1995) recommends that writers "use case material to illustrate major theoretical concepts rather than to serve as the substance of the manuscript" submitted for journal publication (p. 15).

The editors, 11 out of 12 of whom were selected by using a random table of numbers, formed an experienced, interested, and articulate cohort of 6 women and 6 men (all Caucasian) who had collectively served on the editorial boards of 16 professional journals. Each editor had been, on average, on the editorial boards of 3 journals and had worked in that capacity for 10-30 years, with a mean of 15.4 years of editorial work and 35.8 years of clinical experience beyond their bachelor degree. Two had been editors-in-chief. Eleven are social workers and one, a psychologist. Ten have doctorates. Three are practicing psychoanalysts; 4 others are psychodynamically oriented. Three ascribe to a combination of narrative therapy, family systems, and social constructivism. Another is a cognitive-behaviorist, and another defined his orientation as humanistic. My own orientation is psychoanalytic and relational.

In another paper I will look at the implications for clinician-writers of having to adequately master two modes of expression that Bruner (1986) calls the narrative mode and the logical-scientific or paradigmatic mode. Each has its own way "of ordering experience, of constructing reality," and of verifying it and its own way of valuing the particulars of experience—whether they are used to create a life-like story or to support more abstract principles or theory (p. 11). In this paper, I draw on editors' extensive working knowledge of manuscripts to better understand the page-by-page challenges of writing for journal publication. I begin by taking a brief look at the nature and politics of the peer review process and then report on how editors actually go about reviewing manuscripts. In the next sections, I describe how editors interpret journal guidelines for evaluating manuscripts, how they spot potential in problematic papers, view a paper's conceptual strength, define clinical data, think about the question of "proof," and identify contributions social workers can make by writing about their clinical work.

PEER REVIEW AND POLITICS

Peer review has a long history dating back to the mid-seventeenth century (Kronick, 1990). Originally instituted to ensure that an impartial selection was made on the basis of a paper's

merit and utility, peer review is thought of as "an essential and integral part of the process of consensus building" that "is inherent and necessary to the growth of scientific knowledge (Kronick, 1990, p. 1321). Papers that pass muster become part of the literature, expanding the knowledge base of the field and "stimulat[ing] further research (Carter, 1987, p. 3). By offering prospective authors both encouragement and criticism of their work, editors execute their "obligation to encourage the quality and extensivity of writing through sharing their thinking (both pro and con) with one another" (Saari, 2000, p. 2).

To do this, editors need to be savvy. They need to be "sufficiently imaginative to recognize the worth of an unconventional contribution and sufficiently skeptical to recognize a subtly defective one" (Carter, 1987, p. 6). They need a good eye for errors and bias (Carter, 1987; Kassirer & Campion, 1994) as well as for relevance and worth since what gets published carries an endorsement that the manuscript is worth publishing in a particular journal at a particular time. Furthermore, "the peer-reviewed journals in which literature is preserved thus serve as 'journals of record,' that is, authoritative sources of information in the field" (American Psychological Association, 1994, p. 291).

Peer review serves a gate-keeping function (Witkin, 2000) that cuts two ways. Some doors are open; others are closed. "Only a small percentage of manuscripts submitted get published" (Witkin, 2000, p. 6). When consulting editors sign on to review manuscripts, they essentially sign on as loyalists to that journal's philosophy and adherents to its selection criteria. Yet if they hold too rigid an editorial position, they may sap new growth and leach creative vitality out of a field. In an editorial in *Families in Society,* Goldstein (1998) noted that

> the unquestioned standards of scholarly writing tend to effect an elitist form of authorship that may dampen the inspirations of writers who have something worthwhile to add to our knowledge but cannot or do not wish to adapt their message to fit the existing rules and boundaries.
> (p. 453)

What troubled Goldstein (1999) the most was "that the resolute toughness of this conservative shell may thwart the hatching of exceptional ideas and controversial viewpoints" (p. 324). Editors aware of this danger can help expand the boundaries of convention by inviting

submissions that challenge their journal's views, are more creative, the author's first efforts to be published, and/or papers that do not lose sight of "loose ends"—bits that do not cohere, the nonverbal, preconscious, associative, and primary processes that characterize much clinical work (Plaut, 1999; Wharton, 1999).

However supportive and inviting journal editors may be, some of the restraints are internalized within the writers themselves. Goldstein (1999) felt that the "liberal mindset" of social work often "gets translated and presented by many authors" as "constricted by cautious restraint, by the effects of tradition, and by the formalisms and conventions of academe" (p. 323). What Renik (1994) notes of analytic writers is no less true of social workers. What a writer is "willing to commit to public scrutiny" is "influenced by a host of political and social factors" (p. 1245).

> If one's purposes in writing a psychoanalytic paper include becoming well-known and having many patients referred for analysis, one had better be sure to give accounts of clinical successes; to the extent that one wants to be accepted by the professional establishment, it is probably more effective to elaborate accepted principles than to challenge long-standing, cherished assumptions; and so on. (pp. 1245- 1246)

Three of the editors specifically acknowledged that politics play a part in what gets published. "If you're going to write for a self psychology journal, you know fair well you're not going to write as if you were an ego psychologist." It is easier to write a book in the sense that "you can say any damn thing you want to and hope you can get a publisher for it. But most people publish in journals, and the journals are in varying degrees restricted about what they publish." Another editor warned, "if you come out and say something in very straightforward language, you'll often be criticized for it. You've got to play the game, particularly for particular psychoanalytic journals. And if you don't, you're just not going to get published."

Kluft (1999) advised writers to use a "Trojan-horse strategy" when writing about something controversial. "Come to peace," he advised, "with what you have to do to get in the door—i.e., give your audience 60% of what is expected and 40% of what you really want to say." Kluft notes that you can get unpopular ideas across if you "use balance, tact, and discretion," "represent both sides of an issue," "offer a synthesis," "get your data right," and "let the data speak for you."

HOW EDITORS REVIEW MANUSCRIPTS

Typically upon receiving a manuscript for review, consulting editors had to decide if they would accept the assignment given the match between the manuscript and their own expertise, time constraints, and/or possible conflicts of interest. Some consulting editors previewed the submission to determine the amount of time they needed; others took a quick glance to satisfy their curiosity. Reviewing manuscripts is a labor-intensive activity, and the more problematic a potentially publishable paper is, the more work must be done. The most time consuming tasks for editors were muddling through difficult papers and talking the time to make thoughtful comments. One editor spoke about the demands of writing comments carefully:

> I'm inclined to write very specific comments. It's a hard thing to do, because I want to support people making an effort to write, but I also want to make my criticisms clear. So I work fairly hard at trying to find ways to be constructive but pointed at the same time.

All the editors said they read the paper first not as a reviewing editor but "as a consumer," with "an open mind," to get a "first impression," "to see how it reads," to see "what I've got," or "what I can learn." In perusing a paper, one editor looked at how well the writer handled language and at the clarity and implications of the writer's thesis. "What will it eventually tell me? I may go to the end first and see what it's all about. I'll also look at the beginning, to see if there's clarity about the purpose, objectives, structure of the article." Several previewed the manuscript actively on the first go around by looking closely at the title, references, and abstract.

By scanning the references, editors could situate the writer and see if he/ she is up to date. Some journals explicitly encourage authors to use and cite literature that had appeared in earlier issues. One's use of sources can be political as well as judicious.

Since few manuscripts submitted for publication are knockouts, editors read most submissions more than once. The second and third readings, which often followed the first by some interval, were more careful, slower readings, usually involving the editor's active questioning, underlining, and note taking. These activities led to the consulting editor's recommendation regarding publication and suggestions to the author for revisions. It was at this stage that the consulting editors thought more consciously about the journal's implicit and

explicit criteria. Some read with the rating sheet in front of them. They often asked questions of their own, especially to get a handle on a problematic paper or part of a paper that required muddling through. None of the editors called their work a labor of love, yet they gave valuable hours of their professional time to function not only as gatekeepers but also as mentors.

HOW EDITORS INTERPRETED JOURNAL GUIDELINES

Krassier and Campion (1994) suggested that there "is a kind of rejection threshold involved in the assessment of manuscripts—a point at which the cumulative weight of a manuscript's faults tip the scales toward rejection," but "defining the rejection threshold for a given manuscript would be complex and difficult" (p. 96). Consulting editors were guided by the journal's selection criteria, their own assessment of the journal's readership, and their professional experience and expertise. The NASW Press (1995) published editorial guidelines used by its four journals. Factors considered included the manuscript's "contributions to social work knowledge, currency, clarity of presentation, utility and relevance to social work practice, appropriateness to the journal, originality, adequate documentation, organization, style, and readability" (p. 9).

In an editorial in *Social Work,* Witkin (2000) listed his journal's criteria as "relevance to the profession, importance, soundness of analysis, clarity of writing, originality, and interestingness" (p. 6). He also advocated considering

> qualities such as *generativity,* challenging the commonplace, assumed, or taken-for-granted; *heuristic capacity,* stimulating new questions, ideas, or perspectives; *transformative potential,* proposing basic changes in beliefs and practices; and *value expression,* articulating, clarifying, or expanding the central professional values of human dignity and social justice, (p. 6)

Referring to qualities of exposition, printed guidelines mentioned clarity, focus, organization, style, appropriate language (i.e., respectful, nonsexist, not jargon laden), and responsible use of sources.

When editors used their own words to define what they meant by a manuscript's making a contribution to the field, they said it would "say something new," articulate "an interesting turn,

something that isn't just restating the obvious," "make a new connection," or demonstrate evidence that the writer is thinking about something "in a different way." The adjective "new" was interpreted liberally, because "if you have any maturity of your own or any length of experience of your own, then it's going to be very exceptional that a paper is going to offer you something new clinically." Another editor said it this way:

> I define "new" very broadly. It can be a new twist on an old theme. It has to have something to say that someone wants to hear, that enough people want to hear. I also look for creativity, but it doesn't always have to be the most creative piece. Some people can write gloriously, and some people write somewhat more mundanely, but they have to have something to say.

One editor saw "work with a particular population that is not necessarily within the purview of every clinician, that may have some special considerations that need to be expressed or examined" as innovative as is work "involving a recent formulation, for example, a constructionist view or postmodern formulation." Another editor considered that a paper may potentially make a contribution to the field if it recorded how a writer discovered a mistake. The process of discovery, not certainty, made the paper valuable. Revealing that process implied the writer was open to learning.

The category of relevance covers a manuscript's general relevance to the field of social work and particular relevance to the journal's audience or to a significant portion of it. Relevance also applies to the timeliness and usefulness of the ideas the writer presents. Journals that are focused on the practice of social work want manuscripts to be relevant to clinical practice. Manuscripts are expected to reflect the ethics, values, and goals of social work as a field. When one editor talked about relevance, he meant that the writer's ideas should be of interest to an audience of experienced clinicians, even supervisory-level clinicians. To another editor, relevance meant "something that was grounded in research and logic and also in practice." For some editors, relevance was synonymous with making a contribution to the field. Yet the distinction between these categories is useful as a reminder that a paper that makes a contribution to the field may not be relevant to a particular journal's aims and/or audience and should be published elsewhere.

AN EDITOR'S EYE FOR POTENTIAL

The quality of a manuscript's ideas and/or clinical material was the most telling sign of potential in a weak paper. "The topic itself is worthy, timely, topical, of interest to the profession, original, unique, a subject that is not dealt with very much," something "that is really hot at this point, that is sort of cutting edge." "His case studies were absolutely fantastic." "The author is on to something of clinical significance." The paper could pertain to a "population that's underrepresented in the literature." The manuscripts contains

> an idea, probably one that is fairly innovative, that I haven't seen before, that has some sort of intrigue about it. Some sign that there has been a good deal of thought and researching of the topic so that possibly these ideas could be substantiated with a little more work.

The ideas may not be fleshed out, but there is enough of an intimation of them for the editors to see their promise, which one editor called "flashes, once in a while, throughout the text of insight, wisdom." Or "sometimes it's just exquisitely creative." "And sometimes the paper may not be quite so great, but it's the first." The editors' language conveyed their excitement about finding a gem hidden in a rough-hewn text:

> with a little bit more work and some thought, it could be [developed] and would have some value to the field. I tend to look for a new way of thinking about something. That's a turn on in my mind. This is worth exploring.

This kind of paper makes a reviewer "sit up and take notice." "I personally have the experience of getting excited about the paper" even if it drops off, leaves the reader hanging, or does not "draw a conclusion that one thinks that the author is trying to do from the beginning." It was "a good start on a paper, an exciting start." Another editor acknowledged that a manuscript may not spark this kind of excitement but is, nevertheless, worthy of attention, because it

> can outline a controversy and do it in a particularly interesting way.
> And even though it's not necessarily that I sit up and take notice, it's just an extremely competent job and worthy of publication, and may need some improvement or breath.

CONCEPTUAL STRENGTH, CLARITY, AND COHERENCE

While editors read with an eye for potential, they stressed that the worthiness of a manuscript depended in large part on its conceptual strength or its potential to be well conceptualized. The core ideas had to be theoretically "consistent with the method with which the clinician was treating the patient" and conceptually well grounded in both the relevant literature and clinical evidence. "How aware is the author of the work that's been done?" One editor expected to see "a good understanding of the literature in the field in which they are writing," while another warned, "there's a natural tendency to do an exhaustive review of the literature, which reveals very little, usually."

The catchwords "relevant" and "appropriate" helped to settle the controversy about how much literature was enough to establish the context for the author's own ideas. "Does the author draw appropriately on prior works so that... [the thesis] is anchored in a sound grasp of what is already there?" One editor characterized a poorly written literature review this way:

> It was not presented in a succinct, cohesive fashion. There's no chronology to it; they don't develop the ideas like the history of ideas ... or [mention] the newer paradigms.... It's fragmented. Or it alludes to stuff as though the reader is in their mind, as if I can read their mind.

Doing clinical work was compared to doing ethnography and qualitative research, which can generate a lot of evidence. But examples by themselves are not enough.

> It's very difficult to capture the stories of multiple respondents and how they describe things and really get material out in that kind of format [for journal publication] as well as build a credible piece of argument so that people don't say, "oh, all that qualitative researchers do is just share their texts from their interviews."

Some writers go to the other extreme and "decontextualize the material" so that all that remains are "little snippets." Short quotations and very brief vignettes were not considered persuasive, but qualitative exposition and thick description were. It is a challenge to create thick description succinctly. Journal articles are relatively short, and "clinical data don't lend themselves well to succinct exposition. They're nuanced, and they're qualified, and they benefit from some sort of elaboration and depth."

Thoughtful links between evidence, ideas, concepts, and theory constitute what I think of as

a paper's integrity. Many of these ideas came together in this editor's comments:

> I want to know the conceptual strengths of the argument that the person is making about the clinical issues or described case. I'm most concerned about articles that come to press underconceptualized and undertheorized. And I also want to look at the extent, if there is clinical material presented, the extent to which it amplifies or illuminates the concepts the author is trying to lay out. I'm amazed at the number of people who sort of skim through the theory part and think their paper's strength lies in the case description. It sort of floats free ... as if untethered from any kind of conceptual base.

Another editor talked about coherence in terms of the author's ability to satisfy the reader that the basic premise had been met.

> Is the premise of the paper clear, and does the paper follow the premise and make it clear to the reader that they have satisfied the basic premise? ... Does the final part of the paper eventuate or unfold into a clear summary of what the author is trying to state?

Writers often do not follow through with what they have proposed—what I call the paper's burden of proof. One editor commented:

> Someone will make grand statements about what they will accomplish and then they don't do it, or if they do it, it's not apparent that they've done it. It may be there, but you'll have to look to see what it was. ... People tend to lose their focus. One of the things about writing is that people often bury their ideas in the text somewhere along the way, and it should have been apparent in the beginning.

Ideas that are not that thoughtfully linked either to evidence or theory may not be very well worked out in themselves. "Does the author have command of the thesis, the idea, or is the author, as sometimes happens, struggling to grasp it? Is the case material relevant to that? Is it persuasive? Is it coherent to the thesis being advanced?" Some papers floundered because writers used "theoretical constructs from other writers that they don't understand," were dogmatic about their own ideas, or polished off some rough edges to fit their clients neatly into their theories. Other writers did not formulate their case well enough or did not draw out the implications of the

formulation they had made. One editor noted, “often I’m finding that cases or even sequences of cases aren’t too carefully formulated so you end up thinking that’s nice, but what do we know from that? So I look for an ordered but intuitively informed case formulation.”

Writers may fall short by “taking on too many points,” which leaves their papers “wandering” and in a state of “disarray.” Manuscripts were problematic if the editor found evidence of circular reasoning or gaps in thinking: “there are things that you think are worthwhile to publish, but there are inconsistencies, contradictions . . . incompletions.” Readers need to be able to follow the writer’s logic, not as the writer may have had it in mind but as it is actually laid out in the paper. Readers should not be expected to be mind readers. Some manuscripts did not cover “any points in sufficient depth, which goes along with the fact that folk do not often have a clear thesis statement about what they actually want to say.”

Sometimes case material is poorly laid out:

> You come away thinking I don’t understand that. There isn’t a good portrait painted. So I feel they have to re-present the patient so they come alive. So there isn’t just some kind of vapid shadow there. Or they present too much of themselves and not enough of the patient. I said, and I said, not what the patient said and what the patient reflected and what was the affect and what was the manifest and latent content.

Another problem arose when the clinical examples did “not express thoughtful practice. Sometimes it seems to me that the clinical material is itself too naive or shallow to be persuasive about anything.”

Some papers failed to demonstrate evidence of critical thinking about the case material. An editor said, “I’m not interested in papers that just summarize the client’s story about a discussion of the process of psychotherapy. There [needs to be] some kind of critical evaluation of the process.” Another noted that a paper that just reported who said what to whom may be “relevant for consultation or supervisions, maybe even for teaching, depending on the audience, but we don’t see it as a publishable paper.”

Some cases, like some ethnographies, were too experience distant to bring the subjects or the manuscript to life. The writer or “researcher spends a great deal of time in a client’s life and [only] comes up with a bunch of categories rather than the personal expression of what is meant.” The recorded dialogues themselves may fall flat. “What I’d hope for but don’t see very

much is a more literary flow, not necessarily a Hemingway, but more of a human dialogical experience." Editors noted how challenging it is to present clients "with compassion" and "convey some positive regard, some respect for the patient" rather than present them in "arm's-length kind of cases, like specimens."

One editor talked about wanting to sense the presence of the writers in their writing, "the extent to which the author is known in some ways," because the paper is "not just written by a ghost." Writing with a "tentativeness" or an inquiring mind conveyed to another editor a much greater sense of trustworthiness than the claims of "clinical success or finality":

> I read papers with an open mind, willing to find the presentation persuasive and that means that the author emerges in the way the material is presented as thoughtful, judicious, well informed, not overly claiming clinical success or finality in formulation so much as that I might expect as a tentativeness in an effort to shift the perspective in weighting the evidence. So essentially I'm listening to the voice of the author. Some authors I find persuasive and trustworthy and occasionally I don't.

One editor explained that "seasoning, time and effort, and trial and error" may help a clinician write with more nuanced feelings and yet write simply. The challenge is a difficult one that not many writers meet. One editor observed that "we don't have an enormous number of really gifted authors. A gifted author has a command of language that allows the expression of nuanced understandings accurately and simply. That's difficult to achieve." Also "good writers tend to be good teachers because they are audience focused." These writer-teachers

> have developed an ear for what an audience can hear and be able to appreciate, and they can slant their exposition appropriately to the capacities and interests of an audience. This is really not a talent that is irrelevant to clinical practice. If you're thinking about your clinical work, you obviously have to tune in on who it is you are connecting with.... So writing should benefit from clinical savvy. I don't think it does as much as it should. I see some clinical papers that are almost deaf to the audience. Or at least are not empathically attuned to the audience.

Goldstein (1998) suggested that good clinical writing creates "a virtual reality" (p. 452) and requires literary skill for its creation. "Actually the best clinical writing," one editor said, "is the

novel." Another commented:

> I think some of the best clinicians who know how to enter the soul of another are writers or people who have a great facility, or knowledge of, or familiarity with literature and know how to enter the soul of another by virtue of being an educated reader ... or writer. Or perhaps an actor because these people bring a dimension of comprehension, emotional comprehension, soul touching empathy, [and] intersubjectivity that is very special. I think they generally present clinical material better.

British analyst Coltart (1992) wrote: "I often think that we are all novelists manque; we live through life stories of extraordinary intricacy and suffering, and by participating, change them" (p. 186).

WHAT CONSTITUTES EVIDENCE OR DATA IN CLINICAL WRITING?

A few editors thought of evidence or data in a scientific sense and found it lacking in our field, while most used the terms in a rhetorical sense to mean those examples or details the writer employs in support of his/her ideas or arguments. The nature of the evidence needed depends on the argument that is made (Tuckett, 1998). One editor with a research orientation said:

> To me evidence means that there's a body of research that supports something, or fails to support something. There could simply be one data set, but other data sets would be needed to draw a conclusion about whether that data set is generalizable.

She saw "actually very little evidence for most working concepts" in our field, noting that not enough research has been done to demonstrate their validity. Another editor thinking along similar lines eschewed the word "data" in preference for the word "illustration," because clinical writing is usually not research based. Yet another took an opposite tack, citing White and Epston's view of each session as "a research interview" in which the ripple effects of an intervention can be tracked.

For another editor, some kind of detail that brought the situation to life on the page constituted data.

> Sometimes it could be the specifics of a dream: there's a detail that makes it look unique and memorable. Sometimes there's actually an inclusion of verbatim transcription. It gives me a feeling I know these people. I often like quotes that come from the actual client, from the client's perspective, or the social worker's perspective. That's good thick description sometimes. More than just the history of a person.

Another wanted to see finely discriminated details: "Do not just tell me this person is a Latino.... I want to know from where and something about it.... Are they immigrant? an illegal immigrant? Are they from Puerto Rico or... ?" One editor elaborated the kinds of process details a writer might use, such as "affect... agitation, or aggressiveness ... verbal and nonverbal communication, facial expressions, body language, the flow of material. Suddenly there's a pause or a kind of silence or a spin off into angry denials or projections." Another editor interjected a word of caution. "I don't know what constitutes evidence. What you're dealing with are impressions." Such a word underscores the subjective and context-specific nature of clinical data.

One editor saw social workers as anthropologists. "We're involved in people's terrain in life, in their circumstances, their culture, and way of thinking." He asked, how does this kind of writing come to life and "maintain its integrity, its reputation in a sense, when it can't be replicated as can be done with empirical research?" The writer does all that by conveying the sense of what Clifford Geertz calls '"having been there.' I'm not sure how you do that, but when you read it, you're convinced that it's plausible, real, reflective of what's going on. The person was really there."

Vivid, thick description often requires more details than the limits of confidentiality allow. While the issue of confidentiality fell outside the scope of my project, many of the editors identified it as one of the biggest challenges for clinical writers. This issue has been around for a long time. Freud felt conflicting loyalties between protecting his patient's confidentiality and furthering science, which in turn would benefit other patients (Lipton, 1991). Yet the use of disguise fictionalizes the evidence, misleads the reader, and, according to Layton (1999), has political implications and conservative consequences as well.

> For those of us psychoanalytic clinicians who also identify as social activists, the purpose of clinical illustration is not only about how to help the patient heal but also to challenge the inequalities of gender, race, class, and sexuality that have made so many

> of them ill in the first place. To accomplish the latter, case examples have to be specific as possible, particularly with regard to the very identify elements most often altered by convention. This demand for specificity makes it extremely difficult to preserve confidentiality, (p. 326)

WHAT CONSTITUTES "PROOF" IN CLINICAL WRITING?

How, I wondered, would editors respond to this intentionally provocative question. What would they put in the place of proof? "It's a kind of positivist question about a subjectivist process," one editor said. Empirical research on clinical practice can demonstrate effectiveness, for example, in certain areas of cognitive and behavioral therapies, but we do not have a way of proving in a scientific sense what happens in a single treatment or a single session.

> We have case histories that can be used to inform larger research studies. And there's certainly a place for case histories of that sort.
> But they do not constitute scientific proof in the world of science. What they should be used for in the best of all worlds are springboards for larger pieces of research, to see whether or not clinical observations can be subjected to empirical test.

For one editor, the closest we come to proof is validation by the client of the therapist's attunement.

> So every intervention comes with some questions, so to speak, with some implicit question [to check] that the patient can feel understood or say they don't feel understood. There's a validation process that goes on; that's the closest thing to feeling accurate. At least for the moment, at least that I know of.

In a similar way, "the lived experience of the client" counts as proof that "something had changed. But the clinician has to listen carefully to the client without imposing theory or letting the clinician's own hopes get in the way of perceiving change."

Trying to prove something may actually make clinician-writers look more like lawyers who line their witnesses up and keep them in line:

> The problem with therapy is that therapists are like lawyers. They need their witnesses.

> They tend to get information that confirms their own thinking.... People start with the premise that they already know what causes the illness.... Their theories tell them what is wrong. They're merely in search of confirmation of what they already know. And they're going to get confirmed what they want from the patient.

Another editor put it this way, raising the question of who is following whom:

> So if you're reading an author's paper, you're asking how is he working with his patients? Is he wooing them to get him what he wants? Is it very clear that he himself is following wherever they take him? ,.. Whatever he says about himself as a clinician helps you to understand what he does with his patients. What is convincing then is the internal consistency of how the therapist approaches his patient and how his interchanges will be with him.

One editor considered data persuasive when there was enough so that he could say, "if I were there and had encountered what was described, I would come to a similar reading of it." Another editor asked, "does the clinical material resonate with my experience and the experience that the field has summarized in our literature, and does it advance or clarify or qualify that in some way that is plausible, that might make a difference?" The issue is not one "of proof or even truth in the ultimate sense," because our understanding of therapy and human development is provisional. It is "incomplete and will be qualified and elaborated as we learn more."

A Winnicottian editor did not concern himself with the idea of proof. He was more interested "in the play of ideas, in the musing of the author" and was more engaged by uncertainty and not knowing than by too much certainty and authority. In a similar vein, another editor emphasized the importance of making the writer's point of view evident and often wrote in the margins of manuscripts that she wished to see "a bit more humbleness in this paper"—"some transparency, some vulnerability that the writer isn't just on some soapbox." For a paper to be persuasive, the reader needs to be able to "see the writer, see something special about the writer that's coming through, how they struggle or how they were challenged by this client, that they're not writing from the truly expert voice but from the point of view of inquiry."

For an editor of the narrative persuasion, "credibility" and "truth worthiness" stood in the place of proof and required collaborative, thick description and evidence of the writer's

standpoint in the development of a story of the clinical process. These are also qualities that characterize good qualitative research, "which really is storytelling." A different editor substituted the word "plausibility" for proof and defined it as "the extent to which the clinical writing seems to reflect and represent the real life story, the way that it represents how people do, act, think, believe. At the same time, this editor held up the standard of coherence—"This seems to make sense. It hangs together."

CONTRIBUTIONS SOCIAL WORKERS CAN MAKE

Psychoanalytically oriented social workers often have to look outside the social work literature for resources even when writing for social work journals, as I did. As one editor said and many reference lists attest, the sad fact is that "we read other writers and not ourselves." The potential contributions we can make as social workers who write are "immense," but we are not writing as much or as well as we could about the perspectives that distinguish our practice and values from other disciplines. We could enhance other professionals' and the public's awareness of the larger contexts in which we live, the diversity of the populations we serve, the way people are effected by social policies, "children's issues or family issues or women's issues or minority issues"—all "classical provinces of the social work profession."

Psychoanalysis can and may be learning from our example. "Social work theory has always been bio-psycho-social," Sanville (1999) noted, and

> there is reason to believe that analytic theory is moving rapidly in that direction. At the conjoint meetings of the IAP House of Delegates and the Executive Council in Buenos Aries in 1998, it was seriously proposed that the analytic training needs a "fourth leg," education about the importance of the sociocultural surround in which people are born, grow up, and now function, (pp. 6-7)

Social workers can also contribute an "understanding of the extraordinary diversity of human conduct that is not pathological. While social workers may retain this perspective in their practice, they "don't integrate what they know back into the literature."

"The writing of clinical social workers ought to have an extraordinary impact on psychiatry,

and it doesn't. Social workers forget who they are. They forget that they have something to say that psychiatrists do not know about, about human relationships." Social workers have a distinctive set of values. "If you read a range of disciplines, social workers are different. They've trained differently.... So I'd like to make sure we cling to that difference. As a teacher, I try hard to remind my student not to forget."

Social workers "work close up"—"they're out in the trenches with the people and help to keep journals up to date with the more current kinds of situations we're seeing." Some of these situations are chaotic and messy, but,

> clinical social workers are specialists in the unpredictable, ambiguous, messy, chaotic clinical encounter, and they're not talking enough about that. We're always reformulating theory on the spot by the seat of our pants.... So how do we then reshape what you know or want to know about theory to those unpredictable encounters? I think we have a lot to say about that.

"We talk through story, but it's very hard to do," and we are not doing it enough. In her writing class, one editor trains future social workers to think more deeply about their work by thinking about how they would write about it.

> What we do is to work extremely hard to take clinical incidents and think really hard about how to write about them and how to bring to the surface the practice knowledge that's in these kinds of incidents. This is a whole way of knowing and practice wisdom that's embedded in these kinds of stories that isn't in the literature sufficiently. And there's a lot of knowledge there that gets hidden and doesn't necessarily surface from these stories, because we speak and communicate very anecdotally about our work.

Clinical writing also provides "a range of images of human possibility so that as we hear or encounter someone, we can see, we can try provisionally what we're hearing against some prior experience." These images and stories offer us a way of handling data so we do not become "overwhelmed or traumatized." They provide "categorizing frames of reference so we can start making sense of some of this blooming, buzzing material."

CODA

Shapiro (1994) suggests that we think of writing for journals as answering the question "what do we wish to tell each other when we write?

Writing for journals is just that. It is telling others what we see and have learned from our cases and the creation of generalizations across cases used to demonstrate that our work is in an initial phase of fact-gathering" (p. 1229). The words of one editor come to mind in response to Shapiro's question.

> I see this is a story that the clinician is constructing based on his experience collaboratively, hopefully, with a client, or clients, or a group, and I see the way this has progressed. I can see where the practitioner has come from. I can see the story of this event, and I can follow it. If I can follow it, and it has some internal consistency and coherence for me, and the person has attempted to put this in a body of literature in some way, put it in time and space and the context of what's known in the field, to me that meets the criteria.

Writing clinical papers is hard and often tedious work, but that should not stop us from writing both to honor what we know and to open to what we do not know. "I sometimes write to find out what I think," Sanville (1999) explains, "and to make peace with the fact that I am in a career where I can never know enough.... As I review these cases [from her 1991 book, *The Playground of Psychoanalytic Psychotherapy],* I realize afresh how often I write as a way of learning from the patient, hanging on to that, and noticing how much more I would like to know" (p. 16). Perhaps, we can all do more of the same.

REFERENCES

American Psychological Association. (1994). *Publication manual of the American Psychological Association.* Fourth Edition. Washington, DC: American Psychological Association,

Anastas, J., & MacDonald, M. (1994). *Research design for social work and the human sciences.* New York: Lexington.

Bruner, J. (1986). *Actual minds, possible worlds.* Cambridge, MA: Harvard University Press.

Carter, S. (1987). *Writing for your peers: The primary journey paper.* New York: Praegar Publications.

Coltart, N. (1992). *Slouching Towards Bethlehem.* New York: The Guilford Press.

Day, R. A. (1998). *How to write and publish a scientific paper.* Fifth edition. Phoenix, AZ: Oryx Press, (original work published in 1979)

Fischer, R. (2000) Reading and reviewing research: Tips for the informed consumer. *Families in Society, 81(2),* 211-213.

Flemons, D. (1998). *Writing between the lines: Composition in the social sciences.* New York: W.W. Norton & Company.

Goldstein, H. (1998). On writing for publication. *Families in Society, 79* (5), 451-454. Goldstein, H. (1999). What's so special? *Families in Society, 80 (4),* 323-324.

Kassirer, J., & Campion E. (1994). Peer review: Crude and understudied, but indispensable. *Journal of the American Medical Association, 272 (2),* 96-97.

Kluft, R. (1999, October). *Dissociative Identity Disorder.* Paper presented at the meeting of the New Directions Program on Trauma, Washington, DC.

Kronick, D. (1990). Peer review in 18*^{h}-century scientific journalism. *Journal of the American Medical Association, 263 (10),* 1321-1322.

Layton, L. (1999). Social factors in case study. *Journal for the Psychoanalysis of Culture, 4 (2),* 325-327.

Lipton, E. (1991). The analyst's use of clinical data, and other issues of confidentiality. *Journal of the American Psychoanalytic Association, 39,* 967-986.

NASW Press. (1995). *Writing for the NASW Press: Information for authors.* Washington, DC: NASW Press.

Plaut, F. (1999). The writing of clinical papers: The analyst as illusionist. *Journal of Analytical*

Psychology, 44, 375-393.

Renik, O. (1994). Publication of clinical facts. *International Journal of Psycho-Analysis, 75,* 1245-1250.

Rosnow, R., & Rosnow, M. (1998). *Writing papers in psychology: A student guide.* Fourth edition. Pacific Grove, CA: Brooks/Cole Publishing Company.

Saari, C. (2000). Guidelines for consulting editors. Handout.

Sanville, J. (1991). *The Playground of Psychoanalytic Psychotherapy.* Hillsdale, NJ: The Analytic Press.

Sanville, J. (1999). Playing in Time and Space: An Interview with Jean Sanville, In J, Edward & E. Rose, *The Social Work Psychoanalyst's Casebook: Clinical Voices in Honor of Jean Sanville* (pp. 1—22). Hillsdale, NJ: The Analytic Press.

Shapiro, T. (1994) Psychoanalytic facts: From the editors desk. *International Journal of Psycho-Analysis 75,* 1225-1232.

Tuckett, D. (1994). The conceptualisation and communication of clinical facts in psychoanalysis—Forward. *International Journal of Psycho-Analysis, 75,* 865-870.

Tuckett, D. (1998). Evaluating psychoanalytic papers: Towards the development of common editorial standards. *International Journal of Psycho-Analysis, 79,* 431-448.

Wharton, B. (1999). Response to Plaut: The writing of clinical papers: the analyst as illusionist.' *Journal of Analytical Psychology, 44,* 395-398.

Witkin, S.L. (2000). Taking social work into the new millennium. *Social Work, 45(1),* 5-7.