REFLECTIONS:

NARRATIVES of PROFESSIONAL HELPING

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REFLECTIONS:
NARRATIVES OF PROFESSIONAL HELPING

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Dear Editor:

I came into social work in a roundabout way. Disillusioned with corporate business, I searched for an opportunity to become involved in human services, so I pursued an undergraduate degree in psychology. Through this pursuit, I became employed with the Department of Social Work at California State University, Long Beach, where I was introduced to the field via immersion. I found dignity and inspiration and individuals who shared my ideals. Teased about being a "psychology major" by some of our impassioned social work educators, I soon realized that I was *home*. I have been fortunate to work with exceptional mentors.

As a beginning social worker, I am optimistic and idealistic. I maintain a belief that to foster hopes and dreams in others, you must have a grasp your own dreams. My dream is to see a world where minds are open to equality and diversity and where all individuals can live in 'harmonic convergence.' In my mind, these are ultimate goals for social work. Through articles published in *Reflections*, I see this as a common theme. Altruistic qualities are prevalent throughout the field, whether of educators sharing insight with their students, or practitioners promoting healing and change. By providing opportunities for stability and adjustment, we are one and the same.

I wrote the following poem prior to starting the MSW program, and though it is based on my enchantment, it symbolizes the pedestal that I have placed you all upon.

Laural Opalinski (*is an MSW Student and Administrative Assistant for Fieldwork in the Department of Social Work at CSULB, Long Beach, CA.*)

~ Saga of a Social Worker ~

Distant ringing defers fitful slumber
visions of a child
sobbing silently
implode her essence

Human indignity
rests on her shoulders alone - it seems

She dresses with a sense of urgency
and desperate intention
to spare the world of anguish and anger

The night somber
as she thrusts through a city
some would prefer to forget

Uniformed blue permeates the room
a child cowers in the corner

Shining dark eyes stream -
pain
drips
down
the muddled mask

Where is justice ~ for assaulted innocence?

Eyes cloud with stories of a hundred years
look up
to see a face full of kindness
a savior?

The room is hushed
soothing words pass
trust flows between them
and
nurtures
a smile that fades peeling paint

The small grubby hand clutches hers
the maze of blue divides

to allow passage
for the savior and the saved

a lifetime of promise
prematurely stolen away
is offered again in the light of day

returned as a gift
wrapped with
hope for tomorrow

□ □ □

Dear Editor:

First, thank you very much for sending me a copy of the Winter issue. After completing it, I cannot tell how impressed I was with your journal. It is such a refreshing breath of fresh air from the typical academic journals that I feel have become overweighted with empirical studies; an emphisis that takes away from the fundamental and essential ways that human beings experienced life and learn. I am not givan to idle flattery, as any one of my students will gladly testify, but you have a real jewel here. Some of the narratives, especially those by Holody and Aaen, resonated with me. I was touched, informed and transformed. And in the spirit of the Journal, it made me reflect on my early chird as a deaf child who found it hard to communicate and to find people with whom to communicate. It way through books, especially biographies, that I was able to find soul mates. Today, as a social work educator, my methods may appear atypical to colleagues. So I was pleased to find soul mates in the narratives of transformation and teaching. I plan to add some of the narratives to course syllabi, pressure the library to subscribe to Reflections, and order a subscription of my own.

Also, my reading of the issue reshaped my thoughts on what the special issue on disability should be about. I am thinking of themes—such as recognizing disability as diversity, or (borrowing the title of the recent book by my friend, Simi Linton) *Claiming Disability*, and/ or seek narratives about helpers who have come out to claim their disability.

Again, congratulations and thank you for introducing a much needed force for those of us teaching and practicing in the human services.

Tom Bucaro, D.S.W., (*is Director of the Social Work Program at the College of Staten Island, CUNY, Staten Island, NY.*)

[See page 84 for more information regarding our forthcoming special issue on disability.]□

Corrections: In the last issue, we incorrectly stated the credentials of Janet Black, who was special editor for *Reflections* Special Series: Teaching and Learning [*Reflections*, Vol. 4, No. 2 (Spring 1998) pg. 33]. Janet Black, MSW, is interim director of the Department of Social Work at California State University, Long Beach. We also mispelled the name of contributing artist Laetitia Burns on the table of contents page. Finally, regarding Kathleen Millstein's "Kaddish for Joe" which we presented last issue [*Reflections*, Vol.4, No.2, (Spring 1998) pg. 5], we regrettably omitted four footnotes which had originally accompanied the text. We have reprinted them below.

Original footnotes for "Kaddish for Joe," by Kathleen Millstein

[Reflections, Vol.4, No. 2 (Spring 1998) pg. 5]

Kaddish[1] [title]- 1. Kaddish is the Jewish mourner's prayer. It is an ancient Aramaic poem that contains no reference to death. The present text of the prayer dates back to the middle of the ninth century where it was recited by teachers in "praise to God" at the conclusion of Talmudic studies. It is recited as an expression of faith on the part of the mourner that although she is distressed, she still believes in the worth-whileness of life. Family members, other than sons or daughters, are required to say kaddish for 30 days after a death. It is a prayer that is not said alone, but in community as represented by a minyan of ten adults.

Kaddish for Joe[2] [title]- 2. My thanks to Mary Gilfus and Judith Perlstein for "travelling" with me and to my friends in the Philosophy Study Group, to Hope Hale Davis and my classmates in her Radcliffe Seminar and Helen O'Neill for their constructive comments and support.

"...I was offered a window into his world and a mirror on our relationship..."[3] [pg. 5, ¶3]- 3. The image of windows and mirrors comes from the work of Emily Style, co-director with Peggy Mac Intosh of the National S.E.E.D. (Seeking Educational Equity and Diversity) Project on Inclusive Curriculum, Wellesly College Center for Research on Women, Wellesly, MA.

Shiva[4] [pg. 5, ¶3]- 4. Shiva is the Hebrew word for seven and refers to the seven days of mourning prescribed by Jewish law and tradition.□

From Narrative Reflections to Narrative Practice

by Paul Abels

Narratives published in this journal often illustrate the importance of the authors assuming an attitude of "reflective practitioner." The authors share with the readers their thinking about the work, actually doing the work, and then thinking about it again. The reflective practitioner thinks not only about the process and the results, but about the consequences of actions for those worked with and for him/her self. This type of reflection can lead to an enlightened and enhanced practice.

Alean Al-Krenawi's article struck an important cord with us, not only because it is a vital and powerful example of how a practitioner's reflections led to important consequences for himself and his clients, but because it illustrated the need to examine the doctrines underlying our practice. Dr. Al-Krenawi was educated at an Israeli school of social work in what he calls the western social work tradition. As a Bedouin he reflected on whether traditional social work (at least as interpreted by the author) had relevance for a cultural group with as vastly a differing cultural lifestyle as the Bedouin group. Like most of us, while initially accepting and appreciating the approaches he was taught, then finding that they didn't always work, he began to seek ways to improve his practice. Many of his Bedouin clients played an important part in helping him change his practice. It was a perfect example of using clients as your consultants.

While his paper raises issues which many of us have thought about and have had to deal with, the editors were absorbed by how close the expectations of the clients, their traditional expectations of the helper, and the subsequent actions Dr. Al-Krenawi began to take were congruent with emerging post-modern approaches to helping. There was a particular verisimilitude between what the "natural" Bedouin healers saw and did and some of the healing actions of Narrative therapy. While a review of the approach is impossible here, reference to a few similarities will illustrate the point.

Michael White, one of the developers of Narrative Helping, suggests that the person is not the problem, the problem is the problem, and so he helps the client externalize the problem. The reasoning here is that internalized problems lead to clients' feelings of guilt and blame. The externalizing theme is demonstrated by some of Dr. Al-Krenawi's clients who say they are being invaded by evil spirits, which reflects their cultural orientation to certain personal troubling behaviors. Traditional therapists might tend to ignore and even change that client view of what ails him/her. They often see such thinking as dangerous, and at times might assign a psychiatric label to the experience. A Narrative Therapist might accept that explanation, realizing that often clients' life narratives and ways of seeing the world are culturally defined. The worker might ask what the spirits are doing? How might they have come to take over? What do they say? How does the client deal with these spirits? Has the client ever been able to get rid of or ignore these spirits? Other steps, such as medical treatment might be suggested or called for. While the Bedouin healer might not ask those questions, the Bedouin healers "took care to assure the patients their illness wasn't of their own making, but something that came upon them from the outside, whether directly from God or evil spirits or through the agency of sorcery or the evil eye."

Other approaches used by the healers involve all family members in examining the impact of the problem. This is an important theme in narrative practice, which White refers to as "mapping the problem." Encouraging the person to use natural healers is a way to inform the client that you (the worker) are not an "expert," that you accept other views and do not disparage the client's own beliefs. The use of rituals and celebrations, fundamental to the narrative approach, tends to support the group's own customs as valuable, no less or more valuable then "western" social work. Making sessions more like conversations rather than interviews is characteristic of current helping approaches, and is reflected in Al-Krenawi's narrative. He states, "With male patients I removed some of the patient-therapist barriers. I chatted with them in the waiting room."

Narrative Therapists try to make use of the community as much as they can. They also use a reflecting team, which helps the client get others' views on any attempts to change (See also Lowery's article "American Indian Narratives" on this issue). They often ask the client how others in the community would react to the client's change. Dr. Al-Krenawi notes how, at times, "treatment was carried out in front of everyone around. . . I watched."

Of course there are differences, and it is important to note them because often they are related to cultural differences. Dr. Al-Krenawi believes it is important to give his clients instructions, because that is what they expect. That would be done more judiciously in Narrative Practice, and at times clients might be asked to examine where some of the rules they live by came from, and whether the rules are part of the problem the client wants to deal with. At the heart of Narrative practice is a strong commitment to treat the client with the utmost respect, to minimize assessments, and to relate to the life of the client. Yet, if the cultural mandates are oppressive to the client, the worker might discuss his/her own views with the client.

The idea of worker as expert is being seriously questioned in many of the current reconstructive approaches to helping. The fact is that the "outsider" can rarely understand another person's culture and its impact on that person. This may be particularly true when that person is a minority or involved with other cultures which may strongly control or shape his/her life. This is something we in social work can appreciate. Bertha Reynolds wrote about it in 1935 in a classic sensitivity raising article, "A Way of Understanding: An Approach with Negro Families."

Franz Fanon spoke of it in Algeria in the early 1950s when Algeria was still a French colony. As a psychiatrist trained in the west, he attempted to make his helping relevant to the Algerian people. Our profession has taken leadership in acknowledging the importance of cross-cultural sensitivity, but we have not yet evolved the practice that complements our understanding. Much of our practice is still expert oriented with emphasis on the clinical to the deterrence of social change. There is only a minimal attempt to formulate helping approaches which recognize the value of mutual aid.

Dr. Al-Krenawi's article expresses some of the inner conversations many of us have had. He has found a way to start to answer some of his internal discourse. He has managed to combine old and new wisdom in a way that makes sense for him and his clients. We have some of the old wisdom... "all people should be treated with respect and dignity... start where the client is." Each of us can contribute new wisdom. We are an experiment in mutual aid—that's what this journal is all about. May we all walk with the wind.☐

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Reconciling Western Treatment and Traditional Healing: A Social Worker Walks with the Wind

This article relates the experience of the first Bedouin-Arab clinical social worker in Israel in dealing with a largely Bedouin-Arab clientele in the Negev. In the psychiatric and primary health care settings where he worked, efforts to apply Western techniques with which the patients were unfamiliar created barriers to understanding and treating their mental health problems. After much frustration, the author decided to learn about the Bedouin-Arabs' own ways of dealing with mental health problems. The paper recommends that modern practitioners who work with traditional ethnic groups be more culturally sensitive and accept their clients' utilization of traditional healing. Showing the overlap between traditional and modern healing, it urges that modern professionals incorporate knowledge of traditional diagnoses and healing approaches into their practice.

by
Alean Al-Krenawi, Ph.D.

Alean Al-Krenawi, Ph.D., Lecturer, Department of Social Work, Ben-Gurion University of the Negev, Israel.

In the last two decades, helping professionals have come to appreciate the importance of "cultural sensitivity," that is of respecting and taking into consideration the specific culture of their clients in the design, planning and implementation of their interventions (Al-Krenawi & Graham, 1996; Burgest, 1982; Devore & Schlesinger, 1991; Green, 1982; Lum, 1982; Ragab, 1990). Yet practice remains harder than preaching, especially when deeply rooted Western practices come into contact with equally or more deeply rooted non-Western ways.

This paper recounts the gradual re-awakening of the author, a Western-trained Bedouin-Arab clinical social worker, to the culture of his people and his struggle to find a satisfactory way of helping his largely Bedouin-Arab clientele in the Negev region of Israel. Having learned from my clients their own traditional ways of dealing with mental health problems, I am writing the paper to urge the integration of modern and traditional modes of healing and to suggest ways of bridging the gap between "modern" clinicians and their "traditional" clients.

Similar points have been made by other writers on cross-cultural therapy, and I myself have made them elsewhere in more academic form. In this paper, I have chosen to make them by telling about my own experiences in the hope that the account of the personal and professional dilemmas I faced as a Western-trained social worker, and of the ways in which I gradually resolved them, will give the reader a more tangible and sympathetic understanding both of the professional journey that is required to bridge the gap and of the traditional people whom we can help.

Before embarking on my personal account, I think it would be useful to provide a brief overview of the Bedouin-Arab of the Negev.

The Bedouin-Arab of the Negev

The Bedouin-Arab are a traditionally nomadic and tribal people who have inhabited many areas that are now in countries of northern Africa, the Arabian peninsula, and the Middle East (Hebrew Encyclopedia, 195). Bedouin-Arab have lived in the Middle East since before either Islam or Christianity became established religions. Among other places, they inhabited the Negev desert. There are currently about 20 Bedouin-Arab tribes in the Negev, with a total of about 100,000 people. Forty percent live in villages, and sixty percent in clusters outside the villages (Al-Krenawi & Graham, 1997). Traditionally, Bedouin-Arab have been nomads, earning their living by raising cattle, goats, and sheep . In the last 25 years, a rapid and dramatic process of urbanization has occurred, with increasing numbers of Bedouin-Arab settling in villages and working in industry or services (Al-Krenawi & Graham,1996).

Yet although this process has been accompanied by major cultural and social upheavals, Bedouin-Arab society is still anchored in its traditional ways. Like other traditional peoples, Bedouin-Arabs have a high context social structure, marked by a relatively slow pace of societal change, a high sense of social stability, and an emphasis on the collective over the individual (Al-Krenawi & Graham, 1997; Hall, 1976). In many essential ways, the society and culture of the Bedouin-Arabs of the Negev is still much like that of other traditional Arabs.

The core of the Arab — and Bedouin-Arab — social structure is the family. There are four main concentric family units. The largest is the tribe. Each tribe is headed by its own sheik and made up of several hamula. The hamula is the kinship group extending to a wide network of blood relations. Tribal decisions are made by forums of male elders representing the hamula (Abu-Kusa, 1994; Marks, 1974). Each hamula consists of the extended family, made up of parents, siblings, and their spouses and children. The smallest unit is the nuclear family – the married couple and their children (Al-Haj, 1989). The family is crucial to the homologous relationship between the individual and the group. To a considerable extent, social status, safety from economic hardship, and opportunity for personal development continue to rest on tribal and family identity.

Bedouin-Arab society is patriarchal, with men exercising the authority in the household, economy, and polity (Al-Krenawi & Graham, 1996). Polygamy is common practice, even among the well-educated and young (Al-Issa, 1990; Chaleby 1986; Chamie, 1987). Women's social status is strongly contingent on being married and rearing children, especially boys (Al-Sadawi, 1977). Bedouin-Arab women rarely leave the home unescorted, spend most of their time caring for the family, and generally still do not work outside the home (Al-Krenawi, et al, 1994; Mass & Al-Krenawi, 1994).

The relation between the individual and family in Bedouin-Arab society is different from that in Western society. In Western families, children are expected to separate psycho-socially from their parents and form their own autonomous identity (Erikson,1963; Mahler, 1968). In Arab society, as in the traditional societies of Africa, Asia, South America, and the Middle East, the individual is expected to remain embedded in the collective family identity (Hofstede, 1989; Sue & Sue, 1990). Individuals live in a symbiotic relationship with their families, seeing themselves as extensions of a collective core identity. A family member who attempts to assert his/her own individuality will be condemned as deviant.

The development of modern therapy in Europe and North America was an extension of the development of Western individualism, nurtured by the climate of democracy. In Western therapy, as in Western society, the individual is viewed as an independent entity whose needs, rights, opinions, and values are to be respected and whose "self-actualization" is considered a worthy and important goal (Fromm, 1976; Pedersen, et al, 1989). The clinician working with Bedouin-Arabs, on the other hand, must treat the client in the framework of his or her family.

Traditional Mental Health Healers Among the Bedouin-Arab of the Negev

Among the traditions that the Bedouin-Arab of the Negev still keep is that of the healer. The traditional Bedouin-Arab view of mental illness is that it comes from outside through sorcery, the evil eye, or evil spirits. Any of four types of traditional mental health healers may be consulted to counter the magic or expel the evil spirit: 1) The *Khatib* or *Hajjab* are male healers who produce amulets that are worn on the body to ward off evil spirits. This tradition is usually passed down from father to son, provided the latter is perceived as having sufficient literacy and community acceptance; 2) The *Dervish* treat mental illness using a variety of religious and cultural rituals. Both males and females can become a *Dervish* by receiving a *baraka* (or a blessing) from God, which is endorsed by a recognized Dervish; 3) The *Moalj Bel Koran*, or Koranic healer, works on the basis of religious principles derived from the Koran and treats patients who have been attacked by evil spirits. All Moalj Bel Koran are men and most have some form of post-secondary education (Al-Krenawi & Graham, 1996). Koranic healing has gained popularity recently with the revival of Islam throughout the Muslim world; and 4) The *Al-Fataha* is a fortune teller, who is usually consulted about psycho-social problems and who uses coffee grains to reveal any secret the patient may have. The role is usually passed down from mother to daughter (Al-Krenawi, 1995a; Al-Krenawi, et al, 1995).

Because of the structure of Bedouin-Arab society, an individual's illness, whether physical or mental, is considered the problem of the whole family, and the process of help seeking is a collaborative one in which the person's nuclear family, and sometimes the extended family as well, all take part. In response to the rapid social changes that Bedouin-Arab society of the Negev is undergoing, many families concurrently consult both modern practitioners and traditional healers (Al-Krenawi, 1995a, 1995b). While the GP at the local health fund clinic will refer the person to a social worker or psychiatrist, his or her family will also bring him or her to a traditional healer. Usually it is the woman of the house who encourages the visit to the traditional healer (Al-Issa, 1990; Al- Krenawi, 1995a; Koss-Chioino, 1992).

A 1974 study found that 70% of an examined population of Bedouin-Arab patients in Israel utilized traditional healers in tandem with modern treatment (Ben-Asa, 1974). The author's own study in the early 90's found that a good portion of his study population were still doing so (Al-Krenawi, 1992). Moreover, recent findings in various settings have shown that a combination of modern medicine and traditional healing can be quite effective in remedying mental health problems (Bokan & Campbell, 1984; Edwards, 1986; Jilek, 1994; Lambo, 1978; Lefley, 1986; New, 1977; Ruiz & Langrod, 1976a; Yoder, 1982).

Nonetheless, most Western-oriented professionals still give traditional healing short shrift, even when working with people who believe in it and who find the Western approach to mental health alien and not entirely helpful (Ruiz & Langrod, 1976b). This paper is aimed at rectifying the bias.

Walking With the Wind

I was born and raised in what is by Western standards a "traditional" culture. There are no documents indicating how long my family has lived in the Negev, but oral tradition places it at several hundred years. My grandparents, like their forebears, were nomads. My parents became semi-nomadic only in my early childhood. Living in a tent close to the other 2,000 or so members of the tribe, we led tribal lives. My cousins, grandparents, aunts and uncles, and other members of the tribe all exerted considerable influence on our daily doings. As a child, I was familiar with the various kinds of traditional healers. My grandfather, with whom I lived for several years, was an amulet writer, one of the four types of traditional healers I wrote about above. I used to serve his clients coffee and tea as they waited to see him. When the treatment was carried out in front of everyone, as it often was, I watched. I often chatted with the clients and my grandfather was happy to answer my many questions.

The third of fifteen children, I was blessed with the chance to get an education. I rode a donkey ten kilometers to school, returned home every day to tend sheep, and carried water from a well to our home. For high school, I attended a boarding school in an Arab village in the center of Israel, far from home. This was the first time in my life that I was among well educated Arabs. Since I did well in my studies and received a good deal of encouragement from my teachers, I gradually came to see myself as part of this world, the educated world. On my monthly visits home, I felt increasingly distant from my family and their way of life. My parents and siblings were living in a tent with no electricity, running water, or any of the other conveniences to which I had become accustomed at school. We saw things differently, and I felt that they didn't understand my needs. I asked questions that they couldn't answer. When I challenged or disagreed with them, they became angry and said that I had changed for the worse.

When I graduated from high school, my family expected me to become a teacher in the elementary school in our area, a job which was considered very high status at the time. It took some doing for me to persuade my father to let me attend university. He had no idea what university was, and it wasn't until an uncle of mine who worked on a kibbutz and knew what university was interceded on my behalf that he gave his consent.

It was at university that my Westernization began in earnest. Whole worlds were opened up to me in my classes, as well as by the Jewish friends I made. I took part in their conversations, was invited to their parties, and was made welcome in their homes. My professors were also remarkably forthcoming. My university experience affected me in more ways than I can enumerate, but I think that the major one was that it turned me into a questioning individual with ideas and opinions of my own. I could no longer accept things without examining them, and I could no longer keep my peace just because my elders believed differently. I also lost any belief I might have had in amulets, sorcery, and the evil eye.

I completed my B.A. in social work before the days of "cultural sensitivity." The models of social work intervention that were taught, and the values, skills, and epistemologies underlying them, were entirely Western. It did not occur to me or, probably, to anyone else at the university that they might not be entirely suited to work with non-Western peoples. I assumed that I would go back to the Negev and simply apply my new and shining knowledge.

Yet, though I was proud of my Bedouin-Arab roots and deeply committed to helping my people, my professional training had created a gulf between us. In any professional relationship, there is bound to be a gap between patient and helper since it is impossible to completely transcend the inevitable differences in experience and social location that distinguish the two. But for me, the gap was exacerbated by the Western acculturation which removed me from my roots and from my people and their perception of illness.

Over an eleven-year period, from 1981 to 1992, I worked with the Bedouin-Arab population of the Negev in two settings: (1) in the Department of Psychiatry in the general hospital of Soroka Medical Centre in Beer-Sheva, the capital of the Negev ; and (2) in the main primary health care center in the Bedouin-Arab city of Rahat . At the hospital, I was the first and only Arab mental health professional; at the clinic I was the only mental health professional.

With my Israeli training and Western approach, my thinking was like that of any Western therapist. I tended to analyze the patients' difficulties "scientifically" and to ignore their belief systems, cultural patterns, and perceptions of their illness or problems.

These behaviors were strongly reinforced by the Jewish, Arab, and Bedouin-Arab GPs with whom I worked. They, like myself, tended to ignore traditional Bedouin-Arab modes of healing. Most derided their patients' experiences with traditional healers. All treated and communicated with their patients through their symptoms. They showed little social awareness or gender sensitivity and paid little attention to what was behind the symptoms–behaviors which have been reported by others as well (Abdul-Menaim, 1991; Walker, 1995).

Some of their conduct was quite callous. For example, one Bedouin-Arab GP, in telling his colleagues about a Bedouin-Arab woman who was unable to indicate the location of her pain for which he found no medical reasons, actually mimicked her. Other physicians would mockingly tell of how their female patients complained about heartache while pointing to their stomachs. None of the staff appreciated the cultural reasons why a Bedouin-Arab woman would not point to her breasts. I didn't enlighten them. With my admiration for their learning and status, I wanted to be one of them, so I shared their disdain.

It is not surprising that the physicians I worked with were not particularly successful in dealing with their Bedouin-Arab patients' mental health problems. Many patients left feeling hurt, angry, and bewildered. One, I recall, was outraged that his GP demanded that he throw away the amulet he was wearing. More than a few were upset with the contempt the physicians showed for the power of the healers and, they believed, for God.

I wasn't very successful either. For the first few years of my work, my encounters with my patients were a bitter comedy of cross-expectations. In contrast to what I had been taught to expect, my patients did not come to me for help with their "emotional" problems. Without exception, they were all referred to me by a physician, usually a GP though sometimes a psychiatrist, with physical symptoms for which there was no medical explanation. They called me "Doctor" and expected a physical examination and medication.

True to my training, I tried to uncover the roots of their somatization by asking them about their personal and family lives. Most of them were disinclined to tell me. Some of them became extremely upset when I told them that they had no physical problems and that their symptoms arose from psychosocial or psychiatric causes. "What, do you think I'm crazy?" was not an uncommon response. Other clients simply ignored the information. Many terminated treatment after one or two sessions. The few who persisted wanted to know what the connection was between their symptoms and the personal questions I asked them. My efforts at explanation—telling them that their problems stemmed from traumas or developments in their youth—only made them more upset.

Moreover, whatever their gender, education, or social class, at the end of my initial evaluation, they invariably asked, "Now what are you going to do?" Their emphasis was on the second person, the practitioner. As they saw it, they had told me their problem and it was my job to treat it. One woman, on learning that my treatment would be to talk with her, informed me bluntly that she had other people to talk with and didn't need me for this.

The literature refers, with some frustration, to the "resistance" of Arab mental health patients who apparently refuse to assume responsibility for their illnesses or problems (Mass & Al-Krenawi, 1994; Devore & Schlesinger, 1991 ; West, 1987). I felt similarly stymied by their attitude.

To make matters worse, I was so cut off from our shared culture that I ignored the obvious. I had forgotten how much Bedouin-Arabs speak in metaphors and ignored it when clients told me of their distress using popular proverbs. For example, when a young unmarried male client told me that he was "a baby camel left alone in the desert," I didn't pick up his feelings of abandonment. Nor did I ask what he meant. Similarly, I paid no attention to the strong interdiction against Bedouin-Arab women making eye contact with men, so when my female patients kept their eyes averted, I interpreted it as resistance. I also put out of my mind the fact that women in mourning wear blue embroidery on their dresses, so I didn't connect the depression of one of my patients with her bereavement. These are only a few examples of the meanings I missed. Looking back on them, I attribute my obtuseness to a combination of training that did not include cross-cultural awareness, a matter which did not reach Israel until many years after it was commonplace in Social Work schools in the US and England, and my own very hefty dose of denial of my connection to my Bedouin-Arab roots. On both counts, it was easier for me to search for the "facts" and "information" that I had been taught to look for.

I also ignored everything having to do with traditional views of illness. When my clients told me that they were possessed by demons or the evil eye–agents of mental illness in Bedouin-Arab culture—I ignored the revelations. Nor did I pay attention to my patients' terminology of mental illness, even though I actually knew what it meant. Thus, when a client told me that he was afflicted by "air from evil spirits" (in Arabic *Nafasmn Al-Jinn*), it took me some time to acknowledge that she was depressed. When I was told that another patient had been "attacked from evil spirits inhabiting the earth" (in Arabic *Darbaat Blaad*), I didn't immediately translate the statement into the Western terminology that she was psychotic. I now know what traditional healers mean when they say that evil spirits from the earth have entered a person's body.

For several years, I was unhappy with my work and angry with the people I served. I also felt frustrated professionally. I wanted to make a career as a clinical social worker, and these people weren't letting me. I began to wonder whether Bedouin-Arabs had any use for social workers. I even began to entertain thoughts of working with Jewish clients, who, I believed, would better understand what I was doing and would be better for my career as well.

Feeling increasingly dissatisfied with the way I was helping, or not helping, my clients, I began to sense that things would have to change. But I didn't know what or how. I had been given no precedents, had no mentors, and the skills I had learned only partially equipped me for what lay ahead. For a long time, I felt caught between my hurt at the doctors' attitudes towards my people and my anger and frustration at my Bedouin-Arab patients for not behaving in the ways I expected.

It took me a long time to shift my focus to myself, though, and to wonder whether and how I could do things differently. Finally, after about five years of banging my head against the wall as most of my patients refused to engage in "talking therapy" and terminated after one or two sessions, it dawned on me that the responsibility might not be all theirs. In a burst of desperation and hard won humility, I decided to ask my father what he thought. Our relationship was much better now than it had been when I was an alienated adolescent and he trying to cope with a rebellious son. Both my parents were very proud of me when I graduated from university and began to work at the clinic, and I now enjoyed listening to my father tell his stories about the Bedouin-Arab and their way of life. At this point, his lack of schooling, and the fact that he had no more idea than my clients of what a social worker does, struck me as a positive advantage.

After listening to my predicament, he gave me two pieces of advice. One came embedded in a Bedouin-Arab proverb: "Don't walk against the wind. If you do, you're going to lose. You have to walk cautiously with the wind to find a way out." This proverb, which draws for its emotional force on the foolhardiness of walking headlong into a desert sandstorm, conveyed the message that change can be made by going with nature, or reality, not against it. That is, change must be made slowly, carefully, and with awareness of and respect for the circumstances.

The other piece of advice was: "You're riding an airplane; the people you're talking about are walking on foot." Telling me not to regard my patients from the lordly position of my superior education but from their own position, this point supplemented the first.

Though I understood the words, it took me a while to fully grasp what my father meant, and even longer to apply it. For about half a year, I struggled internally, looking for a way of translating his rich metaphors into the language of the profession I had learned. By the end of this period, my father's sayings brought me back in touch with some of the basic tenets of social work, which seem to have gone by the wayside in the years of frustrating practice: 1) Work with, not against, the clients and understand them in their own environment; 2) Avoid applying intervention techniques that are unfamiliar to the client; 3) Look for the clients' strengths and natural sources of help; 4) Think in terms of all the systems in which the clients are involved; and 5) Accept the clients as they are and respect their belief systems.

In terms of my own work, it became clear to me that the distinction that my colleagues and I had made between "us" and "them," our Bedouin-Arab clients, was a false one. I realized that for all my efforts, most of my clients would never fully understand the knowledge and skills that I brought to my work, and that it was my job to bridge the gap. I finally realized that my professional task would have to be to integrate what I had learned into the cultural context of my people.

The next step was to figure out how to act on my new understandings. I began with the most basic of social work practices: asking and listening to my clients. In particular, I tried to elicit their perceptions of their illness and ways of dealing with it. Instead of looking for the etiology of their symptoms in their personal and family background as the first order of business, I would ask the patients themselves what they believed caused their problem. If their answer was demons or evil spirits, I now took their explanation seriously and inquired further. Why did the demons attack? How? What did they do and say? This would usually lead fairly quickly to the interpersonal and intrapsychic issues behind the symptoms.

I also began to pay more attention to traditional healing. Like the GPs I worked with, I knew that my clients consulted traditional healers before, during and after their modern treatment; but also like them I ignored the "unscientific" practice. With my decision to leave the "airplane" and "walk with the wind," I began to accept the fact that the traditional healers were part of my patients' lives, and I set out to learn more about them.

At first, my patients refused to tell me anything. They were afraid of revealing secret knowledge involving their communication with supernatural powers and jeopardizing their treatment or being punished for it. Also, they didn't trust me very much. As one healer said rather bluntly: "You belong to the university and clinic. No one on your side believes in what we do. You laugh at our treatment. All the people I see had been at the hospital first, and none of them felt that their symptoms improved till they came to see us." Luckily, my uncle happens to be sheik of our tribe, and he was willing to vouch for me. This opened the door to the male healers who, after some negotiations, agreed to share their knowledge and experience with me, excluding some sensitive areas of their practice, such as the language of the evil spirits and the healers' communication with supernatural powers.

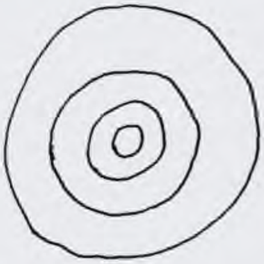
The doors of the female healers were still closed to me, though. To open them, I asked their husbands for permission to meet with their healer wives but was turned down. Then I brought my mother along. She promised their husbands that she would accompany me to all the meetings and act as a kind of chaperone. This got me entrance.

I encountered similar difficulties in getting my clients to talk about the healers they saw. One client I asked responded bluntly: "You don't respect this type of healing and laugh at it." Still, I persisted. When patients told me they had been attacked by evil spirits, I asked whether they had consulted a traditional healer. If they said that they had, I asked how the traditional healer diagnosed and treated their complaints. The approach worked wonders. Clients who would have clammed up had I asked them about their personal feelings and relationships suddenly opened up and shared things with me. To give only one of many possible examples, I had a female client who started to suffer from various unexplained aches and pains after her husband took a second wife. In the past, I would have asked her to tell me what was bothering her or about her family life, and she would either have focused on her symptoms or left the treatment. But now I asked her how she explained her symptoms and whether she had done anything about them before her GP referred her to me. These questions unlocked her story. She told me that she had seen a traditional healer who had told her that her husband's new wife had done sorcery against her in order to create problems between her husband and herself. I didn't cast doubt on his evaluation, as I would have done in the past, and encouraged her to continue talking about the sorcery. My reward was that in talking about the sorcery, she revealed her anger at her husband and his second wife. She returned session after session, eager to vent her difficulties in her polygamous marriage.

Simultaneously, I approached traditional healers to learn how they viewed and treated mental illness and how they related to their patients. I even observed and participated in healing rituals that traditional healers performed on members of my extended family. For example, I joined my family in the common ritual of visiting a saint's tomb. I listened to the Koran reading and watched as candles and incense were lit beside the grave and a white cloth was hung on the tomb. I heard the vows made to appease the saints and to special requests to keep tragedy or illness from striking the supplicant and his family. I became aware of the potential in this and other healing rituals for self-expression, catharsis, ventilation, self-satisfaction, and psychological release.

Throughout it all, the driving question in my mind, though I never articulated it, was how could I, a Western-trained and, in many respects, a Western thinking practitioner, use my knowledge and skills to understand the traditional healer's approach and integrate it into my own work?

Fortunately, I had two very good mentors in the professional community. One was Y. Bilu, whom I "met" through his 1978 study of ethnopsychiatry with Moroccan-born patients in Israel who used traditional healers. His findings, showing that traditional healing had a 70% success rate in this population, were both revealing and encouraging. This success rate is comparable to that of conventional Western psychiatry, and Bilu's discovery that traditional healers were as effective as Western ones bolstered my growing conviction that the traditional healers in my own community had a good deal to teach me. I was heartened, too, by Bilu's call for the integration of traditional healing into Western psychiatry. Bilu's pioneering work provided recognized, academic support for my own quest. It reinforced my sense that I was going in the right direction and wasn't working in a vacuum in my small, out-of-the way station in the Negev.



My other mentor was my supervisor at the Soroka hospital psychiatric clinic, the Jewish psychiatrist Dr. Maoz. Maoz was a humane and broad-minded physician who emphasized the need for "natural" empathy, patience, and devotion in treating emotional and interpersonal problems. He provided a personal example of a professional who spent time with his patients and their families, who was interested in more than their symptoms, and who made it a cardinal rule to form good relationships with the people he treated (Maoz, et. al., 1992).

While the GPs I worked with regarded my forays into traditional healing with amused skepticism, Maoz was all for them.

Both Bilu and Maoz strongly influenced my emerging sense of how one had to work with a Bedouin-Arab population. Each in his own way served as an example for me to follow. They also helped me throw off the erroneous assumption imparted in my professional training that the methods of social work practice are universally applicable. This method is a Western model that was adopted in most developing countries, but, as Al-Dabbagh (1993) points out, it has failed in Arab (Islamic) countries, due largely to its exclusion of religious values and spiritual considerations (Ragab, 1990). My own professional experience supports this claim.

When in 1988 I enrolled in an M.A. program in Social Work, I soon began to do formal research on the Bedouin-Arab approach to mental health. My Master's thesis, "The role of the Dervish as a mental health therapist in the Negev-Bedouin-Arab society: Client's expectations from these treatments and the extent of materialization" (1992), was the first study that dealt with the subject in any depth. My choice of subject derived from my growing conviction that, as a social worker, I needed to understand the culture of my clients and especially its way of dealing with mental illness.

My research led me to spend yet more time visiting traditional healers. I sat with the patients while they waited for treatment, sometimes joined in their talk, and observed the incipient group dynamic that developed, through which they found relief by sharing their stories and problems. I participated in rituals in the healers' homes and watched the healers apply their therapy. I could do this because ritual healing, at least as the Bedouin-Arab know it, is carried out in public—unless the patient asks for privacy—in front of both the patient's own family and the patients and their families who are waiting their turn.

I saw something very different from anything that I was familiar with in a western clinic. For example, the Dervishes rarely asked questions of the patients. Instead, after ascertaining the cause of their illness by looking at their symptoms, touching their heads, or examining some item belonging to the patient, they would proceed to energetically expel the evil spirits. They would communicate, sometimes loudly and angrily, with the spirits and give the patient instructions. Sometimes they would even beat the spirits out of the patients. Throughout it all, the patients remained passive as the Dervish worked on them.

I also saw that the healers took care to assure the patients that their illness wasn't of their own making but something that came upon them from outside, whether directly from God or evil spirits or through the agency of sorcery or the evil eye. Being able to project their problem left the patients feeling good about themselves and strengthened their determination to fight the illness. I also realized that the healers and their patients share the same "poetic" terminology of illness that I had scorned.

As I learned, I gradually changed my entire approach. One major difference was that I became more active. Instead of asking my clients to talk about their lives, I gave instructions and advice. For example, when a mother came complaining of her son's enuresis, instead of trying to ascertain its cause, I simply instructed her on what to do to try to stop it. My approach became more cognitive, more behavioral, and more directive. I provided information about the illness or symptoms the patient presented and dealt directly to alleviate the symptoms. These methods of interventions met the patients' expectations and increased their trust of the practitioners' abilities to address their problems.

I incorporated some traditional practices into my work, which had the double advantage of being meaningful to my patients and of enabling me to play an active role. For example, in a group I led, I helped Bedouin-Arab widows to deal with their survivor guilt manifested in fears that they would be killed by the spirits of their dead husbands, by having them carry out the traditional mourning ritual (in Arabic *Rahama*) and then discussing their experiences and the feelings that the ritual had raised or resolved (Al-Krenawi and Graham, 1996). Most of the widows I did this with felt relieved afterwards and no longer had nightmares of their dead husbands coming to attack them. With other patients, I visited saints' tombs, after having done this with my own family as I described above. Saints' tombs are holy places, and visiting them is traditionally used to relieve personal anxiety, heal physical and mental ailments, and mediate requests to God (Al-Krenawi & Graham, 1996; El-Islam, 1967). Although I myself do not believe in spirits or sorcery, I could feel in myself and recognize in my patients the sense of belonging, safety, and relief that these rituals afforded.

Another traditional practice I turned to was to elicit the assistance of family members in my work with patients (Al-Krenawi, 1995a, 1995b; Al-Krenawi & Graham, 1996; Al-Krenawi, Et. Al., 1995; Graham & Al- Krenawi, 1996; Mass & Al-Krenawi, 1994). The mourning ritual involved, among other things, a ceremonial family meal. A more specific instance was in the case of a patient suffering from hallucinations brought on by an argument with his mother in which he nearly hit her, an act which so violates Bedouin-Arab behavioral norms that it is considered sinful. In this case, I arranged for a reconciliation between the patient and his mother in the presence of his brothers. The reconciliation followed my use of accepted Western techniques: paradoxical techniques to alleviate the patient's terrors of the malevolent spirits of his hallucinations, and role playing to clarify his feelings of guilt and expectations of punishment for his act (Al-Krenawi & Graham, 1997).

I also let my clients know that I accepted their concurrent utilization of traditional healers. I asked how their traditional healers viewed their problems and tried to make use of their perceptions. Sometimes I accompanied patients to their healers or consulted the healer directly about the patient. In the case of the patient discussed above, following the reconciliation with his mother, I urged the family to arrange a visit to a Dervish to expel the evil spirits because the patient viewed the spirits to which he attributed his illness as having been sent by Allah to punish him for his disrespect. This meant that, to the patient, only someone with supernatural powers could free him of the spirits. I should note that it was not necessary for me to believe in spirits, in the healer's supernatural powers, or in the "exorcism" he performed, but only to accept that the patient did and to treat his belief with respect.

A related change was that I became more careful about intimating that a patient's disorder had an internal cause, an etiology which implies that the disorder is somehow of his or her own doing and evokes a great deal of anger, shame, and denial. Thus, as evident in the above example, I ceased to challenge the common Bedouin-Arab view that mental disturbance is caused by supernatural powers (rather than internal conflicts). I did not engage in "insight" therapy or try to confront patients directly with their rage, guilt, and other culturally unacceptable emotions, but rather allowed them to resolve these feelings actively. For example, the reconciliation I facilitated between the patient discussed above and his mother enabled expiation, while the use of the Dervish provided a culturally acceptable way of closing the chapter on his anger.

I also began to relate differently to my patients. With male patients, I removed some of the patient-therapist barriers. I chatted with them in the waiting room. I moved the table in my office which had separated us and let them sit closer to me. With my female patients, I stopped trying to make eye contact. I also adopted the traditional healers' quasi-familial terms of address. I called my unmarried female patients "sister," my middle aged matron patients "auntie," and my elderly women patients "grandma"—terms which encouraged the patients to see me as a concerned, protective family figure who would take care of them. This too made them more ready to open up.

I learned to communicate with my patients. I came to understand and build on their indirect ways of talking about themselves. When they talked in proverbs, I would try to interpret the proverb or ask them what it meant, and this would lead to a discussion of the feelings and experiences behind the proverb. I learned their terminology of illness, and although I didn't use it myself, I found that knowing the names and explanations that traditional healers give to patients' disorders helped me relay to the patients the modern diagnoses. Interestingly, traditional healers also distinguish between neurosis and psychosis, or minor and major mental health disorders. In the healers' classification, patients attacked by evil spirits which did not enter their body suffer from what they call an "easy" (in Arabic *khafif*) disorder. Those who behave bizarrely are believed to have been attacked by evil spirits which did enter their body, and are diagnosed as having a "difficult" (in Arabic *saab*) disorder (Al-Krenawi et al., 1995; Hes, 1975). In any case, in my discussions with patients of how they saw their illness–its causes and development–I could learn about their feelings and aspects of their intimate lives. It was no longer necessary for me to ask them directly about their family lives and personal relationships.

My new understanding also helped me to cope with the "resistance" that had previously so thwarted my efforts at helping. I came to realize that what the literature labeled "resistance" was not resistance in the psychoanalytic understanding of the term, but rather a reflection of the bewilderment that my Bedouin-Arab patients felt at the non-directives of the Western practitioner and of their culture-bound expectation that the practitioner take an active role in the healing (Al-Krenawi, 1992). Once I became aware of this, I could deal with their attitude as a culturally based expectation. I could let my clients know that I understood where their lack of being forthcoming stemmed from and could work to create the trust that they needed to let me into their personal lives. The fact that many fewer clients now terminated their treatment after one or two sessions told me I was on the right track.

Can Traditional and Modern Mental Health Care be Integrated?

My thesis findings—that many patients utilized traditional healing alongside modern medical care and that the majority of the Dervishes' patients were satisfied with their traditional treatment (Al-Krenawi, 1992)—caused me to wonder. What, I asked myself, was wrong with the "modern" mode of helping? What was right about the "traditional" practices? Could the two coexist in harmony? Could they perhaps nurture and support one another?

In my own practice, I've found that they can. Recent research in the field bolsters this conclusion. The anthropological study of traditional healing has gone through two broad phases. The first focused on the question of whether healers or shamans were themselves mentally ill, namely schizophrenic or epileptic. By the 1950s and 1960s, it was concluded that they were not. The shift in assessment is actually similar to the one that I had undergone. In the second phase, anthropologists began to look into the similarities between shamans and psychotherapists. The explicitly religious dimensions of the traditional healing practices were pushed into the background (Fernando, 1991) and shamans have come to be increasingly perceived in Western countries as healer-psychotherapists (Jilek, 1971). Their techniques, such as suggestion and persuasion, are described as similar to those used by psychiatrists (Frank, 1973; Kiev, 1964; Nelson & Torrey, 1973; Ruiz & Langrod, 1976a). Some researchers (Bravo & Grob, 1989) even urge psychiatrists to be more open to learn from shamans.

A fair number of recent studies point to psychotherapeutic elements in traditional healing (Al-Krenawi & Graham, 1996; Atkinson, 1987; Bankart, et. al., 1992; Daie, et. al., 1992), among them catharsis, ventilation, and relaxation (Levi-Strauss, 1963; Scheff, 1979). Traditional healing rituals, it has been suggested, work by establishing a homology between the symbolic and the experiential in which the former metaphorically transforms the latter by triggering a non-specific mechanism such as suggestion, catharsis, or placebo effect; by offering social support or the resolution of social conflict; and/or by transforming the meaning of affliction for the sufferer through a ritually powerful, symbolic performance (Scheff, 1979). Moreover, studies show that, much like modern mental health care, traditional healing tackles problems at the various levels of the individual, family, group, and community (El-Islam, 1967; Grotberg, 1990; Hajal, 1987; Kennedy, 1967; Napoliello & Sweet, 1992). As modern services became available, these overlaps have enabled clients of various ethnic affiliations to integrate the traditional services with the new ones, though they often do so without telling their Western clinicians (Nyamwaya, 1987; Rankin & Kappy, 1993; Waldman, 1990).

For the most part, this patient-initiated model of integration between traditional and modern health care is one directional. While traditional healers are quite interested in learning about what goes on in modern health care, Western-trained mental health practitioners tend not to be interested in traditional healing (Al-Krenawi, 1995b). Rarely has the interactive process in traditional healing been considered in detail; even more rarely has the experiential process been examined; and almost never has a systematic comparison between traditional healing and psychotherapy been attempted.

Moreover, although family and community rituals are sometimes used in counseling and psychotherapy, they have rarely been identified as part of the psychotherapeutic process (cf. Palazzoli, et. al., 1978; Van der Hart, et. al., 1988). Generally they are relegated to the status of a task that the therapist assigns the client, with no acknowledgment or explanation of their therapeutic purpose (Yalom, 1975). Even in the rare cases where rituals have been given legitimacy in therapy (Renner, 1979), there are few detailed accounts of how, when, and why they are used. A notable exception is Rando's (1985) article outlining his clinical observations.

My personal experience supports the positions that mental health practitioners would do well 1) to learn about, value, and show respect for their clients' cultures, and especially for their traditional and religious approaches to psychological healing; and 2) in their own practice to draw upon and support the conjoint use of the traditional healing methods (e.g., rituals) in the patient's religion and culture (Azhar, et. al., 1990). My main point is that, in view of the commonalities in the modern and traditional healing approaches, both mental health workers and, more importantly, their patients would probably benefit from their integration. Indeed, many researchers have called for integrating modern and traditional healing (Ezeji & Sarvela, 1992; Heilman & Witztum, 1994; LaFromboise, et. al., 1990; Jilek, 1994; Lambo, 1978; Lin, et. al., 1990; Ogunremi, 1987; Schwartz, 1985; Wessels, 1985). My experience supports this call.

Guidelines for Bridging the Gap

Although modern and traditional models of helping conflict with one another at many points, the task of social workers who treat traditional clients is to approach both them and the traditional healing the clients utilize with an open mind. Only thus can we hope to win the trust that is essential to truly helping them. Instead of rejecting the traditional healers for their reliance on supernatural powers, we should give thought to what traditional modes of helping we can incorporate into our work and how we can do so.

The following guidelines are suggested as means to obtaining the information that is necessary if we are to treat our traditional clients in their own contexts and to make use of the healing resources of their culture:

1. We should seek to understand the client's culture, religion, values, and belief system.
2. In taking the client's history, we should try to learn more about his or her nuclear and extended family, asking questions such as: What are the relationships among the family members? Under what circumstances do they meet? Who are the authority figures? What are the family rituals?
3. We should investigate the relationship with the community, asking questions such as: Who is the respected spiritual leader (i.e. the rabbi, priest, sheik, or traditional healer)? Are there any community rituals, and what is their purpose?
4. We should investigate self-treatment: Does the client understand the symptoms? How does he or she deal with them? What sources has he or she consulted, i.e., family or community members, religious-spiritual leaders, traditional healers?
5. In addressing symptomatology, we should consider the client's own interpretation as well as how persons in the client's family and community assess the symptoms–that is, their tentative diagnosis and etiological explanation.
6. We should find out what treatment the traditional healers suggested and what their diagnosis means from the client's perspective.
7. We should investigate the social construction (and legitimacy) of the sick role in the client's family and community (including the patient's rights and obligations).

The above information can help us to select the appropriate intervention techniques. For example, if we know who the authorities in the client's nuclear and extended family and community are, we can enlist them in our intervention (Al-Krenawi et al., 1994; Heilman & Witztum, 1994; Lum, 1982).

8. Lastly, in keeping with the client's expectations, we should adopt an active and directive role in the treatment sessions.

In sum, traditional healing may be highly useful for mental health practitioners who work with non-Western ethnic groups. Western and traditional healing are complementary and should be constructed to function alongside one another (Chi, 1994; Green & Makhulu, 1979; Rappaport & Rappaport, 1981). Because social work intervention is often based on intuitive as well as empirical knowledge, traditional healing can readily be integrated into practice with people of various cultures (Applewhite, 1995; Castellano, Et. Al., 1986; Gutheil, 1993; Kissman, 1990; Laird, 1984; Morrissette, et. al., 1993; Schindler, 1993). An understanding of the many and deep connections between modern and traditional healing approaches should enable Western practitioners to collaborate with their non-Western clients in the therapeutic process and, with them, search for viable resolutions of their difficulties in a culturally respectful manner.☐

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Poetry as Data Analysis: Honoring the words of research participants

Poetry was used as one method to highlight the findings from a qualitative study of twenty older, minority HIV-affected caregivers. Semi-structured interviews were designed to solicit the participants' perceptions and experiences. In order to honor the strengths and uniqueness of each individual and to preserve their inspirational stories, a "poem" was created by arranging their words into a format which highlighted the essence of each respondent's comments.

by
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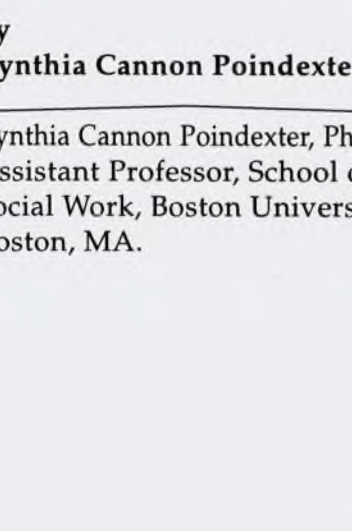

From January to August of 1997, I and two other researchers conducted interviews in the Chicago, Illinois, area with twenty older, minority persons who provided care to grandchildren or adult children who are infected with Human Immunodeficiency Virus (HIV), the virus which causes Acquired Immune Deficiency Syndrome (AIDS). These semi-structured qualitative interviews were designed to solicit the participants' perceptions of what it was like to be an HIV-affected caregiver. All but one interviewee was female; 18 were African-American; ages ranged from 44 to 80.

The neglect in scholarly literature of HIV-affected elderly caregivers is remarkable, although this care situation is becoming more common. Because of the stigmatized nature of HIV, many older, minority HIV-affected caregivers are not disclosing their needs or situation to their churches, to traditional aging programs, or to the AIDS service networks. Furthermore, there are few services or social programs which are designed with this hidden population in mind. This research project was therefore intended to "give voice" to a population which is not often heard.

I was not new to the consideration of HIV caregiving of older persons. Before embarking on this research, I had been working as a social worker in the HIV service, education, and policy arenas for nine years and was a social worker in the field of gerontology for eight years prior to that. This research interest came from years of professional and personal observations of older, minority caregivers whose lives were both disrupted and enriched by caring for adult children and grandchildren who were affected by the HIV epidemic. I had also provided personal care to my best friend, who died of AIDS. I therefore did not bring neutrality or a fresh perspective to this task. The lens through which I viewed this research was as an advocate, a case manager, an educator, and a caregiver. Throughout the process I strived to ensure that my experiences, opinions, and emotional responses contributed to a more accurate portrayal of the phenomenon than would be possible with a less informed person as data gatherer and analyst and hope that they enlightened more than they obscured the data.

However, I was always afraid that I would not be able to sufficiently give voice to the caregivers' stories and to translate their experiences in a way which would be useful and meaningful. I felt throughout the data collection phase as if I were being freely offered an enormous gift of wisdom and intimacy and that I had a tremendous responsibility to honor it and be an ambassador for the interviewees. I was aware that they were counting on me to tell their side. For example, halfway through my interviews, a participant handed me the urn containing her only child's ashes and asked me to hold it. I realized clearly at that moment with how much I was being entrusted. I felt burdened by this responsibility and incapable of adequately fulfilling the function of translator. I wanted my research to be a tribute to the participants' wisdom and grace, but found that there was no way to sufficiently paint that picture.

I was perpetually saddened and touched by what I was hearing in the interviews. I had to work very hard to develop enough perspective to see the broader picture; I felt immediately, personally, and intensely connected to the interviewees. I emerged from this research project being awed and inspired by the respondents' resilience, wisdom, and ability to transcend suffering.

As the research assistant on this project, I was responsible for coding all interviews and identifying themes and patterns. As I began the search for commonalities and differences across the sample, I worried that this reduction of the data would not preserve the uniqueness of each of the respondents. Therefore, in an effort to honor the strengths of each individual and to preserve their inspirational stories, I created a "poem" for each of the participants after having read of this idea in a qualitative research text (Miles & Huberman, 1994, p. 110).

In order to clarify our intention to be respectful to the respondents and to their communication styles, and before I explain how I used poetry to analyze the data, I must comment on the treatment of names and language in this project. During the interviews, the researchers referred to the respondents by their last names and titles (e.g., Mrs. Johnson). They were assigned first names (which are pseudonyms) in the transcripts and poems for the purpose of making them more real to the readers. In transcribing the tapes and in reproducing their remarks, we tried to be true to the words, phrases, styles, and pronunciations of the interviewees. We did this out of a desire to represent them accurately, to convey the tone and affect of their statements, and to celebrate the elegance of their expression. In no way was any disrespect or mockery intended.

The process of developing the poems was as follows: as I coded each transcribed interview, I copied phrases, sentences, or paragraphs which seemed to highlight the unique personality or perspective of the respondent and transferred them into another computer document. At the end of that process, I arranged the respondent's phrases into stanzas which seemed to me to best represent him or her. The result was a "poem" in the actual words of the interviewee. Although I arranged the words in an order which seemed to best represent the narrative flow and meaning, no changes were made to what the respondent had actually said.

On the following pages are three examples of the twenty poems that I have created using this process. Each one is a testimony not only to the grief of these older minority persons who are caring for their children or grandchildren with AIDS, but to their resilience, spirituality, and wisdom.

REFERENCE

Miles, M. B. & Huberman A. M. (1994). *Qualitative data analysis* (2nd edition). Newbury Park: Sage.

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□ □ □

It's God's change (Lacy)

I heard tell of HIV happening to other people.
No, I didn't think it was coming to my family.
But since it did? I've got to deal with it.

I've kind of accepted what's wrong.
It was hard at first.
They first told me, I went to my knees.
I just went to the Lord.
And prayed.
Until I got my strength back.
God's will, thy will be done.
In my life. No matter what.

Sometimes life seems unfair and unfit.
But He's a just God.
He don't do no more to you than he do
to others and what he do for others.
You just got to accept his will.
Because you cannot change it.
It's God's change.

I just look at it like another sickness.
Another illness.
Just like cancer, leukemia, whatever.
Something you can't help.
Something you didn't ask to have.
But it's there.
That's the way I look on it.
I don't shy nobody.
You never know what you're gonna have.
It's best to always treat people right.
Sometimes she thinks that if certain peoples knew
they would talk about her or something.
But I tell her, "It don't matter.
What the peoples say.
As long as I love you.
Don't you worry about them
because they don't do nothing for you anyway."
I don't see any reason to be sad.
You can make your own self sad.
But I want to stay out of that rut.
Where I got to set around and mope.
No I don't. I'm thankful.
Because things could be much worse than they are.

That's one thing that I would wish
that people would not do.
To see sick peoples as a burden.
'Cause think about those good times
and you was with them and happy.
When they get so they can't do for themselves,
I don't see it as a burden.

I've learned—to feel other people's pain.
I've learned to share other people's sadness.

Just a little love and a hug and a kiss
can do a lot for a person.
It can do a lot.
It can do more sometimes than medication.

☐ ☐ ☐

Lessons learned hard are best learned (Jen)

It's a shame when you have to learn
all lessons the hard way.
Lessons learned hard are best learned.

It's the worse thing that ever happened to me.
It's hard.
One thing I believe, from the bottom of my soul,
is that you can die from a broken heart.

I am a cream puff, I'm telling you.
What would I do if he died?
They would have to lock me up, I know.
I would not be able to deal.
I would be nuts!

I give out this air that I'm so strong,
but AIDS will knock you to your knees.
The thought of the person that you love
more than anything in the world...
And as you can see,
I can't talk about it long without crying.

See how healthy he looks?
As long as he look like that,
I'm not going to dwell on AIDS.
I'm going to dwell on God.
God is good.

You just have to join the real world.
You know, like, you're in denial.
So gettin in denial ain't made the AIDS go away.
So, I just have to make up my mind to make it.

Cause there's no situation in the world like this.
Cause when you turn your back on somebody for having it,
and you're supposed to love'em,
that destroys people.

And this is Hell.
This is the worst thing that I see that happened
in this lifetime.
I just hope God makes a way for a cure,
for everybody, you know.

□ □ □

I wish I could put her back inside me (Celeste)

I don't have any friends.
I don't go around anybody I
used to associate with.
Because I don't feel the same.
Because I know that they'll be
going on with their lives,
and none of my friend's children have HIV.

They stopped coming over
since they found out she had it.
And they sit around talking about
people with AIDS.
And they put you down, and I can't talk
about it anymore like that.
Yeah, they put um down.

HIV, that's something that I worry about
all the time and have the blues.
Cause I'm just wishing
that I could take a magic wand
and just make everybody's go away.

I'm hoping that they can come up
with some kinda cure.
I mean, there's gotta be something
that they can come up with
to keep these people from startin to die.

Cause I just don't know what I'm going to do if she...

is she gonna get any worse than this?
Is she gonna get worse?
Is it gonna get worse?
I just don't think I can stand it
if she gets any worse.

When she told me she was HIV,
I just wanted to die,
I just wanted to die.
I swear to God.
Why does my baby have it?

There must be something that we were put here for.

I wish I could just ball her up and put her back inside me.□

American Indian Narratives: "...My Spirit is Starting to Come Back"

As American Indian women, we have a concept of relationship that extends across time and to all living things. Whether we are social workers or clients, researchers or research partcipants, we have come from similar places and we use those places to soldify our relationships with one another. Some of us recognize each other in the stories we tell. And when we are no longer together, we take our joined narratives with us.

by
Christine T. Lowery

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When I first saw May, I saw her in a way that tugged on my memory, sensing something familiar but having no proof of how I knew her. May, a woman from the Yakama tribe in Washington, was the first of six women I interviewed in a study of Indian women and their addiction and recovery processes. I used the life history to gather data and to explore her life with her in a series of interviews. As a researcher, I did not anticipate May's themes of grandmother and granddaughter and foster child to braid into the themes in my own life as a Laguna/Hopi (Pueblo) woman and Indian child welfare worker. But it should be no surprise, for as Indian women, our lives in middle age are not the reflection of ourselves in a mirror, but the reflection of our relationships through the generations.

To help is to share strength that continues to influence us over time. May and I share a larger connection in our research relationship, a trust that permits memories that come from the experiences of our people to be relived and, in that reliving, to be reinforced for the truth and comfort they represented the first time. It was in the stories of May's experiences of abuse in child welfare that I connected with her most strongly. These stories reignited my role of protector as an Indian child welfare worker. I will tell you these stories in four circles, circles that intersect time and cross generations: recognition, child welfare, "my spirit is staring to come back," and coming home.

The First Circle: Recognition

In 1993 when I interviewed May, she was 52. In our cultures, May was becoming an elder, a teacher, a leader. May had double bypass heart surgery at 49, and the scars of surgery criss-crossed her chest. At 50, she was working out a seven-year relationship with her lesbian partner, who was in her sixth year of struggling with sobriety. That same year, May had a bout with pneumonia and won, despite her weakened physical condition. When she was 51, AIDS hit her gay and lesbian community with force, and the couple lost many friends. After 28 years of alcoholism, at age 52, May had 12 years of sobriety. She had finished 10 years of working in the alcohol field and received her certification for chemical dependency intervention. She was diagnosed with diabetes that year. Her social service agency had been notified of pending budget cuts, and she and some of her co-workers faced possible unemployment.

My connection to May is intergenerational. She is a large woman, dark skinned, broad shouldered, barrel chested, with a face that marks hard time. I saw my own Laguna grandma somewhere in her face, the way I must have seen my grandma when I was a little girl. Interestingly, May recognized me, too. In 1993, I was seven years younger than she was, and May was the age my grandma would have been when I was born.

"I've gotten a lot better about just staying within my own little. . . sober world," May says in the fourth interview, "and it's growing and there's a lot of people that are coming in, like you. You're coming into my circle and my world and I find that I'm not hesitant or ashamed to talk about some real personal things. I don't know you," she adds.

"I know!" I exclaim.

"...yeah, and that says a lot about...your being able to present trust and my being able to accept it," she continues.

"This is the one thing that has amazed me," I start. "And I mentioned this to one woman [I was interviewing], and I said, 'You know, you don't know me. I'm literally off the street.' And I'm walking in. . ."

"But you're a native woman," May interrupts.

"I know!" I whisper. "How much of a difference does that make?"

"I would probably be real. . . ah. . . veiled in some of my responses," May begins. "I'd have real cliche," she pauses, "because I am a con, and I know how to do that kind of stuff. And I've done that before to people who are asking questions. They're very glib answers and very pat and stir all the passion in that person...but I didn't have to do that with you. Because for some reason I've seen you before...you know. You've been there before, somewhere; you've been there and I recognize you. Nobody would understand that if they weren't native."

"Which is why," I respond, "when I see you, I see a Pueblo woman."

"Uh-huh," she answers, nodding her head.

"And you look, you look familiar to me too," I say. "In fact when I came up [the steps tonight] I recognized your profile. . .and you do. . .you. . ." I wanted to tell her she looked like my Laguna grandma but May was ahead of me.

"Because I can go to [your] country and they come up and start talking to me like, 'Yeah, where's your family?' you know. 'Well, they're from Washington State.' 'No you're not!' I have this image that fits a lot of tribes. . . and it's amazing how it works."

May stops, she is thinking, then she continues the circle of her thought: "Not that there wouldn't be a lot of people that I would talk [to]about my alcohol history. Because I've had students who tried to interview me and they're very intrusive. Now, I've told you stuff that I'd never tell anybody, but that wasn't intrusive for me because you allowed me a lot of freedom. Their [questions were] really structured and they always have a way of letting you know, 'that-isn't-the-right-answer.' They look at you, so then you stop. But you're still pleasant and you're still kind and you never change the expression in your voice, but 'Well that's about it,' you know. . . Because they want the right answer, they don't want the truth. They want the right answer. And that's totally different between Indians and non-Indians. And it's so sad. . . but it's real because that's how they talk to us. I get real tired of people who always go, 'Oh. . . you're so spiritual.' And I'm just like, 'Ri-i-ight.' I worked real hard to even find anything spiritual. Because I didn't know what that meant. I thought it meant religion, just like they did."

May continues: "One of the things I couldn't understand in terms of recovery was, they talked about a spiritual program and, and words like 'God'...and what I thought [was] religion. And [understanding what spirituality was] didn't happen for me until two years into my sobriety, when my mother died.

I had not been formally trained as a young woman in the culture that follows certain traditions, follows certain protocols when it came to a death in the family. But all of a sudden all of those things just came to me. I knew where she was to be buried. I knew the name of the place. I knew the name of the cemetery, I remembered where it was. And I knew who to hire to do the dressing service and the [funeral] service and knowing I had to find a gatherer [to gather berries and roots] and what I needed to do in terms of hiring cooks and hunters and fishermen and it just went boom, boom, boom.

"And I had not been formally trained so it felt like, 'Ok. I have a spirit that's telling me in my spiritual part.' And I wasn't thinking in terms of God. I was thinking in terms of maybe a creator, or I don't know, but it was there. It felt really good. It kind of gave me some comfort to know that I was doing the things that I needed to know how to do, as the eldest [woman] now. And it was my place to take care of all of this. My brothers had nothing to do with it because I was the one that's supposed to do this. And I did it. And the old people came to me and told me, 'Yes. Yes.' I didn't have to stand around and not know what to do. And all of a sudden people started turning toward that part of me to take care of other things that might go on like an illness or whatever."

The Second Circle: Child Welfare

May's history is one of separation and attempted reconnection, a pattern common for many Indian youth in her generation and the generation before and the generations that follow. Before she was five, she spent some time with an elderly maternal great aunt and uncle, grandparents from an Indian perspective. Eventually her grandmother went blind. May vaguely remembers that she might have been sexually molested by a grandfather but doesn't really remember. Could this be why May was removed from her grandmother's home at age six and placed in a Christian mission boarding school? Or was it her grandmother's blindness? She only remembers that she was never allowed to go home, carried away in a common practice that pre-dated by 32 years the Indian Child Welfare Act of 1978, legislation designed to keep Indian families together. May would be placed in a series of foster homes all within a hundred miles of her family and her tribe, but May would not see her grandmother again. May did not see her mother again until she was 21 and pregnant with her first child.

"They just came in and said they were going to take me, and they did. I don't remember the story or anything. I remember one day I was at my grandma's and the next day I was there. And I never saw my grandmother again."

When May was taken away at age six, she was ill most of that first year away from home. Mumps, measles, and whooping cough swept through the common living quarters of the Indian children at the Yakama Indian Christian Mission.

May sighs as she begins her story. "It was the First Christian Church that sponsored it. All the little girls stayed in one end of the building and the boys stayed somewhere else. We went to a public school and they would hit us every time we'd try to talk our language. The principal would hit us with flash cards if we talked and...he was always hollering at us out on the playground if we talked. And I couldn't understand where everybody was, like my mom and everybody, my grandma. And I really hated going back and forth on the buses [from the mission to the public school in town].

"From there I went to town the beginning of my second grade [to live with Mrs. King, the 55-year-old matron of the boarding mission]. And I was the only Indian in *that* school so I got a lot of name calling. There were a few kids who were nice to me; they seemed to be the ones that went to the church that Mrs. King went to. She made me get baptized at eight. And she would say, when she would beat me up, she would say, 'We're going to take that heathen out of you, that evil out of you.'

"But the hardest part was when people would tell me that I was dirty or I wasn't as clean as them 'cause, 'Look at you!' I'd look and all I could see was the brown and they had white skin. So I'd go wash and wash and wash. Then when I was in [another placement] my sixth grade year the same thing went on...the feelingI always had to go into the school prepared to take somebody's stuff that day. It was usually the boys... and then the girls would say it too. And so I usually ended up just going off by myself. So I did a lot of daydreaming and... wishing for things. I'd read the signs on the cars at the car lot and they'd say 1995, and I'd count my dollars. And I'd count 19 dollars," May laughs, " and 95 cents and that's not what they meant, you know. But I thought as a kid, if I can buy one, then I can go home. But I never did ever get one so. . . I always was able to be by myself and I could do things alone.

"I used to envy people being white because they always got everything. And no one necessarily called them names unless they really looked different, were like funny or something, then people would call them names."

"Do you think if you were in another place, not in. . . those small little towns, you would've been treated differently as an Indian person?" I ask.

May was not part of an Indian family that had prestige, and she had mixed blood, Yakama, Quinault, mixed German and French. "I was a breed. And my mother was with. . . a black man. There was that element of [she sighs] prejudice. "I don't know if I would've been treated differently... if I'd been in another city or a bigger town... All I know is that during that time I learned how not to like leftovers, because I always ate when everybody got done, especially through the 6th to 9th grade. . . I was always the outsider and everybody was telling me how grateful I should be because they let me live there. You know, I should show more respect for these people because, after all, they took me in.

"But nobody would talk to me about all the [foster care] checks they took either...nobody mentioned that. And I was the one that went to jail, not Mrs. King...when I ran away when I was in 5th grade. . . Later I went back with Mrs. Baker, my caseworker, to pick up my clothes and. . . nothing was mentioned about [the abuse]. Mrs. Baker was just this cheery. . . I thought, 'Geez. Why don't you go in there and punch her out or something, you know.' . . .I know I'd get beat almost every week."

May was removed from Mrs. King's and placed in another home. "[This] time they treated me fairly decent in terms of not beating me up," May says. "But I was 12 and I took care of Donna who was two and they called the baby Baby June, who was like eight months or something. And I took care of cleaning the house and doing those things. And mealtimes, I ate leftovers. I ate what was left on the table. But I had to hurry and eat real fast because then I had to do the dishes. And I had to have them done before a certain time."

"You didn't eat with the family?" I ask.

"No," says May.

When I heard these stories, I was catapaulted into my social work practice as a child welfare worker on a reservation. In the mid-80s, a group of five children were in our care and I interviewed a childless Indian couple that was willing to serve as foster parents for all five children, in shifts. The first two children, ages 18 months and three, were placed in the couple's small, two-bedroom apartment. Later, when the couple was able to rent a large trailer with multiple bedrooms, the other three siblings, ages four, five, and six were placed.

I was the original caseworker and, over the course of a year, talked with the birth mother of the children about the sexual abuse experienced by the five- and six-year old girls. I talked with the mother's sisters and their mother about the future of these children. None of the relatives were able to care for the children; the patterns of drinking and drug abuse continued in this generation, as they had in the last. And the sisters agreed that they were unlikely to change their habits while the children were still small. The mother came in and talked with the couple who had decided, by then, that they could adopt and raise these children. Eventually, the mother relinquished her rights.

In the meantime, the school-age children were being seen by the school psychologist. The new family was seen by a contracted team of white therapists who specialized in treating sexually abused children and who worked with the foster parents as well. The children had a new Indian social worker who was monitoring the case and I was completing the adoption study.

Here was a model case, an Indian child welfare agency with 80% Indian staff, working with an Indian foster/adoptive home, good therapy resources. The formal adoption would go before the tribal court in six months. So when the oldest child was taken to the emergency room after being beaten by the foster father, we were all in shock. When the child told about the sexual abuse by the foster father, we were sick.

Bad things happen to children even in foster care and even under watchful eyes. Hindsight unmasked the red flags that could now be seen by the therapists. "She drew pictures about someone watching them while they took showers, but we thought it was when they were in the home of their biological mother." "Ah yes," said the non-Indian group home director sanctimoniously, "The wife bears all the symptoms of a battered-woman."

And as I listened to May tell her story, I reviewed my own role as protector. In my heart I held the young May in my lap and I rocked her, just as I had rocked the child who had been beaten: "I am so sorry. We're the ones who are supposed to watch out for you, to protect you, and this should have never happened." And the seven-year-old raised her hand and wiped my tears away.

The Third Circle: "... my spirit is starting to come back"

"Zero to five years old is when we learn all our values and our morals and it's from our environment and it's. . . set in us" May says. "And no matter what else transpires, no matter what else happens, that hope, you asked me about, somewhere in there, in those first five years there was some hope that it didn't have to be the way it was. . . .In those first five years I was with my grandma, and she taught me a lot of things about...living and being, being nurtured and being cared for. I don't remember my grandmother hugging me or kissing me or anything, but I knew she was always there. And she would always protect me. So I'd find myself... slipping back, going through my turmoil and chaos and dramas...I created because of alcohol... There was that hope that maybe I could feel this way again some day. And I didn't know why I wasn't feeling it out here. But there was always that link...that would draw me back to...'this isn't right.' Because here I learned yes, no. . . .What is right and wrong and out there, I didn't have those boundaries and I didn't have that stability that dictates limits. . . . I didn't know how to [limit]. I did everything in excess.

"But back here, there was always...that comforting feeling and I always strove to try and find that. And I think to this day that's why I'm not in prison or that's why I didn't kill anybody. There was always somebody that saw good in me, because I was here and I had this good...

Most of the time I was a very honest drunk, I was a very honest thief, I was a very honest liar," May chuckles. "That sounds contradictory but what it means is this piece of me was always with me, but I didn't know how to recognize it."

"Is that what you felt when you were doing things for your mother's funeral?" I ask.

"Yes. That completion of, 'Yeah, this is what I'm supposed to do.' And I was able to, to feel ah... in touch."

"In touch? Have you felt that way at any other time besides your mom's funeral?"

"When my granddaughter was born I was in the delivery [room] and watched her being born and was able to be with [my daughter], and I felt that then. Because there's always that beginning. Even the time I lay my mother to rest. . . all of a sudden I could feel new life in terms of. . . I was sober, and I wasn't going to get drunk that day. . . And I was going to be ok. . . That's what it was, that feeling of comfort and knowing I did all I could and I'd done it the way I was supposed to do it. And it felt complete."

May continues talking about memories of her grandmother: "I can smell the sage burning and I'm back there. . . I could smell the beeswax. I can see the oval rug that I sat on by her big, over-stuffed chair. And she'd do beading and rubbing the wax on the thread and she'd be talking to me, telling me stories and I'd just sit there."

May responds to a quick memory about getting her grandmother tea. "And that saucer being so huge, with her cup? My mother showed it to me and it was a little tiny saucer, a little tiny thing," May laughs. "And I'd watch her pour the tea in the saucer and pour it back in the cup to cool it off...

"My grandma was [going] blind... but when we'd go up to the mountain and spend the summer, she'd take me out and she was zipping around and she was walking everywhere and she'd go, 'Ok, Isha [granddaughter] there's some.' And I'd climb the tree and get this black moss to make coom, which is a pudding. . . And she'd say, 'Well, bring it down, fill up the gunny sack.' Then we'd go back and she'd wash it and pick all the sticks out and rinse it and rinse it and boil it on the stove and it was pudding. And I'd put sugar in it and eat it and she'd always make that for me. . . And watching when they went and got honey. And watching her when she'd go out and get the [dried] meat hanging outside. . . it was just part of what she did. You learned a lot and it all comes back at some point. [For example,]I didn't know how to butcher. One day my son, my oldest boy, brought in a half an elk. There I am, zip, zip. I had watched it somewhere in my life and it just all came back.

"For so many years it's been so clouded and so fragmented. . . a big collage that there hasn't been a real picture that's formed that I can look at. . . and have all those images. . . that are clear enough. . . that I can make some kind of sense out of. I've always had to live at somebody else's beat of the drum and I've always had to live at somebody else's will.

"And...even at 52, I am coming from puberty to womanhood to know who I am inside, finally. Because all that alcohol fog is now lifting, and all of that despair and...all of that life that was ebbing out of me. The light that I have is still there. . . and I can see that there is worth in here now. And I don't always have to look to other people for validation, because my spirit is starting to come back.

"And as an Indian woman at 52, I'm an elder," May whispers. "And I need to look at who I am, because people come to me to be taught. . . What I'm saying is that the modeling that I do in my behavior in all areas, in my profession, in my social life, in all of those things, people see me. Especially on the reservation, they used to see this drunk May; now they see this sober May. . . I can see my color now. I can stand up and be counted. . . [I can] lead, and not always be on the fringe looking in. We're taking back our culture, we're taking back our traditions and they fit very well."

May concludes: "There was a lot of hope in watching my mother and grandmother when they [did beadwork]. I watched them interact with other people and saw the respect that was given to them. I know that I came from that same lineage and maybe I can achieve that, too."

The Fourth Circle: Coming Home

Long ago, before I was four years old—when my family, like so many other young Laguna and Acoma families in the 50s relocated to Barstow, California, so my father could work for the railroad—I learned that everything had a spirit, that everything had a place, that everything was connected.

I was surrounded by many brown grandmas, women with lights in their eyes and busy, wrinkled hands. I remember fresh corn and melons from the fields, dried deer meat hanging on the barbed wire fences, deer stew dinners with green Jello for dessert, red chili and fresh tortillas, peaches drying in the sun, the smell of warmth coming from the old wood stove, and hot oatmeal with canned milk. I "helped" my grandpa butcher sheep and chop wood, and helped my grandma rescue brown *mountain bread from the hot outdoor ovens. I remember the excitement of preparations for welcoming the deer that the hunters would bring; the peacefulness of my grandpa praying out by the woodpile at sunrise; the sound of the village crier giving instructions and calling out news; and nights so full of stars my grandma got tired of counting them for me.*

"Grandma, count the stars for me."

"There are too many to count, Gya-oh [A Laguna word meaning both grandmother and granddaughter]."

"How many are there?"

"More than a hundred, hundreds and hundreds..."

"Grandma, what's a hundred?"

On some nights when my grandma was not too tired, she actually counted to a hundred for me. Some nights, we both fell asleep before we got halfway there. She would start... 1, 2, 3... We slept back to back and I could feel her breathing, her counting vibrating through that permeable spirit membrane that was me and her... 28, 29, 30... We slept in the room that served as living room and bedroom in my grandma and grandpa's pueblo house in Paguate village. The room was warmed by a large wood stove that glowed with a red-orange light in a darkness that was cold on the edges; the kind of cold that made you pull your head under the covers in the early morning when the fire had long cooled... 53, 54, 55... I'd watch the shadows swallow the fading light in the stove. My grandma's voice would fade with the light, drowsy... 72... 73... Grandma! Are you still awake?... My grandpa would stir in his bed across the room and mutter, "Ah-ya-ah!" The counting would gain new strength... and soon, 88, 89... 90. I knew 90, this was my signal to pull my pillow closer, to enjoy the full warmth of my grandma's body, to draw in the smell of pinon wood embers, to close my eyes and to sleep... 98, 99, 100.

Mother

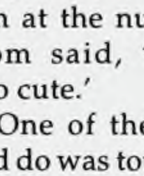
"My mother... was really excited when Linda was born and so she did a lot of . . . buying clothes and [baby] Pendleton blankets... and always giving me money... for the baby. . . And then she really loves Linda, because Linda was full-blood. And that's something that a lot of tribal elders hold in high regard, that someone be full-blood. And Linda is probably the closest to full-blood 'cause I have like White, German, and French in me."

May sighs and talks about the relationship with her mother. "We got along by talking and she might need to go somewhere and she'd come by and use the car. John [her husband] would drive it. And a lot of times if there was a funeral, I'd take her and we'd visit and she'd tell me stories about when she was young and how she was a jockey and we just talked and visited and laughed. She'd always come by when my daughter was like... 8 or 9... and take her up and dig roots and taught her how to clean roots. And then we'd go up and pick huckleberries...

And she never, ever said anything about my drinking. She'd just see I was drinking and she'd say, 'Well, I've got to go now. I just came by to see how you were and how the kids were.' And she'd always bring lots of food to the house... And when I got [my first] house I was able to invite her to spend the night every once in a while. And I would get up early to make her oatmeal and get her 7-Up and all that stuff, and have it there for her when she woke up. And so she always enjoyed those things but there was never any touching. We never hugged. We never said, 'Hello' a greeting or anything. She'd come in and we'd start visiting."

"How would you describe your relationship with her?" I ask.

"Well, I think we were more... real good acquaintances," May chuckles. "I think we were friends. Toward the end there, she was really trusting that I wouldn't drink and then she started having these strokes. Then she deteriorated until she didn't know who we were. And she thought my [granddaughter] Stacey who was probably about 11 months was [my daughter] Linda. We went to see mom at the nursing home and mom said, 'Oh Linda. You're so cute.'



"One of the things we never did do was touch. I kissed her just before she died. My children, they were in there when she was dying and they kissed her. They always had a good relationship with her."

"A touching relationship with her?"

"Yeah. She'd kiss them good night when she was at our house or if they were [at her house] because they were very insistent, you know. 'You will kiss me and that's it.' And so she would, and she'd always seemed a little surprised, you know every time they would do that. They'd just look at her husband John and nod and he'd go, 'Ya. Good night.'"

"How did you feel about her when she died?" I probe.

"I felt that we had really reached an understanding. I think I finally understood what she'd gone through with her alcohol. And that she understood my alcohol. And that I was sober now, and I had a feeling that she felt that I'd never drink again. I mean it was sort of in the present, and I don't know how to explain it, but it was sort of there. And so she'd come by and she'd hand me money to get something 'cause she knew that it wouldn't go for [drinking]. . . So the trust was getting better. And I cared about her a lot. I'm sure love is probably the word to describe that, but I'm still not sure how to separate all that feeling out, in terms of talking to my mother and about my mother."

"Is there still some. . . anger toward her or. . ." my question fades.

"Well, it's not anger necessarily anymore. It's just the UNKNOWN. I don't know all the details and nobody ever told me all of them, or if they did they were all one-sided and I never got to hear her side. And we never talked about it. It was nothing we ever talked about. We never talked about her drinking. We never talked about any of that.

"What she talked about to me was when I was little and how my uncle was really proud that I could write my name at a very young age. One thing she did was to save all my little dishes that I used to play with. They were that amber glass, and it wasn't necessarily amber colored. There would be blues but it would be that really thick [glass], different cups and glasses that I had. And she saved them all and I got them when I was 22 years old. So she saved stuff for me.

"I haven't done that for my kids. I had a trunk with my kid's stuff in it but my ex-partner won't let me have them back. I have my son's vest, his buckskin and beaded vest and when he was a little tiny guy and my daughters [traditional] fan up here so. . ." May sighs.

"You said that you and your mother hadn't touched and you said the same thing about your father. . ."

"Uh-huh," says May.

"Were you expressive with your children?"

"Quite a bit when they were very small. Older, we didn't do that much. Now, when we see each other we kiss and when we kiss, we hug. I was very demonstrative to my grand-daughter. Her and I were [close]...before her father's family took her, before she was taken away ."

After two troubled years of adolescence, May's first contact with other Indian people since being taken from her family would be in Kansas at Haskell Institute, an all-Indian boarding school, when she was 17. Here, she trained in dining room management and learned to dance. She discovered that the dating interests of young men left her confused and uncomfortable, while her crushes on two or three female classmates were accepted and far more satisfying. For almost two years, she felt acceptance.

And here, despite dormitory restrictions and drinking prohibitions, May also learned to drink every chance she got, and when she could get it, she drank it all. Her attraction to alcohol would be solidified before her senior year in high school was finished. Her first blackout would occur the first time she drank. She remembers her peers coaxing her to take that first drink of vodka, but she doesn't remember the basketball game they went to see. What she liked was the feeling she got when she drank.

"I thought I could do things better. I became a little more bold especially around the girls. . . And so, I could maybe dance closer. . . Because when I drank then I could do whatever I wanted to do and. . . say 'excuse me'. . . 'cause I was drinking. 'Cause nobody really got hostile about it. . . besides the girls that I picked weren't pushing me away. "

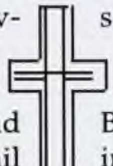
She drank heavily to cloak her heterosexual encounters so she consciously wouldn't remember them; her drinking excused her rage and periodic drunken announcements that she was homosexual. Her binge drinking exposed her to rapes, fights, and illegal activity while psychologically shielding her from responsibility. She would drink through her pregnancies with her two children, a son and a daughter. Sometimes, she would place them with people she didn't know when she was drinking; she'd move from place to place, with her children in tow, while maintaining her addiction.

"And I'd find myself in situations that I couldn't figure out how I got there. And. . . the FBI was after me because I'd sold [liquor] to an agent [on the reservation]. . . because we were wards of the federal government, so the FBI was involved. They were looking for me and they couldn't find me. I didn't have to go to jail [because] the time had run out. Those are really tough times to remember. It was, it was so mixed up. And so much alcohol. . . because I didn't want to feel any of it or deal with any of it."

May made three attempts to quit drinking: 28-day inpatient treatment programs at ages 34 and 35—this followed by 18 months of sobriety and a relapse–and again at 40. May quit drinking three months before her first granddaughter was born and two years before her mother died. AA meetings were the "drug" she substituted for alcohol. She would attend meetings seven days a week, sometimes twice a day, and she opened the doors for a women's AA meeting in her Yakama community. Her two children complained that they saw more of her when she was drinking than during her first year of sobriety. It was clear that she could be excessive in other things.

"Had you observed other funerals so that you had an idea of what [was to be done]?" I ask.

"I had been to dressing services, but some of them were different in terms of, the family was involved in dressing. And in our family, it wasn't the thing you did. You didn't go in and dress your family. You had somebody else do that. Others would cook; we were not to cook. We were not to handle the food because we were contaminated by death. I was able to sort that out and I had not a concept of it before. All of a sudden my role changed. Because everybody was talking to me about what needed to be done. . . And people were saying that I didn't get drunk because my mother died." May stops and sighs as she remembers her uncle's funeral several years before. "I forgot all about Uncle Jimmy. I went to his funeral and stayed for the give-away, but I didn't stay any later than the beginning of the give-away because I wanted to go get drunk. . . . That was my mom's brother.



"And we have lessons that are always there," May continues. "It's just amazing, that stuff, and it's very natural. I always remember my grandma's altar. I always remember my mother's altar. And that's why I have an altar. I am not a bonafide, died-in-the-wool Shaker [Northwest Coast Indian religion] because I haven't been baptized or any of that. But I'm very much in the belief of what she did and I honor that. And the cross there," May points to a small alter, "the little gold cross is my mother's. They blessed it and they gave it to me the day of her funeral. The white cross behind it is when we blessed the house. The Shakers, one of the men who was officiating, made the cross for me... it's out of cedar, and he painted it, and that's where I put it, so. . . . I don't know why I have that up there other than...that's where it's supposed to be," May says. "And I tell people, 'Well, that's what's supposed to happen.' And they just go, 'Ri-i-i-ght. Talkin' that AA talk.' Well, that might be so, but the other part of it is the Native American, I know when things happen."

May talks about her color in relationship to her growth. As a child, she responded by washing vigorously when her classmates called her "nigger" or told her she was dirty because of the color of her skin. When she was a 9th grader, boys in the physical education class refused to dance with her because of her skin color. And when she had five years of sobriety, the doctors and staff at a local hospital assumed she was an alcoholic and put off treating her until she required emergency surgery for gall bladder problems. "I was Indian, wasn't I?"

In response to racism, May tries a balanced view. "White people can't understand racism because they don't wear skin color for a lifetime," she asserts. "I can't always spend all of my time educating people about who I am. I'm learning about me right now. But I am very fortunate in being able to do some workshops and things for people. It just sort of offends me when people presume they can tell someone else about me, because they don't know me. Every phrase, every hesitation, every accent I use in my description is mine. It can't be anybody else. They haven't experienced that. That's what I mean about color. . . . how do I wear my color?

"I have found a place that I can call my own. . . Belonging is being accepting of me and knowing that I'm ok. And I don't have to be anything more than that for anybody. As long as I can deal with May on a daily kind of voyage, then that's all I have to do. I don't have to be out there for anybody else in terms of 'let me rescue the world.' But I can be there as a teacher and a leader [by] just being who I am and letting people know that alcohol does kill. I've lived through it and I can walk on and talk about it and let people know that there is, there is a way out. And it doesn't have to be. . . a total, devastating, out-of-the-reach kind of hope. . ."□

Interviewing Joseph Pisani: Insights Into Social Reform

During the 1970's, Joseph Pisani was the most influential New York State legislator in the arena of child welfare reform. But for many, his substantial accomplishments are overshadowed by his subsequent criminal conviction and public shame. Interviewing Pisani illuminates the process of social reform as well as clarifying our expectations of the nature of leadership.

by
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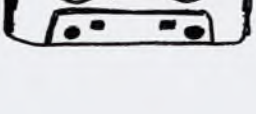

Introduction

From 1969-1979, Joseph Pisani was the legislative leader for child welfare reform in New York State. As an Assemblyman and later State Senator, he sponsored and secured passage of numerous legislation, including laws of national significance. His strategies, political savvy, and understanding of the process of social reform combined to make him without question the central and most controversial figure in New York's foster care and child welfare reform movement of the 1970's.

Driving up New York State's Rte 9W, on the left bank of the Hudson River, I am minutes away from his home. As part of my doctoral dissertation research, I have interviewed during the past several months dozens of participants and read almost all of the published documents relating to his decade-long child welfare reform efforts in New York State. Though now out of state office for almost 10 years, he is still referred to as "the Senator" by his former legislative aides, even as they look at me warily – or ask that the tape recorder be turned off – when they think I'm about to ask about the circumstances around the Senator's demise.

Pisani greets me tentatively and shows me to a dining area set up on his porch which provides a spectacular, eastward view of the Hudson. Stacked next to his chair are the many documents and reports issued by the State Temporary Commission on Child Welfare, which he secured creation of in 1975 then chaired till his resignation from the Senate — and public service — in 1981.

It is 10 a.m. and he has promised me as much time as I need to question him about his role in securing some of the most significant child welfare legislation in the country. Within 10 years, Pisani sponsored legislation that provided for periodic court review of foster care placements; gave preferential consideration to foster parents in adoption proceedings; restricted the right of birth parents to revoke their surrender of children to adoption; recodified the termination of parental rights laws; provided for adoption subsidies based on the need of the child; established the best interest of the child doctrine as the standard for disposition in termination proceedings; authorized the establishment of a computer data base to track children in foster care; established the first preventive services program; and finally, in the Child

Welfare Reform Act, completely overhauled the State's complex child welfare delivery system, solidifying the State's commitment to permanency planning a year before passage of the federal Adoption Assistance and Child Welfare Act of 1980. A stunning accomplishment.

Pisani did not meet the expected profile of a progressive reformer in the 1970's. A conservative Republican from the suburbs, Pisani never hid, even then, that he "got into it because there was a need and . . .[it] would give me credibility as a politician."[1] Reforming child welfare in New York State meant taking on the establishment: the long-entrenched system of primarily sectarian private agencies on whom the State had relied for provision of the most expensive and core service: foster care. Reform, then, pitted a conservative Republican against Catholic, Jewish, and Protestant child care leaders who for a century were the experts and primary providers of foster care.

Political ambitions are personal ambitions too. Examining the motivation and activities of Pisani, including his understanding of how politics works and the realistic choices he faced, gives us insight into how power is used for social reform. It also begins to explain how the most extended and prolific period of statewide reform of child welfare services in New York — reform that by any measure must be considered to be bold, progressive, and client-focused — was led by a man who was distrusted by leaders of the child care community, scorned for his open political ambitions, and finally driven from office in public shame.

Pisani left office as a scandal surrounded him involving misappropriation of funds. Later publicity confirmed what many knew at the time: the Senator, married and father of four children, was involved in a relationship with the Commission's secretary. Now his wife, Katherine served us lunch and otherwise left us alone to our work.

Foster Care Reform in New York: The Context

Maas and Engler's (1959) *Children in Need of Parents* triggered what has become known as "the permanency planning revolution:" a two-decade explosion of research, advocacy, agency experiments, and legislation that resulted in a reconceptualization of the nature of foster care and an overhaul of the service delivery system throughout the country. In brief, Maas and Engler found that children were languishing in care for extended periods of time because the foster care agencies had no other plans for them and were doing little to return the children to their families of origin or, if that were impossible, to act to have the children be raised in adoptive families. Children in foster care lacked a permanent home. Foster care had become a terminal service.

Systemic introduction of the principles of permanency planning in New York was complicated by the state's unusual service delivery structure. While the State Board of Social Welfare and Department of Social Services had ultimate responsibility for children in foster care, for most children that responsibility was discharged through arrangements with private, usually sectarian, agencies most of which were active in foster care for upwards of a century. These entrenched institutions, with their decades of charitable experience and connections with organized religion, were predictably suspicious of government oversight and regulation even as government increasingly provided the majority of funding for their service programs. In New York, public reimbursement was determined on a "per diem" basis: agencies received a predetermined amount of money for each child

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[1] This quotation, and all other quotations from Joseph Pisani, are from my audio taped interview with him November 5, 1991, Westpark, N.Y

in care for each day of that child's care. This arrangement, equitable in one viewing, also resulted in suspicion that agencies were "warehousing" foster children to keep the per diem rate flowing (Young & Finch, 1977).

Pisani's accomplishments, as outlined before, thus are more impressive given the considerable political power held by the objects of his reform. Further, as a suburban, conservative Republican, he was viewed skeptically by many social welfare academics and researchers, as well as by middle-class adoptive parents who felt betrayed by him when their representatives were not appointed to Pisani's Temporary State Commission on Child Welfare.

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The Interview

"I just gravitated towards [child welfare issues]. Where the interest came from, I don't know. Maybe I was bounced on the floor on my head as a child! I don't know." As a lawyer in the Navy, Pisani became involved in work with Navy personnel trying to adopt. "I ran afoul of the rules and regulations and more important the attitude of adoption agencies" who then viewed Naval personnel as unstable because they moved from base to base. Such arbitrary decisions, common in adoption practice in the 1950s, fueled another bias in Pisani. "I've always had a great distrust for bureaucrats because they serve other masters. One of which is self-perpetuation; the other is arrogation of power." After his service in the Navy, he continued to include adoption work in his private law practice.

Elected to New York's lower legislative house in 1966, Assemblyman Pisani scored his first major legislative victory with the passage in 1971 of a law mandating judicial review of a foster care placement after the child had been in care 24 months. "It was considered to be one of the worst ideas by the child welfare community. But, not by anybody else!"

Asked about the genesis of this law, nation wide the first such legislation, Pisani responded with a story of attending a meeting of foster parents held in a Baptist church in his district. A Mrs. Palmer related that the agency removed a foster child from her home because she was "becoming too close" to the boy. Subsequently, now in another home, the boy crossed the street to get a pizza, was struck by a car and died. "The whole place just went — I mean we were up to our knees in tears." Hearing that Canadian law required judicial review of foster care, Pisani saw such a structure as a way of stopping foster care drift, preventing unwise agency decisions, and improving the chances for the "Mrs. Palmers" to adopt the children in their care.

For Pisani, the story illustrated, or in Best's (1990) terminology "typified" the social problem which to him was the unchecked and arbitrary power of the agency.

Why not consider, for example, legislation requiring administrative social service review of such prolonged cases of foster care? Pisani replied, "I could not trust a child welfare system that failed. And they wouldn't say it, but the agencies opposed it because they were losing power. But I trusted the judicial system more than I did the bureaucratic system."

Though using the justice system to correct the ills of the social welfare system posed intense problems of implementation from the start (Festinger, 1975), for Pisani the critical issue, one that would be the cornerstone of all of his reform efforts, was protection of the rights of children in care.

> "As far as the social welfare system is concerned, the child had no rights! What we do for that kid, he ought to be grateful! We're giving him a home, shelter, feeding him. He ought to be grateful. But the court's interest is derived from rights. And if you approach it from the standpoint of a child has a right to certain things, and you have an obligation to enforce those rights – now you've got a different perspective."

While judicial review of foster care stirred little public attention, for advocates in the child care community the passage of the law did begin to identify Pisani as the legislator who was concerned with reform issues. The 1973 Baby Lenore case, however, created significant publicity. Olga Scarpetta, a young Colombian immigrant, surrendered (i.e., voluntarily relinquished her legal rights as a parent) her baby for adoption to a private agency, Spence Chapin. The agency immediately placed the infant girl with the De Martino family who then began adoption proceedings. But just days after the surrender, Scarpetta changed her mind and so notified the agency. After initially not notifying the pre-adoptive parents of this development, Spence Chapin, along with the De Martinos, then refused to return the girl, Lenore, even after a lower court ruled in Scarpetta's favor, noting there was no provision in New York State law regarding revoking a surrender. "Fortuitously, the Scarpetta case hit the headlines. I said to myself, Wow, what an opportunity!"

During the previous year, Pisani had introduced a bill that would have limited the right of a birth parent to revoke a surrender. "It was a conscious political strategy. Submit an outlandish bill to stimulate thought, then retreat to a more reasonable position and get what I want." The bill attracted no support, "it was shouted down," because it limited the rights of birth parents.

But riding a wave of newspaper and television publicity about Baby Lenore, including editorials urging that "something be done" to protect prospective adoptive parents, Pisani re-introduced and quickly secured passage of a law limiting to 30 days the birth parents' right to surrender: that is their voluntary relinquishment of their legal rights as parents could be revoked only within a month of the formal filing for adoption. Ironically, the law would not have helped the De Martinos. Scarpetta had contacted the agency just days after the birth of the child and before the De Martinos filed for adoption ("That's the anomaly!") and so under Pisani's law, the surrender would have been legally revoked. In addition, adoption agencies actually favored passage of the bill ("It set down clear, understandable rules about notice.") The public perception, however, was that Pisani defeated the backward-looking agencies and won a victory for adoptive parents.

Pisani is clear about the necessity for, in his words, "tragedies to bring about change."

> "I hate to say this but, and I apologize for saying this, but if Roxanne is not found floating down the Hudson River, there wouldn't be a child protective services law in New York State. It's got to be on the front page of the Daily News before you can change it. Scarpetta coalesced, crystallized the need for change."

In 1974, Pisani chaired a New York State Conference on Children's Rights. Though "sponsored" by two state legislative committees, the conference was in fact completely funded by two private foundations with an interest in reform, the Edwin Gould Foundation for Children and the Edna McConnell Clark Foundation. "There was no way I could get state funds to pay for the thing. So, yeah, the arrangement was somewhat unusual, very novel." A hundred participants, representing public and private agencies, foundations, legislators, advocates, and civil libertarians, met to discuss how children's rights could be established, reinforced, and promulgated throughout the child welfare system. It sought to establish a "united approach to the problems" in the field (New York State Conference on Children's Rights 1974, unpaginated).

At that time, Pisani was a newly elected State Senator with ambitions for more power. "I was a freshman in the Senate. I was dissatisfied with my junior status, but most of the [Senate Committee] Chairmen were of my vintage. I was building up a head of steam with my child welfare work, but I had no authority. So, I thought, how can I get myself a commission?"

Pisani then spoke with the Senate Majority Leader, who agreed to support the creation of a commission only if Pisani secured the Republican Governor's agreement to fund the commission. Pisani approached the Governor, assured him of the

Majority Leader's complete support, then threatened to run in a Congressional primary against the Governor's hand-picked candidate. The Governor agreed to fund Pisani's commission. "I then went back to the Majority Leader and told him, 'The Governor thinks it's a great idea!'" And the State Temporary Commission on Child Welfare was born.

Pisani's maneuverings did not end. He appointed Phillip Pinsky as General Counsel to the Commission. Simultaneously with holding this position, Pinsky was also an assistant counsel to the Senate Majority Leader.

> "It was no accident that I put him on my Commission. Obviously, he would give his imprimatur to the Majority Leader. I knew how to get a law passed. And one of the ways of getting a law passed is to get to the guy who talks to the boss's ear, because the boss very seldom had time to look into the merits of every law. It was the most brilliant of my strokes."

Could the State's child welfare system have been reformed without a commission? For Pisani, the answer was clear: "No!" While other groups, such as the Council of Voluntary Child Care Agencies (COVCCA), Catholic Charities, and adoptive parent advocates had proposed legislation, these groups "had an ax to grind."

> "COVCCA was looking out for its own behind. The Catholic agencies, the adoptive parents – they had their own interests. But we didn't have an ax to grind. We wanted to accomplish things. We were committed to changing the system."

Nevertheless, Pisani knew that reform would not be possible without the support of the sectarian agencies who could be expected to lobby against the bills his commission would propose and, perhaps even more importantly, would be expected to implement the changes in the system. "So in many ways, we had to convince the people out there who were actually going to have to deal with these changes [in practice] that this was the right way to go." I commented that even the process of proposing new legislation works to change the system. "Yes! Because it has to be implemented and with enthusiasm! Our goal was to get the legislation passed and to develop a receptivity for the legislation in the agencies." The targets of change needed to be part of the process of change.

Chaired by Pisani, the thirteen member Commission therefore included representatives of sectarian agencies but not foster and adoptive parents or foster care researchers and academics who supported permanency planning reform. The absence from the Commission of representatives from adoptive parent groups was particularly noteworthy, as they had been supportive of Pisani and his earlier legislative initiatives, and they constituted a vocal and voting middle-class constituency. But for Pisani, appointment of adoption advocates to the Commission was not necessary at this stage of the reform process.

> "This has to do with how commissions are appointed. Adoptive parent groups, foster parent groups – neither had sufficient political credibility to gain appointment. We didn't think it was necessary to appoint the advocates, because quite frankly I was their spokesman. And if people [advocates] think I stabbed them in the back – well, I needed a Commission and they were not a political force.
>
> "You didn't have to win over the advocates; you had to win over the political forces. Let's face it. I was a politician, distrusted by the social services people. It was more important to me to get people identified with the forces to participate. If they went along with it, their groups could hardly be that much against it. It's a lot easier to change the system if you don't force it down their throats, if you make them part of the process."

While this rationale exemplifies Selznick's (1949) theory of co-optation, Pisani also recognized that he needed to establish his credibility with the agency representatives. This process included forming an expert staff, utilizing available research, and "making this commission available to anyone and everyone." Not only did Pisani hold numerous public hearings throughout the state, he also sought consensus informally. "There were times when we reached certain conclusions. But before we acted on these conclusions, we would seek out certain individuals to get their private reactions to it."

How did the Commission begin its work? Pisani laughs, "It was a jungle out there! No paths in the jungle! The most important part is that all these people from different perspectives, we took each step together." In the early years of the Commission, there was quick agreement to proposed legislation that remedied obvious and discrete deficiencies in the State's child welfare system. Between 1975 and 1978, the Commission's work resulted in 20 pieces of legislation, 10 of which clarified and simplified the process of freeing and adopting children in foster care. Pisani added, "There's a strategy and psychology of getting these people to work together. Isolate an area where they agree a change is needed, then inexorably we're all taking steps which none of us would have agreed on without taking the steps together."

One such area was the reform of the State's adoption subsidy law. Previously based on the financial needs of the parents, subsidy would now be based on the needs of the child, a change opposed by some of Pisani's fiscally conservative colleagues.

> "They said, "What are you talking about! You mean Rockefeller could adopt a child and get a subsidy?" I said yes, because otherwise the child is not going to be adopted. So if Rockefeller adopts the child, at least you don't have to feed and house the child [in foster care]. So you're saving money! The fact is I was able to attract them [fiscal conservatives] to that kind of legislation and still be faithful to the ideology. I proved to the Republican majority that the money would be spent wisely. So they said, "Well, maybe Pisani knows what he is doing."

I asked Pisani about the most striking omission from his Commission's work: the absence of any reference to child protective services. Indeed, Pisani had played no significant role in the passage of New York State's Child Protective Services Law in 1974. He responded by referring to Republican Senate Leader Perry Duryea, a powerful politician with gubernatorial ambitions.

> "The child abuse law was enacted under Duryea. And I sort of had a pact with Duryea. I wouldn't play with his agenda. He had Doug Besharov advising him about protective services. I thought it politically wise of me not to try to be an obstacle to him on this issue. Being an adroit politician is to know how far you can go. While I was concerned about child abuse, I couldn't tread on it especially when the someone else was Perry Duryea."

The inexorable conclusion of the Commission's activities was the 1979 Child Welfare Reform Act. This complex legislation can be understood as driving permanency planning through the child welfare delivery system via incentives (substantially enriched reimbursement for preventive services) and fiscal disincentives (financial penalties for counties and private agencies who allowed children to remain in foster care too long and who did not meet subsequent regulatory standards for completing case plans, court filings, and other issues.)

In part, the rationale for using fiscal disincentives to drive reform was based on the perception that private agencies "warehoused" foster children. "Oh, yeah. No doubt about it. If they deny it, they're lying. They'd never admit it publicly, especially when you talk about permanency planning. But it stands to reason: the budget is based on an income which is based on population."

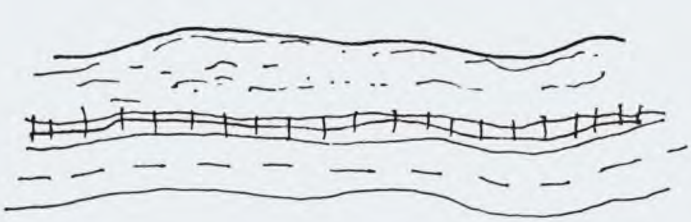
But the per diem reimbursement system, even with an overlay of potential financial penalties, remained in place and the potential for abuse remained. Couldn't another funding mechanism be designed? Here, Pisani discussed the limits of reform:

> "The only way I could change that funding was to eliminate the voluntary agencies and make them public. Which is, I mean, wash my mouth. Now, if I were approaching this without any system in place, I think we could find a way to do it. But because of entrenched attitudes and entrenched funding streams and concepts, we couldn't do it."

The complexity of the Act also reflects other "entrenched" realities of the governmental structure in New York State, including its system of "home rule" and the inevitable tension between State agencies and local, especially New York City, government. "That's the reality of life [in New York State]. And if you don't pay attention to the realities of life, then what you are doing is unreal." The reality of even sweeping reform, then, is a compromise between idealistic goals and political reality. "God, we made compromises."

In its final form, the Act had the unanimous support from the child care establishment despite the increased paperwork requirements and threat of financial penalties.

> "By the time we got to that point, they had all spun their wheels, they had all articulated their views and attitudes. Complain, threaten, do all sorts of things, but in the final analysis -- see, we got them. On the one hand, we had penalties in there. But we also had the carrots! Let's put it this way. We lured them right into it with the carrots and they couldn't back out."



As the interview neared its end, Pisani thanked me for allowing him the privilege to recollect those days of reform excitement. "It was a lot of fun, then. It was exhilarating. I'm being immodest again, but it was the first time that people involved with social services were working with someone who knew the political process. I knew how to get things done."

Finally, how does Pisani explain the child welfare reform movement in the 1970's? "It was an extraordinary coalescence. I was on a fast moving train, not necessarily steering it, but dealing with the speed of it. We were the instrumentality by which this stuff [calls for reform] became real."

Postscript to Reform

At one point in the afternoon, I had asked Pisani what he thought was his most significant accomplishment. As he began to look through the stack of documents at his side, I commented on the magnificence of the view of the Hudson on this late afternoon autumn day. He peered above his glasses, nodded in the direction of wooded vista on either side of the river, and said, "If you've been what I've been through, you need this to get by."

Contemporaneous with drafting and passage of the Child Welfare Reform Act, State and Federal grand juries began investigations into his finances. He was alleged to have accepted kickbacks from men appointed to "no-show" jobs on the Commission, money which allegedly was then used to purchase the home where this interview occurred. He was found not guilty of that charge, but guilty of embezzling money from his law firm. That conviction was overturned on appeal because the state law defining the offense did not take effect until after Pisani's alleged misdeeds. He then pled guilty to one charge of federal income tax evasion, served a year in jail, and was disbarred.

We did not speak about those events, in an unspoken agreement that they were outside the purview of my concerns. Contrasted with his masterful recollection of events and even details of reform concerns from 20 years earlier, his isolation from present-day activists and ignorance of contemporaneous child welfare issues were striking. He was cut off, or had cut himself off, from the power to act in the best interests of the child.

It is true that the child welfare reform movement in New York State cannot be understood fully without consideration of the political strength of the middle-class adoptive parent groups, of the advocacy work by scholars and foundations, of the State's fiscal crisis, and of the increasing nationwide commitment to permanency planning. Clearly Pisani was as aware of these factors (the "train" of reform) as he was of his motivation for personal advancement, and sought to advance the cause of children's rights as much as his own career. His public achievements are not diminished by the consequences of his personal quests. There can be no reform without leaders who, reality insists, will be as flawed as we are.☐

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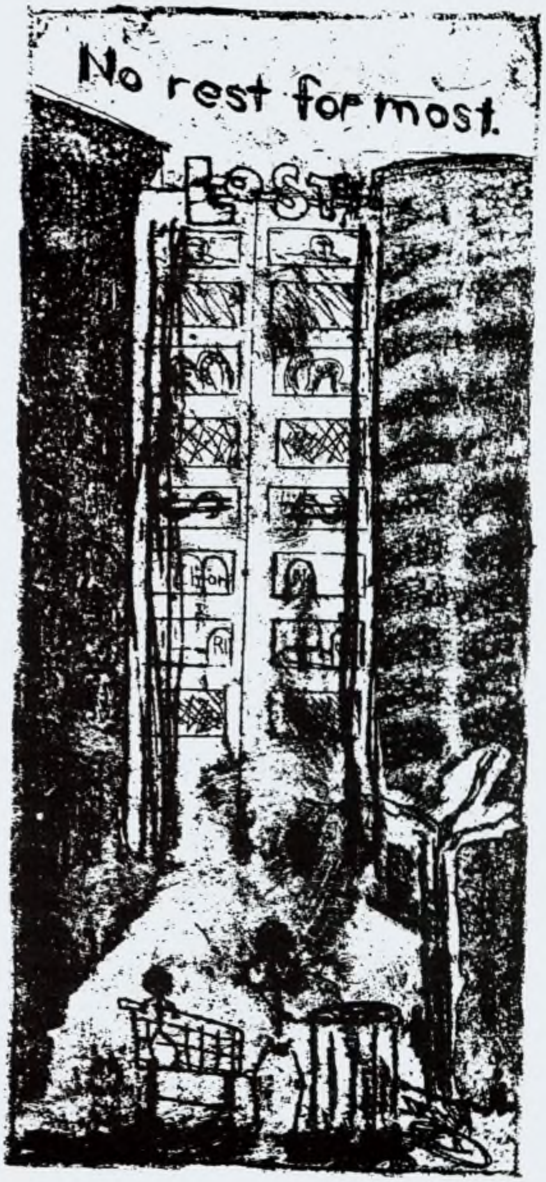

Latin American and Carribean Feminist Encuentros

The Latin American and Caribbean Feminist Encuentros *have played a catalytic role in making the needs and requirements of Latina lesbians visible and in strengthening Latin America's feminist movement. They are also part of the few organized efforts that enable Latinas from both Latin America and the USA to come together to share experiences. However, it is my observation that conflict based on lesbophobia and heterosexism, and ethnic, race, and class differences, has created a rift between alliances of women of Latin-America and Latinas from the USA. In my judgement this rift serves to disempower both the feminist and lesbian movements in Latin America. This article addresses the socio-political conditions under which Latina women from the USA and from Latin America live. Understanding the differences may offeropportunities for greater understanding so that conflict may be transformed into empowerment.*

by
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Introduction

The Latin American and Caribbean Feminist *Encuentros* are of historical importance to the empowerment of the feminist movement of Latin America. They represent one of the few organized efforts that enable Latinas from both Latin America and the USA to come together to share experiences linked to social group membership (ethnicity, race, class, etc.). The Latin American and Caribbean Lesbian *Encuentros* have subsequently played a catalytic role in making the needs and requirements of Latina lesbians visible and in strengthening Latin America's feminist movement. However, it is my observation that conflict based on lesbophobia and heterosexism, and ethnic, race, and class differences, has created a rift between alliances of women of Latin-America and the Latinas from the USA. In my judgement this rift serves to disempower both the feminist and the lesbian Latin American movements.

Historical Background of the *Encuentros*

Latin American nations have historically been politically and economically vulnerable. Thus, Latin American women share with women from other Third World nations common legacies of social, economic, and political conditions, and cultural ideologies, status, and role (Boserup, 1985; Miller, 1991; Sein & Grown, 1987). The feminist movement of Latin America has proposed that economic dependency, poverty, and colonial relationships with advanced Western nations are key to understanding the conditions in which Latin American women live. Furthermore, patriarchal ideologies characterize women's lives. Among these ideologies are traditional norms and values about women's social status and economic role; little access to formal political structures and educational resources; the unequal division of labor and the exploitative nature of women's work (Carner, 1987;

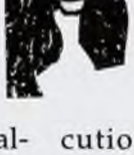
Bose & Acosta, 1995; Deere, 1976; Nash, 1995; Safa, 1995; Stoltz-Chinchillas, 1991; Vasquez, 1994); racism directed primarily at women of color (i.e., of native and African descent and Mestizas); and the historical heritage of *machismo* and *Marianismo*.

In the early 1980's Latin-American feminist women began to empower themselves by organizing biannual, region-wide Latin American and Caribbean Feminist *Encuentros* (Navarro, 1982). These have offered women a vehicle for becoming politicized and for developing strategies to fight against prevailing sexism, racism, economic disparity, neocolonialism, and political repression in Latin America.

The *Encuentros*: A Personal Testimony

The Peru *Encuentro*

In 1983, I attended the second Latin American and Caribbean Feminist *Encuentro*, held in Peru. It marked my first experience participating in a Latina women's event. As I grew up in rural Puerto Rico, my awareness of gender oppression was a slow and often frustrating personal process. I remember my first experience at this *Encuentro* as one filled with excitement and pain. My excitement grew from the opportunity to unite with Third World Latina feminists and to search for a space to secure support and develop ties of solidarity with other Latina lesbians. The pain grew from noticing that lesbianism was absent from the *Encuentro's* program and that the level and manifestation of lesbophobia was rampant and overwhelming. Prior to attending the *Encuentro*, I was intellectually aware of the oppressive and repressive conditions that sexual minorities live under in Latin America. In Puerto Rico, as well as in many Latin-American countries that I am familiar with, lesbianism is a shameful illness or something to be kept secret and invisible. More important, I knew that coming out is not a choice because of existing forms of repression, persecution, torture, and, in some countries, violence. In spite of the potential risks involved, many lesbians, most of whom were from the USA, chose to come out at this *Encuentro* because we felt a need to be visible, to fight against lesbophobic values and attitudes, and to support the women who were unable to do the same.



The news spread quickly about who the lesbians were and it did not take long before a wave of oppressive behavior based on fear, rejection, and mistrust was displayed. For example, many heterosexual women broke into tears as feelings of fear overcame them. Some threatened to leave the *Encuentro*, while others refused housing with the lesbian participants. In response to the resulting chaos, some of us proposed and facilitated a workshop on lesbianism. That approximately two hundred women attended the introductory workshop was interesting. The workshop served as a ground-breaking experience and a historical moment for the Latina lesbian movement. It also informed the feminist movement, prompting a beginning effort at inclusion and solidarity.

The Brazil *Encuentro*

The subsequent feminist *Encuentro* was held in 1985 in Brazil. The organizers officially included a series of all-day workshops on lesbianism. These were not conflict free. However, they were well attended and offered a space for dialogue between the heterosexual and the lesbian women. One major accomplishment of the *Encuentro* was the formation of a discussion group, led by women of various lesbian organizations from Mexico, to organize the First Latin American and Caribbean Lesbian Feminist *Encuentro* in Cuernavaca, Mexico. It took place in 1987, a week before the Fourth Latin American and Caribbean Feminist *Encuentro* held in Taxco, Mexico.

The First Lesbian Feminist *Encuentro*: Mexico

Once again, I felt great enthusiasm about being part of a social movement that unified us as Latina lesbians. Furthermore, the idea of forming and being a member of a Latin American Latina lesbian network (*La Red*)—which the organizers proposed—meant an important process of political and social empowerment for me.

However, conflict between the women of Latin America and the Latinas of the USA surfaced, taking over most of the conference schedule. Given that this time the women were all lesbians, for many women this rift felt more painful than the original lesbophobic rift. It appeared that Chicana women were affected the most. The new sentiment was a result of a closed meeting, which focused on keeping the USA Latinas from participating in *La Red*,held by the Mexican women. The result was four days of conflict, a series of discussion meetings, and the need to employ a participant who was an expert in conflict resolution to guide the discussions. By the end of the *Encuentro*, and in spite of the conflict, different workshops took place, some women formed new alliances, and many embraced the conflict as a learning process. This process grew and at the Fourth Feminist *Encuentro* that followed in Taxco, many lesbian women worked together to create and facilitate a workshop on lesbianism.

The Second Lesbian Feminist *Encuentro*: Costa Rica

The next lesbian *Encuentro* was planned for 1990 in Peru. However, the early momentum did not last. Many of the Peruvian organizers began to receive death threats from both ultra-right and ultra-left political groups and they moved the conference to Costa Rica because of potential violence against the participants. The organizers assumed that Costa Rica, with its history of democracy, liberalism, and no army, was a perfect choice. The city of San José had a large and active lesbian organization called *Las Entendidas* and a lively gay community. However, a week before the *Encuentro*, local newspapers published a series of sensationalist stories and editorials with leads such as: "An invasion of 150 foreign lesbians, along with a group of Costa Rican lesbians is expected. They will corrupt and pervert the minds of innocent young women," and "Lesbians coming to Costa Rica to have a satanic orgy." Initially, some of the women who arrived in Costa Rica denied the possibility that such a level of homophobia could exist. After all, Costa Rica was celebrating 100 years of democracy.

Nevertheless, the uproar and anti-lesbian hysteria that the press and the church had created pressured the government to try to stop the conference. Since the government officials did not know who the organizers were or where we would hold the conference, they went on to enact a law prohibiting entrance into the country to anyone considered "undesirable." This meant not only controlling who entered the country, but deporting those suspected of being lesbians. In spite of the danger that the conference posed, the organizers decided to hold it in a secret location. The repression forced us to go underground, pledge secrecy, and agree to remain on the premises until the *Encuentro* ended.

The *Encuentro* offered a range of workshops and social activities held in a climate of harmony. Support and nurturance were displayed between the women from Latin America and Latina women from the USA. However, this harmony was severed when on the last night of the conference, a group of men in trucks surrounded the location and began to shout obscenities and threaten to attack. The fear continued until the next day when everyone could leave, due, in large part, to the help of the rural town police.

In spite of the lesbian baiting, the *Encuentro* ended with a strong sense of solidarity between the women. Because of the vulnerability that coming out in public posed for the Latin American women, a group of foreign women called a press conference. They denounced those individuals and policies that created the situation of fear and violence. The press conference was a great opportunity to organize for the civil rights of gay, lesbian, and transgender men and women. Moreover, the print media and TV news responded well, presenting a less distorted portrayal of lesbianism after some women filed a formal complaint with the United Nations Human Rights Commission.

The Third Lesbian Feminist *Encuentro:* Puerto Rico

In 1992, Puerto Rico sponsored the Third Latin American and Caribbean Lesbian Feminist *Encuentro*. One hundred sixty-one lesbians attended. Sixty-one of the participants were Latinas from the USA, sixty-eight from Puerto Rico, and thirty-two from different Latin American countries. The *Encuentro* was very well organized with a series of structured workshops and events. However, the conflict between USA and Latin American lesbians once again surfaced and found its way into various workshops. The "they" and "we" rift (called *la grieta*) created an emotional whirlpool for all of the participants. *La grieta* was particularly painful for the women from Puerto Rico, many of whom felt torn between both sides of this division because of the USA colony status of the Island.

Beacause of *La grieta*, the conference schedule was changed to fit the creation of two separate workshops, one for the Latin American women and another for the Latinas from the USA. Two women from Los Angeles, one woman from Washington, one woman from Miami, and I facilitated a workshop to discuss and process feelings and to negotiate the political and emotional controversies that had surfaced. The reactions of most of the women were similar to those that I experienced during the *Encuentros* of Peru and Mexico. The women felt rejected and hurt by some of the accusations made by the Latin American women about their privilege as lesbians from the USA. While many of the feelings of pain and anger surfaced in an excitable manner, fortunately a subsequent workshop brought both groups together to discuss sources of conflict and differences. Versions differ as to the outcome of this interchange. However, I observed that by the end of the *Encuentro*, many women appeared to bridge some of their ethnic, class, political, and ideological differences and appeared more interactive.

The Fourth Lesbian Feminist *Encuentro:* Argentina

The most recent lesbian *Encuentro* was held in 1995 in Argentina. The representation of Latinas from the USA was poor. Providing a precise explanation for this is difficult, but assumptions may be drawn. Traveling to Argentina from the USA is very expensive, and the registration cost for Latinas from the USA was much higher than that for Latin American participants. While the organizers of the Puerto Rico *Encuentro* promptly provided the Argentina organizers a mailing list, those of us from the USA did not receive the information until late. Also, it would be safe to assume that the rift that continues to exist between Latin American and USA women had had a disempowering impact.

Discussion and Meaning

In order for me to understand and deal with the rift that has surfaced numerous times during the *Encuentros*, it is important to recognize the existence of significant differences between the experiences of Latina women. Varied cultural and racial heritages, mixed social, economic, and political realities and ideologies, as well as regional differences, contribute to the widely diverse formations of contemporary Latin American countries and of Latino communities in the USA. Latina women, both from Latin America and the USA, reflect this heterogeneous reality. In addition, Latina women who have immigrated or are USA-born present differences due to social group membership and to levels of ideological awareness and political exposure to issues of ethnocentrism, racism, sexism, and heterosexism. The *Encuentros* reflect such differences. Moreover, I have observed that the interactive and peer-led open-debate format of the *Encuentros* seems to draw two types of reactions. One is the potential for conflicts based on ignorance, intolerance, and the belief of hierarchies of oppression. The second is—in the spirit of solidarity—to deny that differences exist and that conflict should be avoided.

In my opinion, while conflict around differences is often accompanied by painful feelings, it is often necessary. Conflict, when managed within a framework of empowerment, may be of great importance to any process of group development and conscientization. Conflict offers opportunities for addressing and celebrating differences, as well as becoming politicized.

While developing awareness, one must recognize that gay men, lesbian women, and transgender people, particularly those who live or come from societies with a history of violation of human rights and of hate crimes, face manifestations of oppression that are more severe than those encountered by people who have access to more validating types of environments. It has been my experience that in Latin America, being able to come out is extremely dangerous, if not impossible. Many gays and lesbians today continue to witness the horrors of repression. For example, in some regions, gay and lesbian bars continue to be raided despite financial compensation to police officers to stay away. Gays, lesbians, and transgender people have reported violence and gang rape by police and the military. There have also been reports of death.

I have come to view the rift of the *Encuentros* as indicative of the complexity of the varied nature of oppression faced by Latina lesbian women in the USA and in Latin America. I believe that women who come from extremely oppressive environments often experience the *Encuentros* as a safe place to share and develop consciousness about their realities as oppressed populations. Thus, while healing, some women may lash out against others who may be different from themselves or whom they may perceive as more privileged. I have noticed that many lesbians, particularly those who do not have a supportive Latina community, attend the *Encuentros* in hope of finding longed-for connections and solidarity. Expectations can be unrealistically high and when they are unmet, frustration and anger can emerge. The baggage carried from patriarchal, homophobic, heterosexist, and colonial homelands is too enormous and deep seated for such a magical resolution.

I believe that it is important to recognize that conflict over differences often grows out of ignorance and assumptions. In my observation there is often a lack of knowledge, and stereotypical assumptions are made about the history and the life conditions of different social group members, both from Latin America and from the USA. Ignorance about social movements may also present a problem in cases where, for example, a person from Latin America assumes that gay and lesbian Latinos hold positions of power in the gay and lesbian movement in the USA when, in fact, the contrary serves to be true.

Drawing from my own experience, I have noticed that many Latina lesbians from the USA have more access and exposure to information about and resources on institutionalized heterosexism, racism, and classism than their Latin America counterparts. While written material on Latina lesbians is frequently unavailable and hard to publish, many Latinas from the USA have more access to literature on lesbianism. I want to also note that supportive services such as self-help groups and culturally competent psychotherapy exist. Moreover, identifiable sexually diverse communities that promote a gay-friendly environment are often a reality in some regions of this country. Unfortunately, during the *Encuentros* I often observed some of the USA Latinas using these privileges to measure and judge the experiences of Latin American women. I have also observed competitiveness, arrogance, and attitudes of superiority when describing resources or information about social movements, organizations, and communities in the USA.

In my judgement, it is critical that issues and behavior, which denote respect and sensitivity, are addressed in understanding the conflicts that may exist between these two groups. I thus suggest the use of the method of *conocimientos*, or dialogue groups, where different participants share their personal life experiences in order to enhance open communication and decrease intolerance and stereotyped assumptions about who we are. For example, this method may enable Latinas from the USA to learn about what Latin American women may perceive to be their power or privilege. Moreover, Latin American women, both heterosexual and lesbians, may listen to USA women regarding their marginalized status in the USA without comparing oppressions.

Conflict resolution skills and clear ground rules may also be helpful tools during the *conocimientos*. These may help bring issues of differences out in the open and manage disagreements and confrontations if they arise. The use of a framework grounded in the concepts of empowerment and conscientization is also a useful mechanism for creating awareness and respect.

While the *Encuentros* have often made me feel frustrated, I also recognize the opportunity that they have offered me to understand our struggles and how we have often been pitted against each other due to our own realities with internalized oppression. In my judgement, the lesbian and gay movement of the USA must gain an interest in learning more about the social realities and conditions of sexual minorities from Latin America, especially those that represent populations at risk. Furthermore, Latin American women, both heterosexual and lesbian, must understand that they are not the only victims of oppression and that hierarchies of oppression serve to create antagonism and prevent our joining in a united front.

In coming together as a unified front, I suggest that people of both dominant and marginalized social groups form alliances and learn ways to share power and privilege. For example, it is critical that those who have access to mainstream institutions and resources work together to organize international forces and support the struggles of Latin American oppressed population groups. In many Latino nations, violence has become an every day affair. Many gays and lesbians live without hope or the possibility of having their pain seen or shared. Professional organizations and human service institutions, especially in the field of social work, must join forces with other groups by building skills and coalitions to work with sexual diversity and by using their personal, institutional, and international expertise and resources to fight these and other injustices.

It is only in this spirit that pro-feminists, transgendered people, and feminist lesbians of the Americas will some day discover a safe space for sharing with each other in empowerment and will welcome conflict simply as an opportunity for growth.☐

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Not the Time: A Personal Reflection on Counseling Families on End-of-Life Decisions

"Not the Time" refers to my experience as a medical social worker in assisting families as they face decisions about removing life-supports of a terminal ill family member. This story comes out of: my struggle with these decisions; my strong disagreement with Dr. Kevorkian; and my concern with what I perceive as our "cultural obsession" with denying our own mortality. The unintentional outcome of writing this narrative resulted in resolving my ambivalence toward physician assisted suicide.

by
Karen Neuman

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Introduction

As a hospital social work director and medical social worker, I became interested in the use of narrative in working with profoundly ill and disabled clients. I found that an episode of illness typically constituted a significant chapter in people's life stories and, often, even the last chapter. Narrative techniques permitted me to assist patients in beginning to make sense of their illness, disability, and hospitalization. Because I was so impressed with the power of narrative in my clinical practice, I thought that narratives might be useful as a teaching tool for me in my part-time work as a social work instructor. As a result, I began to experiment with the use of practice narratives.

The impetus for my writing this particular narrative was two-fold. For some time, I had been struggling with my feelings about taking people off life supports and somehow I needed to find a way to deal with my feelings. In the past, it was very difficult to terminate life supports once they had been initiated and to do so often required a court order. However, the medical, legal, and socio-political climate had shifted and now terminating life supports was being done with increasing regularity. My role as the medical social worker often involved approaching and guiding families through these kind of end-of-life decisions. I was becoming more and more troubled because it seemed that more often than not, my families would end up deciding to terminate life-sustaining care. While I almost always concurred with this decision at a personal level, I was concerned that perhaps I was influencing families in some way I was not aware of and would not consciously have intended.

Secondly, I had recently completed my doctorate and, after teaching as a part-time instructor for a number of years, was now prepared to move into academics full time. I was interviewing with a number of universities at CSWE's Annual Program Meeting, which is a narrative in itself. The Chair of one personnel committee had been a hospice worker for many years and repeatedly and quite forcefully asked my opinion of physician-assisted suicide. It was very awkward for me and I can't remember what I said. The interviewer then enthusiastically indicated her support of assisted suicide and proclaimed, "In my book, Dr. Kevorkian is a saint!" Well, I may be ambivalent about assisted suicide, but I know for sure, Dr. Kevorkian ain't no saint. Being from Michigan, I hear regularly about his activities which seem to be spiraling out of control. I continue to be appalled at his practice of dumping off the body of his "patients" at some hospital emergency room, or worse yet, leaving it in the parking lot or in some sleazy motel room to be found.

Somehow, these two dynamics converged and I sat down one evening to write. The story was written in a single, cathartic sitting. I felt a tremendous sense of relief when it was completed. By describing a few of the families I have worked with through the years, I was again reminded of the strength and fortitude that characterizes so many families. I came to feel that it was unlikely that I was unintentionally "steering" families to specific treatment decisions, but I also resolved to never lose sight of the significance of this kind of case: terminating life supports will never become routine for me. And, like most good journeys, the story had an unintended conclusion when I found myself unexpectedly resolving my long-standing ambivalence regarding the issue of physician assisted suicide.

The title, "Not the Time," refers to what I perceive as our cultural obsession with denying our own mortality. We lack adequate words and rituals to help us deal with our own impending deaths and the deaths of our loved ones. It seems as if it is never the time to talk about death and dying, even when staring it directly in the face. Through writing the story, I came to realize that if we could only find the courage to talk openly about death and to question our values and the need to extend "life" at all costs, we would have little need for physician-assisted suicide.

There are typically many points throughout the progression of a chronic or terminal illness for the patient, family, and medical team to talk about death and dying, but more often than not, we seem to miss the opportunity. While no one has a crystal ball to predict the outcome of various medical interventions nowadays, there really is a level of sophistication in anticipating some consequences under certain conditions. For example, the prognosis is poor for a life-threatening event in a person of advanced age with multiple chronic diseases, perhaps in conjunction with the failure of multiple body systems and coupled with likely hospital acquired infections.

But, unfortunately, so many families feel that they have failed their loved one if they have left any possible stone unturned. Patients, families, and physicians get caught up in a "let's try this, let's try that" mentality. They make isolated treatment decisions and avoid the larger questions. This strategy often takes on the characteristics of a defense mechanism, rigid and impenetrable. As long as the doctors are doing something, the family is permitted some hope and avoids acknowledging helplessness. Doing something, however intrusive, is better than nothing. This natural tendency is reinforced by our culture's unabashed and occasionally misplaced faith in the medical profession and the advances in medical technology.

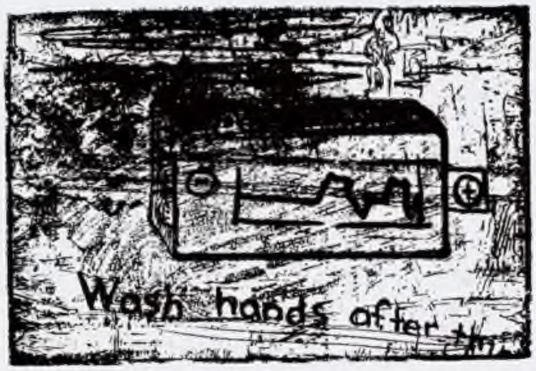
Through writing the story, I came to realize my deep scepticism of contemporary health care. While I honestly admire and respect physicians at many levels, I consider the medical profession to be the equivalent of a contemporary theocracy. Like priest cultures and primitive civilizations of the past, physicians are a select and private group, representing the pinnacle of status in our society. They have a language of their own, and their practices seem "secret" and "mysterious" to the lay public. They consume public and private resources in the performance of their duties, but are notoriously resistant to public scrutiny. In short, they are perceived as God and do all too little to dispel this myth. At the end of the story, I realized that, to my mind, it is simply just too dangerous to give these people further authority and power over our lives and deaths by way of legally permitting physician-assisted suicide.

It is always a question of timing, always, and the time is almost always not yet. I have sat with these families, one after the other, like an assembly line, talking, talking, talking about the time.

Up at the intensive care unit, I look into each of the rooms through the glass window. I am looking for the young ones, the out-of-place ones. Up here, it is youth that is out of place amid the hissing and pumping machines, the endless yards of clear tubing and bags filled with colors, the colors of body fluids: the obvious reds and not-so-obvious browns and golds and greens. I look for the young ones because they are often here in failed suicide attempts, less often in accidents, and, thankfully, even less often in the end stages of terminal disease. I've stopped looking for the gray and balding heads of the older men and the blue-white hair of the older women because it is all right, even expected, that they be here at some time.

I worked with a really fine nurse who knew a lot about the breathing machines and the knobs and buttons that mixed the proper amounts of oxygen and carbon dioxide and how fast and how hard the machines pumped to keep the lungs inflated. We had been doing this a long time and had seen the changes over the years. Not so long ago, the breathing machines were big and cumbersome and loud, not like they are now, small and compact like your dishwasher or some other functional appliance in the corner of your kitchen.

We would sit with these families and discuss whether or not this was the time and this nurse would explain all about the machines and what happens when they were turned off. She would explain how we turned the machine down slowly, slowly, slowing the pumping and the flow of oxygen. As the carbon dioxide increases, it has a calming effect that creeps like a sleepy sedative. Then, at some point the machine is off. We're really just allowing nature to take its course. We say it's not up to the doctors anymore; it's in someone else's hands. We don't say who, leaving this up to the family. Sometimes the patients begin breathing on their own. Mostly they don't, because you don't usually start talking about this, about "terminal weaning," unless you're pretty damn sure there isn't much hope, but sometimes they do keep breathing and it just goes to show you, you can never be really sure.



After the technical piece comes my part and, forgive me, but it never ceases to amaze me that people are so surprised and shocked to find themselves here, talking like this, even when the patient is 90 years old and has had half a dozen strokes or heart attacks or whatever it is, or is all curled up in a ball with some kind of dementia and has been in a nursing home for years– it is still a surprise to be here talking like this. So I try to understand the family's history, the relationships, and what the patient would have wanted. Did they ever talk about this? Well, no, it was too soon, too unexpected, too difficult. It was not the time. Have they talked with their pastor or priest or rabbi, because perhaps there are some permissions or prohibitions or answers on this somewhere, and I know I sure don't have any.

I ask about what the patient was like before all of this, trying to understand the part of the person that still remains, there in that bed. When I was younger, and there was more time to work with families in the hospital, I would ask for a picture of the patient when he or she was healthy. The families would inevitably bring in some carefully selected photograph, like some secret code, telling me something they did not have the words for. My favorite picture was of a young guy, about fifty, who was dying of alcoholism. Now, this is a really bad way to go because all your organs shut down one by one, even your skin, until you look like some kind of dummy or mannequin with hair plastered on it and even the bones of your face show through, exaggerating every expression and smile into some grotesque caricature. The picture showed him at his son's graduation party, standing at the beer keg. We sent him home for the weekend, and we spent a lot of time with his wife teaching her how to take care of him. He couldn't swallow and needed to be fed by a tube, so we showed her how to do that. She had given up driving, so we taught her how to do that too, just so she could take him home.

He returns home and comes back with an aspiration pneumonia, which is what happens when food goes down the wrong pipe and ends up in the lung, which gets infected. His wife had fixed him all his favorite foods, including fried chicken, which he could not eat but did. He caught pneumonia and died.

There were three of them this day. It was a Thursday, because the doctors were getting antsy about doing something before the weekend in hopes of avoiding any excessive lengths of stay being logged in against their secret physician code numbers, which we're not supposed to know about but we all do. So we got our computer printouts that day with our orders to discuss terminating treatment, hospice care, or 'do not resuscitate' orders with the families who did not think it was yet the time. The families are usually considered "unrealistic" at best and "difficult" at worst and the nurses give us the inside scoop on who's fighting with whom within the family and who wants and doesn't want what.

The first lady wasn't that old, maybe seventy, and every artery in her body was clogged up. There wasn't much we could do unless we could do a total body endarterectomy. This was kind of a joke at first because an endarterectomy is when they take a little tube and insert it into the carotid arteries in the neck to dislodge the fatty gunk that is preventing oxygen from getting to the brain. Trouble is sometimes the fatty gunk gets loose and goes to the brain or to the heart causing a stroke or something else, and, also, the surgeons don't do it as much as they used to. So a total body endarterectomy would be like 'blowing out' (that's what they call it) all the gunk in all the veins and arteries in the body, which would probably be impossible and certainly unwise.

So this nurse and I met with this family, it was a whole entourage. Someone had been drinking, and the smells of alcohol and of tobacco and of hard physical work filtered into my tiny, cluttered office. I opened the door, forsaking privacy for air, to dispel the smell. One daughter, extremely thin and blonde, kept getting up to have a cigarette. The son sat shaking his head, silently and slowly. We gave them the pitch, about how there wasn't much that could be done and all, and how could we help them make the most of their mom's remaining time? Well, one of the daughters says that they have found a university hospital across the country that is doing this total body endarterectomy procedure on an experimental basis and would we please make all the arrangements to fly her mother there? The nurse and I have never heard of such a thing and we call the hospital and find out that they do in fact do this procedure and are expecting the patient. The hospital asks us to remind the family that this is an experimental procedure, and that the chances of surviving the operation are less than five per cent, but that even if she dies she will have made her contribution to the advances of science and medicine and all that.

We go back into the room to talk to this family, this family, and tenderly I ask if this is what they really want, if this is what the patient would have really wanted, to be flown thousands of miles away from home for this highly experimental medical scheme. I am picturing this roly-poly, blue-white haired grandma on a stainless steel surgical table where it is so very cold and so far from home. But they are resolved, because if they leave one stone unturned they will have failed their mother, and they have to try everything, possible or not, in order to live with themselves.

So I do my job and make all the arrangements and the whole thing is going to cost about $90,000 billed to Medicare and the U.S. taxpayer, but this is my job and it is not to judge and sometimes not even to think rationally. After I'm done and this woman is on the first and only helicopter ride of her life, this big son takes me gently aside and whispers his thanks, that he knows what I am trying to say, and that he knows his mother will probably die there on the operating table but that he is not strong enough to stand up to the rest of the family even though he wishes he could. I am again reminded that my lessons in humility come most often from sources unexpected. Later, this son is kind enough to call me back and tell me that, of course, she died there on the table, that it was her time, and that the family is so glad they gave her a last chance. I want to ask at what, but don't.

The second family is with a patient who has TB and it's eating up his brain now and they've already operated twice and taken out as much of the brain as they can but they can't take any more out or there won't be any left. Before this, I didn't even know that TB could eat out your brain. He's on a breathing machine and we have to give him big time drugs to force his heart to beat. The doctors finally stop the drugs believing that his heart will surely stop, but it doesn't, and he's been here in the hospital for five months in a persistent vegetative state. If you've ever admired the absolute vulgarity of describing a human being as a vegetable, you can credit the medical profession with the term: persistent vegetative state.

We talk to the family about turning off the machine and we give them the standard counsel, but the sister starts getting really agitated. We stop and ask her to tell us what's wrong and she starts talking about us white folks trying to play God and determine when and how black folks are going to die. She says that God put her brother on that machine and for all she cares he can personally come down from on high and unplug him himself but this family is not ever going to let any white folks pull the plug on their brother. There isn't much more the nurse and I can say at this point, so the patient's still here and now he's got bedsores all over the hills of his vegetative flesh eating him from the outside in while the TB eats away at the inside.

The third family is one we have known for a long time because the patient has had cancer for many years and truly has fought it bravely and with dignity. Now it is all over his body, encroaching on his brain and liver and lungs, and he is on the machine and we can't get him off. So this nurse and I talk to the family, and we talk this time about how it is OK to give up the fight now, and we sincerely acknowledge this man's dignity and courage for fighting so long. The one daughter says there is another daughter who is a missionary somewhere in British Columbia and we need to talk to her too. So Saturday morning I call her from my home because she can't afford to call me and this is the only time we can talk. As I'm sitting on the floor of my kitchen behind the counter trying to cut down some of the noise from the cartoons that my seven year old is watching, I talk to this woman missionary about pulling the plug on her father. We spend nearly an hour on the phone (and I'm trying not to worry about the bill because I'm not sure the hospital will pay me for this) and I'm doing my best to explain all the technical stuff that this nurse usually does. Feeling really inadequate, I tell her it doesn't hurt, at least we don't think so. I hang up the phone, not sure what was accomplished, and forget about it until Monday morning when I go into work and find the family in my office, all ready to pull the plug.

I call this nurse and we talk to the doctor and we all go up to the room to do it. At this time, there aren't any forms or anything to sign because we're not all that sure that we want anyone to really know what we're up to. The Right to Life activists have been known around here to protest at hospitals and nursing homes and it's just better to be sort of quiet and unofficial about this. The doctor starts turning down the machine every fifteen minutes or so until it is completely stopped, and we admire the silence for a while. The whole thing takes about two hours and the whole time this gentleman looks like he is sleeping instead of slipping. Usually, the patient doesn't start breathing on his own and he passes a few minutes after the procedure is done. I sit with the family the whole time, and sometimes they cry and sometimes they whisper and I am trying not to think of the two hours of work I am not getting to and force myself to think that this is probably the most important and serious event in the life of this family. Then I realize this is a pretty serious event in my life, too. I try to think of comforting things to say, feeling stupid doing things like offering coffee and tissues. Afterwards, I take the family down to the chapel and sit with them a bit longer, but I really can't sit here any more and have to go. The family thanks me profusely and even sends a thank you card and for days the nursing staff on the unit thanks me for being such a help and a comfort. I keep feeling like I didn't do anything but help pull the plug and I'm just not sure how I feel about all this.

In the meantime, Dr. Jack has killed ninety-something people in the back of a van or motel room, dumping the body off at the hospital down the street from here and I'm just glad it's not my hospital. I've decided that whether or not it turns out to be the time doesn't really matter. But if we stop talking about the time, we start driving around in beat up vans and end up in Motel Sixes with some crazy guy and his tubes.☐

A Narrative Interview with Ann Hartman
Part One: Becoming a Social Worker

Ann Hartman has been a major figure in the field of social work as a practitioner, educator, author and leader in professional organizations. This narrative interview describes her process of becoming a social worker and the influences of family, friends, teachers, colleagues and significant experiences on her career.

by
Joshua Miller, Ph.D.

Joshua Miller,Ph.D., Associate Professor and Chair of the Social Policy Sequence, School for Social Work, Smith College.

INTRODUCTION

Ann Hartman, social worker and social work educator, has had a long and distinguished career that began nearly 50 years ago when she worked as a foster care worker at Summit County Child Welfare Board in Akron, Ohio. In this brief introduction I will be able to highlight only a few of her many accomplishments.

Ann received her B.A. from Wellesley College in 1947, her M.S.W. from Smith College in 1954, and her D.S.W. at Columbia University in 1972. After receiving her M.S.W. she held a variety of positions as a social worker in agencies that served families and children and in community mental health. She was the executive director of Southeast Nassau Guidance Center, Long Island, New York, for eight years and co-founded the Ann Arbor Center for the Family, where she worked for a decade.

Ann continues to have an active teaching career, which began as an Associate Professor at Fordham University School of Social Service in 1969. She was a professor at the University of Michigan for 12 years and served as Dean of Smith College School for Social Work from 1986 to 1994. She is still teaching at Smith College and has returned to her teaching roots at Fordham University as a Visiting Distinguished Professor.

Her contributions to the profession are far too numerous to describe in their entirety. She served as the Editor-in-Chief of *Social Work* from 1989 to 1994 and has held high-ranking positions in the Council for Social Work Education (CSWE), the National Association of Social Workers (NASW) and the American Orthopsychiatric Association. She is an approved supervisor for the American Association of Marriage and Family Therapy (AAMFT), and was a charter member of the American Family Therapy Academy (AFT). She has received honorary degrees from Tulane University and Smith College, and awards from the University of Cincinnati, Case Western Reserve University, NASW, and CSWE.

Ann has had a prolific writing career, publishing articles, essays, monographs, books, and research reports both as a sole author and in collaboration with others, most notably her life partner Joan Laird. She has published over 55 articles and book chapters and has written and edited seven books and monographs. Ann has also contributed articles to the *Encyclopedia of Social Work* and the *World Book Encyclopedia*.

Ann maintains an impressive level of quality and demonstrates an immense range of scholarship throughout her voluminous portfolio of written work. She has written about casework treatment, families and family therapy, historical articles about major figures in social work, child and family welfare, and more recently essays and reflections about various aspects of public policy and professional issues. She and Joan Laird have been instrumental in importing post-modern theory into social work, much as they were pioneers in integrating family systems thinking with social work practice nearly 20 years ago. Ann has recently written about issues affecting gay and lesbian families. Although a rigorous scholar, Ann once wrote an advice column for *True Love Magazine*.

Ann Hartman has been a dedicated and committed social worker and social work educator throughout her career and certainly a leader and major figure in the profession. She has brought passion and professional rigor to her work. For a person who has accomplished so much, however, she is always approachable, accessible, informal, and modest.

I had the pleasure of beginning my full-time social work teaching career at Smith College while Ann was still the Dean and have valued her leadership, mentoring, and support.

Ann Hartman

I interviewed Ann on three occasions at her home in early 1998. The sessions were tape recorded and transcribed. I edited the resulting texts with Ann's consultation. The interviews followed a three-part interview structure developed by Seidman (1991). The first interview, which follows, focusses on what led Ann to social work and how her personal life and values intersected with her professional life. The second and third interviews, which will be published in the next issue of *Reflections*, will focus on her experience of being a social worker and social work educator and the meaning that this has had for her.

I have added words and phrases in brackets to convey context and meaning that might have been missing from literal transcripts of our conversation.

It has been a privilege to have interviewed such a wise and special person who has had such a remarkable career.

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Seidman, I.E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social services.* New York: Teachers College Press.

The Interview

Part One: Becoming a Social Worker

Josua Miller: Ann, when you reflect back to your childhood and to your family life, can you recognize the seeds of your career?

Ann Hartman: Oh, absolutely, you know how that is. You are the son of a social worker, I am the daughter of a social worker. And it really goes back before my mother. My grandmother was an active volunteer social worker. At the turn of the century she was head of the Methodist Home Missionary Society of her church, helping the poor in Chicago. She did not approve of Jane Addams, her contemporary, however, because she felt all charitable activities should be under the auspices of the church. Jane Addams was my mother's ego ideal and when she was a little girl she said, when she grew up, she wanted to be like Jane Addams. So this was an interest always in her life and her mother's life. And interestingly enough, when I found my great-grandmother's obituary it said if anybody had any troubles, they knew they could go talk to "Sister Beca." She was a farm woman down in southern Illinois and she was my grandmother's mother. So I think I come by it honestly.

When I was a child my mother worked in a family agency in Rochester, New York. There were some interesting connections there. During the depression, I used to ride around with her on Saturdays, because I didn't go to school and I needed sitting. And she would deliver checks and money and emergency relief to the families, and I would sit in the car. So I had a lot of exposure, although I did not want to be a social worker. I remember in my teenage years, I was very critical of mother's work because I said that individual work with families was just smoothing over the real social problems and the only thing that really mattered, really, was social change. So I was very critical of this retail method. I was not going to be a social worker.

J: When you say you were critical of it, it sounds like you were saying it wasn't changing society. How did you come to that position at such an early age?

A: My family was always politically very progressive. My grandmother's first cousin was William Jennings Bryan, so they were old mid-western populists. My grandfather was an attorney, and he was always on the side of the underdog, in Chicago. It just was a family that came from that tradition. Nobody was in business, they all were in service professions. They were teachers, dentists, lawyers, journalists.

J: What did your father do?

A: My father was a chemist. That's the other side of the family that I was less influenced by. I was much more influenced by my mother's side.

J: Why do you think it is that you were more influenced by her side?

A: My parents separated when I was eighteen months old. I had some ongoing contact with my father, and in many ways I am a lot like him; he ended up an administrator of a large scientific program. He was the head of the organic synthesis laboratory of the Eastman Kodak Company. But I had more exposure to and was much more identified and influenced by the values on my mother's side.

J: Were there certain values that your mother or grandmother conveyed to you?

A: My grandmother died when she was quite young, but my mother certainly conveyed values and a political perspective. The patron saints of our household were people like Bertha Reynolds and Franklin Roosevelt and Eleanor Roosevelt. And there were other social attitudes and values. One of the major things I remember her saying so often was "There but for the grace of God go I." That there is really no difference between us and her clients in trouble...we are just luckier. The other value was the obligation to use your abilities and talents for a social purpose. There was no question about that. If you were privileged by having abilities and talents and opportunities, you were obligated to make use of those for social purposes. She wouldn't have probably said quite that, in that language, but that's exactly the message that was always communicated.

J: So you were influenced by your mother basically, but had on-going contact with your father. You were saying that when you were a teenager, you were sure you were not going to be a social worker, and yet now as you look back, it is very clear that there were at least two generations ahead of you, before you, that led to this. So what did lead you to social work?

A: Well, I suppose that's what led me to it, but I struggled for a long time. My older sister became a social worker. She went to Case Western Reserve.

J: What kind of career did she have?

A: She worked at a family agency all her life until she retired. At one point all three of us were working in family agencies. Mother was in Akron, I was in New York, and my sister was in Montgomery County Family Services near Philadelphia.

J: How did your academic studies influence your choice of career?

A: I was interested in painting and sculpture and perhaps in medicine but when I went to Wellesley College, I fell in love with philosophy. I took every course they had. I took 48 hours of it. Then I started graduate school at the University of Chicago in philosophy but after one year it became apparent to me (this was 1948) that nobody was getting jobs teaching philosophy. So, I decided this wasn't what I was going to do. And a friend of mine and I went out to Oregon and we built a cabin on the beach out there and taught school. I was out there for a couple of years. Then I came back home.

By then, mother had gotten a job in Akron, Ohio, as the head of professional services in a family agency. I was unsure about what I was going to do. I had been accepted at Berkeley to continue my degree in philosophy. There was also a temporary part time job open at the Akron public child welfare agency placing children for Christmas. I took the job and ended up working there in foster care for three years. I lived at home for these years and it was then that I decided to go into social work, or when I finally ceased resisting the pull to go into social work. But I continued to be interested in teaching. I had been planning to be a philosophy teacher and I think always, somewhere in the back of my mind when I went into social work, was the notion that someday I would teach social work.

J: What led you to Smith College School for Social Work?

A: My mother had gone to Smith in social work. I turned out to be the first second generation graduate of the school. The other thing is that Smith had an advanced standing program, which meant I would be out in two summers and a winter. And it was a top notch program. It was a logical choice.

J: Was it as clinical a program then as it turned out to be in the long run?

A: Probably it was, although Smith goes through its periods. When my mother was there, Bertha Reynolds was the leading faculty person and mother was devoted to her. During my period it was Annette Garrett who, although clinical in her perspective, also had a strong conviction about the social. In her own biographical article, she tells about her professional development, going back and forth between emphasizing the psychological and emphasizing the social. She was really quite socially oriented.

I still was strong on a social perspective. The reason I know that is just before I graduated, both the Community Service Society (CSS) and the Jewish Board of Guardians (JBG) tried to recruit me. That was back in the day when there was a shortage of social workers. I had interviews scheduled with both agencies and on my way down on the train, I read an article by somebody from JBG in *The Journal of Orthopsychiatry*. It was very clinical, very psychodynamic. I thought, "this isn't social work, this isn't what I want to do," and I called up JBG and canceled the interview and went to work at CSS. My mother was very much a social worker, and I think my perspective from the very beginning was to emphasize the importance of the social surroundings. I have been pretty consistent in this, but I think that we have become more sophisticated about the nature of that social surrounding and its influence.

J: So when you first went to Smith, did you have a clear idea in your mind about what kind of work you wanted to do?

A: I don't know, just work with people. I wanted to be a case worker.

J: But you still maintained this feeling of wanting to change society?

A: Well, but primarily to think about the social aspects of working with individuals and families too.

J: Back to your growing up. I recall once you and I had a conversation and you told me that when you were in school, as a child, you used to be very bored. Can you tell me more about that and what happened and how?

A: One of the things that happened was that my sister would come home from school and teach me everything she learned in school. She would play school with me. So she taught me to read and she taught me all the things that were going on in school. I couldn't wait to get to school. And when I went, I was so tall they put me ahead. I mean they let me in when I was four and they put me in first grade when I was five. But, I already knew the work they were doing. I was so disappointed, so miserable and bored. I remember watching the clock and seeing how long I could hold my breath while the second hand ticked around. By about second or third grade, I really had had it and I began to act up. I stopped paying attention and began to fool around and began to get into trouble.

J: So what happened?

A: I went to the "visiting teacher,"which is what they called school social workers in those days. Visiting teachers started in Rochester. I went to the school social worker, whose name was Helen Cohen, who was a friend of my mother's and happened to be a Smith graduate. They gave me psychological tests and found out that I was smart enough and I don't think they did anything else. So, back I went to school and finally when I was in sixth grade, my mother went to Smith to get her MSW. The writing was on the wall; people were not going to be able to continue to work in family agencies without a Master's. So, she went to Smith and Annette Garrett didn't think that she should be placed in Rochester, because she should have a new experience. She placed her in Chicago and of course we lived in Rochester. A young social worker and her husband came to live with us for that year in our house. But I did not take well to that separation.

J: So your mother was away for the nine month internship.

A: Garrett felt that social work education comes first, ahead of family, ahead of marriage, ahead of everything. Mother lived at Hull House in Chicago and was placed in the Institute for Juvenile Research. I went to visit over Christmas and stayed one night at Hull House, which I will always cherish. It was the year after Jane Addams had died, so she was not there, but the whole atmosphere was there. To continue with my school problems, that year I flunked out of school. I got all E's. I had had separations before, being away from my father, and then when I was three and a half, my mother developed tuberculosis and she was hospitalized for six months. So, I had had my share and I did not react at all well to that separation. My mother took me out to Harley School which was a very progressive private day school in Rochester, and they let me in on a scholarship. And I went there for six years and graduated. They saved my life. I don't know where I was headed in terms of education and the future. I guess that's another reason why I think the social environment is so important. I had these "terrible problems" and they disappeared in one day. As soon as I was in that school my problem was over. I never had another school problem.

J: So actually it sounds like that did shape your thinking and your values.

A: It could very well have. It changed the environment and I became a different person.

J: So you stayed there for six years and then went to Wellesley from there?

A: Which was a mistake probably.

J: Why do you say that?

A: You know, Wellesley at that time was quite rigid and a very different social world than the one I was used to. I came out of a progressive, liberal background—Harley School, my family, my friends and their families—and into the Wellesley environment. I had a very tough time because of the political and social differences that I felt from many of the other students. Eventually, I did find people with whom I felt comfortable, but it took a long time.

J: Were there any particular professors that had an influence over you?

A: Oh, yes, the whole philosophy department was very important for me. Virginia Onderdonk, Ellen Haring, and T. Hayes Proctor, mainly those three people. I had a wonderful education, but in many ways a miserable time [laughter].

J: A wonderful education and a miserable time.

A: In some ways a miserable time, but a wonderful education. I was taking all these advanced philosophy and social theory and biblical history courses. I would talk myself into advanced levels. During the last couple of years almost all my classes were senior seminars with five or six people. I took symbolic logic with four or five other students and we spent the whole semester on *Principia Mathematica*. I had an unbelievable education.

J: Do you think this was a good background for becoming a social worker or professor?

A: I think it was like exercising on the Cardio-glide. It was fantastic mental exercise and I think it developed my thinking ability to think. It has absolutely no use in terms of specific occupation. But I think it was tremendous training to then take on anything else.

J: I can imagine. Just backing up again, I imagine that growing up in a single parent family was certainly not as common as it is today.

A: There was only one other family I knew in that situation, one friend who was from a single parent family. Even so, I wasn't particularly aware of being stigmatized about it, partly because of Harley. When I got to the age where one would be stigmatized, by then I was in a place that was accepting of differences of all kinds, so it was no problem. But I've thought a lot about what it means to grow up in a single parent, female-headed household, and I think as with any family form it has its special strengths as well as its weaknesses. The weaknesses were that it's a puny work system, that one adult has to do all the work. But, in a way, that's also an advantage because my sister and I very early became quite independent doing work and becoming very competent. Marianne Walters talks about this occurring in single parent families. I was really quite independent. When I was eight years old, I went by train all by myself out to Michigan with my dog to spend a summer on a farm. The other thing was that it was a very democratic household. There was no male authority, no "wait 'till your father comes home!" The three of us would vote on things. Literally. I've compared notes with other people who have been raised in female headed, single-parent households — much less authoritarian, a very different way of dealing with authority.

J: Do you feel that this influenced you as an adult and in your career?

A: I would guess that it influenced my leadership style.

J: Do you think it contributed to your feminism?

A: Well... I was just talking to Joan Laird about that the other day. I came very late to feminism. Because, you see, I was raised that I could do anything. It never occurred to me that being a woman would limit what I was able to be or do. I had a working mother and she always told me that I could do anything. Did I want to be a lawyer, a doctor, whatever? It was very late when I noticed that women were oppressed. Because I did not experience it, you see, in my family, at Harley, or in my sense of where I could go.

J: Well, it sounds like you were already a feminist, in a sense, or had been thinking about it.

A: Yes, I suppose. Women could do anything. My mother had a story that she used to tell us, and I think the message was loud and clear. When she was a girl, she was the only girl that belonged to the boys' club, because she was the only girl that was able to climb up the tree into the boys' tree house. The other part of the story was that she fell out of the tree house and broke her arm. To me the message is you can do anything, but you pay a price. That was, as I think back, the message in that story.

J: What do you think the impact was of the historical conditions under which you grew up, like the depression.

A: Oh, well of course, the depression had a tremendous impact. We survived it, I think, better than many, many families did, partly because in Rochester the Eastman Kodak Company instead of laying off workers, reduced everybody's salaries and kept almost everybody on. That made a very big difference for the whole community. My father never lost his job and he continued to pay child support and my mother never lost her job. So, although we lived very simply and things were tough, I never felt poor.

That was partly due to my mother. She was raised in a comfortable family. My grandparents were raised on poor, poor farms, but my grandfather was a successful attorney in Chicago and they were raised comfortably. Our family was in a less comfortable situation, but she always made it as if we had everything. Like she would take us to New York to the theater or for Easter. People at our income level didn't do things like that, but we did, because those were the things we spent money on. We would go to the Automat and we thought it was the most important restaurant in New York because my mother would always make things that way. Or we would go to Childs and we thought that was terribly fancy. And then we would go to the theater and we would stay in a cheap, cheap hotel, but we thought it was the greatest thing in the world, because my mother always had a way of making things into a lark. On Friday nights we always went out to dinner and the movies. We would go to the Manhattan Restaurant in downtown Rochester. My mother would say "look at the right side of the menu first" and we would get pancakes, or something like that, and go to the movies. So although we certainly lived very modestly, I never had the feeling of being deprived.

J: It sounds like you were a very tightly knit family. The three of you did a lot of things together.

A: Yes.

J: So you are saying you were not directly affected by the depression as much as other people.

A: Well, I would say we did not suffer material hardship in any way that was damaging, I don't think, although I do think my mother carried a lot of anxiety about money. But also, she had a fail-safe because my grandfather would have bailed her out before we got into serious trouble, although I don't think she ever called on him. But she knew that he was there, which made a big difference. But, I was very aware of the depression because of mother's work and because of what she came home with and what she talked about. So I knew that people were having a terrible time. Then of course the war — those were two enormously dominating events. I think, whether you lived through World War II or you didn't makes the biggest difference in the generations.

J: Yes, I am sure that's true. How do you think it manifests itself? Or what was it that people of your generation have that's different?

A: I don't know exactly. It's just that it was such a major life experience, for everybody. Of course, I was in college during the last part of the war. One of my very best friends from Harley was killed. I almost joined up at that point. But there was a very strong message to stay in college and finish from my family. It wasn't like today when it is more acceptable to take time out and go back and finish.

J: You mentioned that your parents admired the Roosevelts.

A: My mother did; my father was non-political.

J: How big a deal was the New Deal for you and your family?

A: Well, I remember it all very well. We talked about it. You know political things were important in the family. We talked about what was going on. And we went and visited a CCC [Civilian Conservation Corps] camp to see things they were doing, building. I mean I remember the newsreels on the WPA [Works Progress Administration] I went to the WPA parade in Rochester. It was just very much a part of life. And my mother met Mrs. Roosevelt at a conference and she was absolutely thrilled.

J: So there was something significant in having a historian who is an expert on Eleanor Roosevelt on the program at your retirement.

A: Absolutely. Eleanor Roosevelt is my favorite historical woman. My second favorite is Rachel Carson, but my favorite is Eleanor Roosevelt.

J: Why is that?

A: Eleanor? She was a fabulous person. I've read everything about her. She was just such an unusual woman in every way. Her energy, her joie de vivre, her flexibility. She had such a tough time and it was remarkable what she was able to do with her life with all the slings and arrows of outrageous fortune that she had to go through. I don't think there have been many like her.

J: Would you describe her as a role model for you?

A: Oh no, she's too far away [laughing].

J: She's an Olympian?

A: She's an Olympian, right, and I'm just a person.

J: An inspiration?

A: An inspiration. Absolutely. And Rachel Carson, in another way, although she is a new heroine of mine. I really just got to know more about her with the publication of her correspondence, then a wonderful biography. In such a totally different kind of way, they both changed the world. Rachel is this very quiet, very self-effacing person. She just did it with a pen, very quietly. And Eleanor did it with her powerful personality. I think *Silent Spring* is like *Uncle Toms Cabin*. It's one of the few books that really changed the world. And it's a remarkable achievement for this woman who was a woman, was ill, was relatively unknown, and didn't have all the credentials. It's remarkable.

J: How much of a factor do you think your gender and sexual orientation were in leading you into social work, if at all?

A: I don't know that they led me to social work. It might have strengthened my identification with the underdog, being a member of an oppressed population when I was young, an unbelievably oppressed population. So, I think probably the identification with the underdog, which I got from my family, was accentuated by that. Also social work was a somewhat friendly, less oppressive profession and place to be.

J: Right.

A: Although not very friendly until fairly recently [laughing].

J: Well, what was it like? I mean, how did the profession respond to women or people who were gay or lesbian?

A: It didn't respond to people who were gay or lesbian at all. It was absolutely, "don't ask, don't tell" until really quite recently.

J: Like how recently?

A: Well, it's hard for me to know, because you see I moved to Northampton. I think the world has changed [laughing] but, I've moved to a different place, it's like Harley School. As I got into the profession, I knew that many of the leaders in social work were women-oriented women — that is, they lived their lives with other women. I began to realize that.

J: Was it like manifest or was it just something that you intuitively grasped?

A: No, no. You pick it up. I knew for instance about Florence Hollis and Rosemary Reynolds, and Gordon Hamilton, Charlotte Towle and Mary Rall, and Jessie Taft and Virginia Robinson, and of course Jane Addams. That was a good feeling when I began to learn about these women, but I was already well into the field by then, so I can't say that it led me in.

J: You were saying that it did give you a consciousness of what it felt like to be an underdog. Had you had some really bad experiences?

A: Sure. Not very many, because I kept such a low profile. I mean, I was extremely closeted, always. I always played the "don't ask don't tell" game. Probably, really until Joan stood up at Smith and gave a Monday Night Lecture on gay-lesbian issues about seven years ago.

J: Is that something you feel comfortable talking about now?

A: Well, you know, I want to talk about it now, but that doesn't mean I do it with comfort. I lived too many years before gay liberation and was too traumatized by all those years. Joan is much more comfortable than I am. I still find it very discomforting, but I think it is important, so I do it. If I can't, who can? I have nothing to lose. I think of all the people in leadership positions when I was younger, who could have helped younger people out as role models. I also believe that it changes people's attitudes towards gays and lesbians if successful people that don't look any different than anybody else are "out."

J: And did you eventually meet a lot of these people?

A: Yes and no. I never met Taft and Robinson. My sister knew Charlotte Towle quite well because my sister was on the staff at the agency there in Chicago. In fact, Mary Rall was an agency director at United Charities, and my sister knew them. I knew Florence Hollis quite well from my Columbia University experience and through Smith, as she was an alum.

And my mother had known her for years. I knew Rosemary Reynolds and I interviewed them. As a matter of fact, I did an oral history, just like you are doing today [laughing] with [Reynolds and Hollis] together. I didn't know what I was doing, but at least I got them on tape.

J: So, you were saying, that this obviously is part of who you are and yet it was something that was not an easy thing to manage throughout your career.

A: It has been different at different periods of my life. When Joan and I went to Michigan, which was twenty-three years ago, I was invited to a party my first month there by Henry Meyer, the famous researcher who wrote *Girls at Vocational High.* He was the head of the doctoral program there, and his wife invited me to a party, and I said I had come to Michigan with this friend, Joan Laird, and could she be included. Mrs. Meyer said, "of course." Such a gracious lady, and that was it. I made it clear that I didn't go out to a social party or on Friday or Saturday night without Joan and so we were always included. But there was never any conversation. But we were always included as a couple in the social life at Michigan.

J: So was that a turning point?

A: Well, you see it was a different type of social world, a small town in Michigan. I had been working in New York, living way out on Long Island, so that my social life and my professional life weren't as intimately connected. Although I did have good friends on the Fordham faculty. But we knew that this was going to be a new experience in a town where the University was going to be the major social connection. So, I just made the statement: I wasn't going to act as if I were a single person.

J: I am jumping ahead also, but while we are on this: Do you feel that this affected your career one way or the other, as you think back?

A: Well, I don't know. You don't know whther you have hit the glass ceiling; you don't know what choices people make. I don't know how my career could have been much better.

I did everything I wanted to do and in fact more than I ever would have dreamed I was going to do. I do think when I was interviewed at Smith, when they discovered that I had a partner, there were probably some concerns.

J: This is when you went to become Dean of Smith?

A: When I was interviewed in the dean search. It was really very funny. They sent three members of the search committee out to Ann Arbor and they went all around talking to everybody. They sat down to talk with the staff at Ann Arbor Center for the Family (which I had co-founded and where I practiced). One of the things they were worried about was at sixty was I going to have the energy to be a dean? They asked the Ann Arbor staff about this. Ken Silk, our psychiatrist, says, "Well, she takes Duncan to his job at 7:00 in the morning and then she comes in here and has a 7:30 appointment, she goes over to the school and works all day, then she's here seeing clients until 10:00 at night." They said, "who's Duncan?" And Ken answered, "Joan's son." And so, they began to get the idea. I later heard that when the president of Smith, Mary [Dunn], brought this news to her staff, there was silence. And then the treasurer said, "I don't care, I think she's great — I think she ought to come." He was probably the most conservative person on the staff. They hired me and Mary [Dunn] became a very close friend. She is wonderful and one of the most non-heterosexist people I've ever known. So, I don't know if it has influenced my career

I remember one of my friends overheard several of the male deans at the social work Dean's meeting communicating with each other saying, "The lesbians are taking over the field." I am sure there is still plenty going on underground, as you can imagine. For instance five or six years ago there was a concerted, but rather quiet, effort led by some of the deans to keep homosexuality out of the Council on Social Work Education guidelines.

J: I guess why I was asking these questions, not only to learn how it affected your life, but also, I am thinking there are so many people today who probably don't have an understanding of what it was like thirty, forty years ago.

A: Oh, no, they don't. Thank goodness they have a very different experience.

I was very unsophisticated about all this and very isolated and silent, which was probably typical. When I was a kid, I read *The Well of Loneliness* and after that I didn't want to read anything on the subject.

J: What was the *Well of Loneliness*? I never read that.

A: That was the first well-known lesbian novel, written by Radcliffe Hall. It was the classic and, of course, it was a tragedy. They always had to end that way. But that was the famous book. The classic. Horrible book. Horrible, because of the 19th century vision [of lesbianism] — it was [written in the] early 20th century. And any lesbian in the world that's over 50 probably sneaked the book into a corner in the library and read it, and that was their education. The message is terrible. It's written by a lesbian, but a homophobic lesbian in a homophobic world. The text is full of pain and struggle and conflict and ends in tragedy. Because that's the way they all ended. Just like the *Children's Hour*. And homophobic and heterosexism culture.

We live in this wonderful place [the Greater Northampton community]. I had no idea when I moved here, that this was a lesbian-friendly town.

J: That's interesting.

A: [Laughing]. It was so funny. I remembered Northampton from 1954. It was a down-at-the-heels mill town that had lost its mills. There were two restaurants downtown. I was very surprised as how the community has changed. It's been a wonderful community for me.

J: Getting back to your beginnings in social work, when you entered the profession, what were some of the key debates or issues that were occurring at that time?

A: Well, when I first entered the profession, it was in child welfare. I think the debates were around the placement of children, the nature of adoption. I was involved in the debates of what child welfare ought to look like. It was very child centered. Which troubled me, always. I think it troubled me always, although it's hard to remember. You re-write your life story with your current ideas, thinking you thought those ideas then. When I entered Smith and began professional training, I think that probably, intellectually, the major issue was that the social sciences were just beginning to come in and challenge the hegemony of the psychodynamic perspective. Herman Stein, who taught at Smith, and Richard Cloward had just published their ground-breaking book on social theory for social workers. Annette Garrett had just read *Childhood and Society* and was very excited about that. Of course, this is what I paid attention to, because it's my life interest.

Also there were a lot of arguments about Smith because they were teaching purely clinical social work. It wasn't called that then. They were teaching psychiatric casework and the other schools were branching out into all kinds of things. Smith was taking the position that this was the base and you could go on to anything from this base. That was the big argument in social work education then, which I was just on the very edge of.

J: So what books were they using at Smith when you went there?

A: I don't remember using any text on practice. We read cases and we read psychodynamic theory. We read Annette Garrett's work on transference. I don't remember much of what we read. I just remember the cases and talking about the cases. It was such a case method. Grace Nichols was my casework teacher my first year, and Annette Garrett was my second year. They were both wonderful.

J: You've brought up Annette Garrett a few times. Was she really one of the key influential people on you when you went to Smith?

A: She and Grace Nichols, the two of them.

J: And what was Anettte Garrett like? In what way did she influence you?

A: She was a character. I would say she was one of the shyest people in the world and so she acted very gruff and cross because she was so shy. She was very uncomfortable with students, except in the classroom, so every year she would grab one student to be her sort of liaison and....

J: ...intermediary?

A: ...and intermediary and security blanket. And I was it, my year, and I ate with her almost every meal. She'd look up and look at me with an expression that said "you aren't going to abandon me," and I would go and sit with her. And she would hold forth. She knew my mother both as a student and later when my mother supervised Smith students and I think felt a special sort of kinship with me. Florence Day, who was the Dean, asked me to drive her to Boston to a medical appointment. That's not the kind of thing that Smith faculty in those days ever did. They were very dedicated and involved but strictly professional.

J: So, this was unusual?

A: Very unusual. I didn't know it, but she had cancer and didn't feel well enough to drive. She died two years later. I drove her to Boston to the medical appointment. Both Day and Garrett died within three months of each other. They were the school. Day was the Dean and Garrett was the Associate Dean and the head of field work. I believe there were only three full-time faculty members, Day and Garrett and Ester Clemence who lived in Chicago and she took care of all the field placements in the mid-west, and came to Smith for the summer. Grace Nichols was half-time, and lived in Boston, and Garrett lived in Boston and only Day lived in Northampton. There were probably forty-five students in my class. Something like that.

The part-time faculty was also wonderful. I had Herman Stein for research, Al Kahn for social policy, Norman Polansky for group, Irving Kaufman for psycho-dynamics, James Mann for psychopathology. The students were also wonderful. We had a such a good time. I was organizing all sorts of activities and one day Garrett said to me. "Miss Hartman, this is not a summer camp."

J: Where was your field placement?

A: At Mass. Memorial Hospital in Boston. Which I think is Boston University's (BU) training hospital. There were two of us from Smith, five from BU, and one from Simmons. We were all placed in the psychosomatic clinic down in the basement. My supervisor was Evelyn Styles. The best supervision I have ever had in my professional life, at least since I left child welfare. I had good supervision there, too.

I learned a lot from Evelyn Styles. She told Nancy Staver, my research advisor, that she used to have to go to bed very early in the night before her conference with me [laughing].

J: What were you like then, when you were a student?

A: I don't know, but I guess I wasn't easy. I guess I was demanding.

J: You told me that you still thought that it was important to be involved in policy and to have an influence on society.

A: No, I didn't say it was important to be involved in policy. I said that I didn't want to go to [JGB] because I didn't think it was social work because they were doing psychotherapy and they were not attending to the environmental issues within the social context. I never wanted to be a social policy person. Although now I find that most of my writing happens to be in social policy. But I didn't want to be a practitioner of social policy.

J: So you knew you wanted to work with people as you were leaving Smith but you didn't want to work in a place that only did psychotherapy.

A: I didn't want to work in a place that had that image of what you do as a social worker. So, I was a little out of step with Smith probably, even back then. I mean they didn't feel I was, but psychodynamic psychotherapy was not what I was going to do for a living.

J: Right. You knew that much.

A: I was going to do social work.□

[To be completed in the next issue: *Reflections* Volume 4, #4 (Fall, 1998).]

Retrospective: Riding With Batman, Superman and The Green Hornet

In the following retrospective, Paul Abels reflects upon working with a group of developmentally disabled children in the late 1960s at Case Western University's Mental Development Center. We have reprinted an article he wrote about the group as it originally appeared in Volume 7, Number 1 of the journal, Mental Retardation *(February, 1969).*

by
Paul Abels

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What can I say? This was a group I worked with for almost a year. I learned a lot from them about the power of the group, the meaning it had for kids, and its valence, particularly for children who had not had opportunities to relate as equals to other children. It was the first time I really thought much about the value of contract, and a group being clear about its purpose. I may have been dense at the time, but it never occurred to me that the children wouldn't be able to set the direction of their group, and we worked together to shape the activities.

Looking back at the process records I wrote on the group, I see many things I might have done differently and thought about differently. I might have seen the African American child's fear of crossing the bridge not as a psychological problem, but a fear of going from the safety of Cleveland's more integrated east side to its more segregated west side. Both interpretations might be wrong, and it wouldn't have made any difference in what we did anyway, because the spontaneity of this group made too much thinking and talking seem artificial and boring. Our conversations came out of the life of the group, the activities, and the challenges and meanings that arose with them.

There are many sweet memories from this group, the child going into the pond to try to catch the ducks and getting soaked; the child shoving the bubble gum in his mouth, wrapper and all, in the candy store before I could stop him, and then looking at me triumphantly; the child in the natural history museum seeing the mounted head of a buck deer on the wall, and wanting to go into the other room, to see it's other end. But most of all I remember each of their faces clearly. I wonder if they remember mine. . .

Abstracts. The fantasy life of children is utilized in an activity group to help the members come to terms with their quest for autonomy. The group worker in a mental development center helps a group of retarded children work through some of the difficulties they are having in their interactions with other group members. Their need for each other and the group becomes a vital factor in helping the members work on their problems and come to terms with themselves and each other.

Riding with batman, superman, and the green hornet: Experiences in a very special group

Paul Abels

BATMAN LOOKED at the large plastic globe that separated him from Superman. He fingered it lightly at first, then began to smash at it with his fist. He then started to kick it, and it began to crack.

"He's breaking your globe," the Green Hornet yelled at Superman, who turned just in time to see his globe crack into three large pieces.

"I'll kill you, I'll kill you," Superman screamed at Batman. "I'll kill you, kill you . . . I'm going to tell your father on you."

The worker-driver pulled the station wagon into the nearest parking lot, stopped, and turned to the boys.

"Why did you do that to Don's globe?" he asked Ed, who was looking around not knowing what to expect.

Don was yelling, "I'm going to tell your father and he will take care of you." The words were coming hard from between large sobs.

The other boys sat silently, concerned about the incident that they had just been partners to.

"He shouldn't have done that," Lou stuttered.

For the first time the others listened to his entire sentence even though it took him 30 seconds to say it. Some of the boys nodded in agreement. Ed, although quiet, sat with a large grin on his face, as if to say, "It really doesn't matter."

The driver, the social worker with the group, trying to make sense out of the experience, turned and said: "We had better talk about this now. Is this what we want to happen to our club?"

Paul Abels

The "Club"

The "Club" was formed by the Mental Development Center in order to provide a therapeutic group experience for boys 8 through 11 years old with mental development problems. The Center traditionally served as an outpatient clinic and information center concerned with problems of "slow mental development." In addition to counseling, the Center provides evaluation services and a preschool program for educable mentally retarded children, and carries out research and serves as a community information resource.

This group, one of the first specifically established at the Center, focus on the use of the group to help, was led by a professionally-trained social group worker.

None of the eight boys in the group had shown any signs of brain damage. The were all educable, and some were in regular classes in school. Three of the boys were being seen regularly by caseworkers. In six cases, the parents were being seen. In two instances, neither the parents nor children were receiving individual counseling.

The large plastic globe had been given to Don by two workmen at the "Metals Center" which they had left about ten minutes before. He was extremely excited about the globe, as were the other boys. It was going to be a flying saucer or a sled. Three of the boys (Ed, Tim, and Andy) had been fairly upset that there had been only one globe and that they hadn't gotten one as well. Ed was the most upset. As they climbed into the car for the return trip, the group climate began to change, and some rumbling and "sniping" directed at Don by Ed was picked up by some of the other boys. The worker could see that the other boys were very envious of Don because of the globe, but he did not pick up with the group. He took it for granted that the return car ride and lack of opportunity to play with the globe would "cool out" some of the upset the other boys felt. Unfortunately, the plastic globe, about three feet round and a foot deep, was placed between the rear and middle seats of the wagon. It was a little cramped in the car.

The return trip seemed to be going well, when suddenly Ed attacked the globe. None of the other boys said anything until the first crack appeared. This was the group's first major crisis.

For two months, the group of eight boys, a worker, and an assistant had met weekly on Saturday morning for about two hours. One of the major difficulties was that there was no place for the boys to meet at the Center. This necessitated taking weekly trips to various points of interest, such as museums, playgrounds, parks, and frequent trips to McDonald's for a snack. In a way, the mandatory trips had helped create an extraordinary situation. Not only was the group an activity therapy group, but it evolved into a small club held captive by the demands of the car. The boys were also drawn together by the common interest of having a club "just like other boys," and in working on some of the problems that were bothering them. The confines of the car, the "behavior setting," and the "trip time" created a strong catalyst for verbal communication.* The only other major activity that could be carried out comfortably within the confines of the car was "controlling."

"Controlling" was the name of the game, although no one ever named it. "Controlling" was played by being Superman, Batman, Mr. Terrific, the Green Hornet, or Kato. "Controlling" meant that the station wagon was Batmobile or a magic carpet which could transport a boy from an unfriendly home situation, where none of the other children wanted to play with you or would scapegoat you, to a club, where you had friends and even fights just like in all the clubs.

"Controlling" made you feel that you were strong and people had to listen, even if in real life you were in a special class and people called you dumb. It meant that those two big guys who worked with the club (the workers) did things that you wanted to do. They didn't yell too much, never pushed you around, and acted like you really had something important to say. You could even "control" them because you had a chance to plan what you wanted to do at meetings.

The boys are continually struggling to control their own destinies, a struggle in which the odds against success are overwhelming.

The Search for Autonomy

This search for control, so that you can control and not continually be controlled by others, is not too different from the search that all men carry out as they strive for independence, maturity, self-actualization or interpersonal competence.† It is the quest for autonomy. It is simply to be able to control your environment so that you have the kind of things happen to you that you want, to be able to do the things in your life that will get you the rewards you want from others, and to make your own decisions and know that these decisions may be implemented.

This lack of autonomy or feeling of inability to control one's own existence is often the source of people's search for help in solving problems. For these boys, their quest led them into a group. This quest led their parents to come to the Mental Development Center for help. The parents sought help in obtaining the rewards for themselves and their children that they wanted and needed. The group was offered as an additional way of working on these concerns. Some of the parents were "working" by meeting regularly with the casework staff of the agency. Some of the children were being seen as well, but the children's brief encounter with an adult was not sufficient to get at some of the conflicts they were facing as they attempted to solve their difficulties in learning to deal with others in their environment.

This search for autonomy is one of the common goals that the worker in the group shares with the members. He is one of the people who has been placed in the position of helping the member in his quest. The other members can share and, in fact, must help each member in his quest if the group is to survive and fulfill its purpose.

The worker with the group has three major goals in his encounters in the group during its existence:

The primary goal is to enable the member to solve the problems he came to the group to work on. In some cases this may mean helping him focus on the problem in order to select a piece of it that he can work on. This can often be done during the initial phases of the life of the group, when the worker and the group come to some agreement as to some of the problems that they are there to work on, i.e., the purpose of their existence together. In addition, the worker attempts to spell out with the group some of the ways they, as a group, may accomplish their purposes. This "contracting" period serves to establish the group's purpose, some of the means of achieving its goals, and the rules of the game. The group contract is a dynamic, frequently changing and modified understanding, which group and worker continually negotiate together. It is seen as the dynamic agreements between the worker and the client system in which the problems to be worked, the goals, and the activities (means) by which the goals are to be accomplished are negotiated.

The second goal, which becomes a crucial ongoing task for the group, is for the group to maintain itself as a working unit long enough to achieve its purposes for being. This is the group maintenance aspect of the task.

The third goal of the worker and the group is to insure, nurture, and enhance each individual's quest for autonomy. The realization of this goal requires that there be some carryover from the experience of the helping situation within the confines of the group to increased competence of the individual in the course of his life in other parts of his existence as well. Somehow the problem solver must be able to come to terms with his environment, i.e., with the "real" world outside the mutual-help group.

For the boys in the club, this meant not only learning how to get along with some of the other boys in the group, but hopefully with children in the neighborhoods where they lived, as well as with the teachers in their schools. The systemic interrelationships among individual members, the group, their parents and their schools would lead us to believe that changes for the better in school, for example, would lessen some of the pressure on the boy and the parent, and would result in less stress reactive behaviour in all the areas of his life space.

The Power of Interaction

The continuation of the trip home which followed the breaking of the globe was charged and intense. For the first time there was very little screaming. Tim was not making animal noises, and Jim was not starting fights with the boy next to him. Don was repeating over and over, "I will tell your father, he will give it to you, he'll beat you, I'm going to tell." Ed was calling him a squealer. The boys were silent.

Then Lou said, "You shouldn't have done that."

This was voiced by a few of the other boys and repeated by Don.

Sam said, "He shouldn't be in the club."

Andy said, "Yeah, kick him out Mr. B."

"I don't think that is up to me, couldn't you guys have stopped him?"

Don said, "Kick him out, he broke my saucer."

Lou yelled, "He shouldn't be in the club. He knows he isn't supposed to do that."

Andy concurred: "The group is for fun and getting along together."

Ed was feeling the anger of the group, and for the first time the smile left his face. The worker asked Ed if he would like to say something about what happened. Ed said that he was sorry. Don wasn't satisfied and said he should be out of the group. Ed told him that he could rip his hat and offered it to him. He grabbed it and was going to rip it. The worker told him not to, and said he couldn't let him rip it, and that he didn't think it would solve anything.

"Did anyone else have any other ideas?" He returned the hat.

Ed said he wanted to be in the club and that he wouldn't do it again. The boys looked at Don. He was the key. . . .

Don was always threatening to kill or beat up on the boys, but he never did. He would wrestle with the worker or box with the other boys with the large stuffed bears as go betweens, but had never hit any of them. He was frequently frightened. In the Terminal Tower he was not able to look out the window, and following the trip he dreamt of falling from the Tower. Spiders terrified him, and on trips he was fearful when riding over bridges that

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* The settings in which groups meet can play a vital role in determining the group's activities as well as its "life style." For an interesting approach to the study of "behavior settings," see Roger G. Barker, "Ecology and Motivation," in *Nebraska Symposium on Motivation, 1960* (Lincoln: University of Nebraska Press, 1960). Barker defines a behavior setting as ". . . a place where most of the inhabitants satisfy a number of personal motives where they can achieve multiple satisfactions," p. 25

+ On Self-actualization as the essential and basic drive see: Curt Goldstein, Human Nature in the Light of Psychopathology (New York: Shocken Books, 1963), p. 143. See also: Robert W. White, "Motivation Reconsidered," *Psychological Review*, Vol. 66, No 5 (1959) and *The Study of Lives* (Atherton Press, 1963).

they would crack. His father was in prison, his mother didn't want to take care of him, and he lived with his grandparents. His grandmother was a very large woman who loved and cared for him but would not be engaged with casework help. She overwhelmed the small grandfather, who faithfully brought Don to the meeting each week. He didn't know why, except that something there was attracting the boy, and that was good enough for him.

It's hard to say what it was that enabled Don to sift through the hurt and anger of the broken globe. Perhaps some understanding of the meaning the club held for him and, therefore, the other boys allowed him to say, "I think we should give Ed another chance."

"Yes," the boys seemed to say in unison, "another chance."

"Another chance," Lou echoed in his stuttering way.

The worker looked at Don for a second and said he thought that it was a hard decision for him to make, but a good one, and that he was glad Don had been able to make it. Don said he still was going to tell Ed's father. Ed began making up a number of excuses as to why he had broken the globe—whether for the club's benefit or as a rehearsal for his father, it was hard to say. The boys didn't really seem to care any more; they were back to talking about other things, such things as where they would go next week and when it would be warm enough to go to the zoo.

Ed sat back and thought quietly. He was no longer in control of the group, but he was in control of himself. He had been able to muster the strength to come to terms with the group. Perhaps he was thinking of the close call he had just come through. He had only missed one meeting since the group began, and his caseworker had uncovered the importance of this group to him. Ed was able to tell her that these were "my friends."

He was a stepchild who had faced a number of rejections from his stepmother. She was now pregnant, worried about holding onto the pregnancy, and she had told Ed that when the new baby came, he might have to go. This was a hard time for him. Although he was ten, he couldn't read, but he could remember everybody's order at the McDonald's drive-in. When he was happy, he lit up the entire "Center" with his smile. When he was unhappy, you had your hands full.

As they drove into the parking lot of the Development Center, Don ran out, saying he was going to tell Ed's father. Ed walked from the car, holding the worker's hand; it tightened as his father approached, but Don had not spoken to him. Ed and his father walked to his car, talking.

The worker found Don hiding in the room, sitting in the corner. . . alone.

"I know how badly you feel about that saucer. I'm sorry it got broken."

"I really wanted it, Mr. B. Why did he break it?"

The worker sat with his arm around Superman. The pain was for real. □

About the Author [as of February 1969]

Paul Abels, Ph.D., received his master's degree in social group work from Boston University School of Social Work in 1955, and his Ph.D. from the University of Chicago School of Social Service Administration in 1968. He is currently an assistant professor of social work at Case-Western Reserve University, School of Applied Social Sciences. At the time this article was written he was working with groups at the University's Mental Development Center. Mr. Abels has had experience in work with groups, administration of social agencies, and has done research in the area of manpower utilization and training. For the past three years he has been a consultant on group behavior with the Department of Health, Education, and Welfare.

Commentary on "At the Edge of Discovery: A Year in AIDS"

"At the Edge of Discovery: A Year in AIDS," by Robert Neubauer, appeared in Volume 4, Number 2 of Reflections *in our "Special Series on Teaching and Learning" (Spring 1998, pg. 45).*

by
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Professor Robert Neubauer engages the reader with a thoughtfully crafted narrative. He poignantly describes his difficulties in practice, namely integrating his professional and personal selves at the very same time he is forging his own personal-sexual identity. His forceful writing brings the reader "inside" this struggle. He deserves our appreciation for his willingness to share his narrative. Professor Robert Neubauer also is worthy of special recognition for using his sabbatical to return to practice in order "to test the currency" of his skills (sadly a rare event among academics). His candid reflections on his experiences as a volunteer-staff person at an AIDS agency offer us an opportunity to revisit and examine important practice issues, such as the inherent tensions between bureaucratic imperatives and professional processes, and the place of feelings and physical contact in professional practice.

Before examining these practice issues, Professor Neubauer's essay must be placed in a historical and social context. His practice experience takes place eight years ago, at a time when the diagnosis of AIDS represented a death sentence. Stigma, shame, ostracism, isolation, hushed voices, despair followed the diagnosis. There was no hope for surviving the epidemic; one's choice was to prepare or not prepare for the inevitable. For professionals and volunteers working in this context, the experience was wrenching. They faced daily the dying, debilitation, and death of beautiful and talented people. Within a three to four-month period, more than half of Professor Neubauer's caseload died. The practice issues were complex. Social workers reached out and engaged new applicants/clients while also confronting the death of other clients. They had to cope with their own grief and mortality and, at the same time, they had to have energy for the work. The boundaries between professional and personal reactions, between transference and countertransference were blurred.

Professional education left these pioneering social workers unprepared for how to practice in the midst of an epidemic. Within this historical context, Professor Neubauer, married with two children, came out two years prior to his sabbatical. He felt "scared, anxious, excited, determined, full of both regret and anticipation." His family and personal transitions also shape the narrative. Hence, one sees how historical and social contexts profoundly affect his transformative experience as a volunteer-staff person and his ensuing narrative.

Tensions between Bureaucratic Imperatives and Professional Processes

Professor Neubauer presents three cases from his work as a case manager. The cases reflect some inherent tensions between organizational imperatives and professional processes. How a client should be inducted into an organization illustrates this tension in action. Reimbursement policies and professional emphasis on a bio-psycho-social intake assessment often generate lengthy intake forms. These forms require that clients disclose personal and historical material to a stranger. Clients often resent and resist this intrusion into their lives. Social workers habitually feel caught in the middle between organizational demands and sensitivity to clients' feelings.

Professor Neubauer visits this professional dilemma in the case vignette of Perry. He writes, "I skillfully began the assessment, not in the order of the intake form, but as our focused conversation unfolded." Unfortunately, Professor Neubauer does not provide the actual transactions in the exchange so that we can learn and generalize how this difficult task can be accomplished. Such illustration would make a significant contribution because the power of an agency's agenda is not easily overcome. While I am confident that Professor Neubauer made a serious effort to be responsive to client wishes and to integrate agency and client agenda, I suspect that he may be evaluating his effort more by what he intended to do and less by how the client experienced the effort. Perry's responses suggest that Professor Neubauer's effort to navigate the organizational intake demands were only partially successful (e.g. "he wearily gave me the details I asked for"; "fatigued in voice and gesture, he asked if we could finish this in the bedroom so he could lie down").

A specific exchange with Perry illuminates the complexity of the task. In response to Professor's Neubauer's request for the name of a person to be notified in case of emergency, Perry tearfully responds, "I suppose I have to put my mother down." Perry's response intimates that he has a painful narrative to share about the relationship with his mother. Professor Neubauer seems to focus on gathering data ("If your mother is the person you want notified, her name should be in the case record,") rather than on Perry's painful narrative. At this moment, I wish Professor Neubauer had more fully explored whether he felt constrained by the organization's intake form. Or did he make a conscious professional decision not to open up this emotionally loaded area at this time? Or, did he possibly avoid Perry's pain for more complicated personal reasons? A critical reflection on this moment would help us understand the complexities and subtleties of simultaneously dealing with bureaucratic imperatives and emotionally charged material.

The Place of Feelings and Physical Contact in Professional Practice

Professor Neubauer's narrative helps us explore two additional complicated practice issues - the place of feelings and physical contact. As Perry shares the loss of his family's love, Professor Neubauer states, "I remained distant in my chair next to the bed. At no moment did I break faith with my early training and hold him in my arms." This is an obviously painful moment for both worker and client. For Professor Neubauer, this moment is lodged within his historical and social contexts. He experiences an either/or dilemma: either to remain distant or to embrace Perry. No middle ground is accessible. Professor Neubauer states that he "sat there, professionally empathic, but impassive and distant, as I thought I'd been taught." I doubt that one can be both emotionally distant and empathic at the same time. All of us have experienced the feeling of being stuck at a particular moment in practice, immobilized by a practice bind in which neither of the perceived alternatives seems appropriate. At these moments, we may mute our affect and put on a professional mask.

Professor Neubauer attributes his emotional distancing to his professional socialization. I do believe this is a partially valid explanation. Professional socialization can stiffen and formalize our practice and we learn to be threatened rather than challenged by ambiguity. We become socialized to a practice theory and learn to fit people and their situations into its explanatory system. The theory becomes our conceptual security blanket. We become bound by our theoretical view — too often more committed to the belief system and its promulgation than to its differential application. Professor Neubauer reminds us how professional socialization can detach us from clients at the very moment they need us. Too many "Perrys" suffering with physical and emotional pain come into contact with professionals who are hiding emotionally. Professor Neubauer cautions us that a social worker with a professional mask inhibits rather than facilitates the healing and recovery of clients. By hiding behind a poker face, we unwittingly encourage clients also to hide within stereotypical roles, e.g., patient, student. An artificial and false communication takes place in which neither party says what he or she really feels or means.

Professional socialization, however, is only a partial explanation for our practice difficulties. We also need to learn much more about what accounts for workers' attraction to different theories and why some transcend their initial socialization while others do not. I wish Professor Neubauer were more curious and reflective about what made it difficult for him to "break faith" with his professional socialization. Contemporaries originally trained to remain neutral and impassive (to protect against countertransference and to encourage transference) moved to forge a more effective synthesis and integration between professional and personal selves. Professional socialization is only a partial explanation and perhaps in a future article Professor Neubauer could examine additional forces which restricted an emotional connection with Perry.

Through my own professional experiences, I have found helping people to deal with dying and death is extremely difficult. Most professionals have their own unresolved personal issues over the loss of loved ones. One way to cope is to develop emotional distance and even numbness. In Professor Neubauer's essay, Patrick reports that his doctor informed him that he had multi-site lymphoma and that he had refused further treatment. His poignant statement understandably overwhelms Professor Neubauer: "He couldn't talk; I couldn't talk. We said goodby." This moment needs to be placed under a microscope. Its exploration can provide us with rich insights into the experience of a professional dealing with taboo content and emotions. Professor Neubauer has deep feelings for Patrick; however, he could not express them and withdraws. In our careers, most of us have experienced this uncomfortable and lonely moment. We remain inside ourselves, preoccupied with our own losses, our own pain. How do we access and use our own vulnerability and emotionality at these moments rather than retreat into ourselves? I suggest a first step is to retrospectively examine these moments in depth as they provide us with the opportunity for reflection, learning, and growth. Learning to use our spontaneous reactions rather than to flee moves us further into the work.

Professor Neubauer also introduces the role of physical contact in practice. He retrospectively questions why he had not begun the encounter with Perry at first contact in the hallway with an embrace. I suggest a caution. An applicant/client may experience and react many different ways to being held in the arms in the very first interview by a professional stranger despite the good intentions of the worker. The place of physical contact requires greater specification—with whom, under what conditions and the meaning it may carry for the client.

Conclusion

I would like to conclude by commenting on the totality of the essay. The volunteer experience was truly transformative for Professor Neubauer. As a teacher, he more readily offers praise than criticism — "I narrow the distance among us as much as possible without diminishing the differences in our roles." This is a wonderful principle for all teachers to heed. As a person, he has developed much greater comfort and acceptance with himself. To accomplish this self-acceptance, he had to dive into uncharted and rocky waters. The stakes were high and the risks enormous. Yet, he had the courage to face his own demons and did so with dignity and sensibility.

Over the last decade of my teaching, I have become increasingly attuned to the pain and courage of gay and lesbian people. Professor Robert Neubauer's essay further deepened my knowledge and sensitivities. And for that I am most thankful.☐

Commentary on "Who's Teaching Whom"

"Who's Teaching Whom" by Kelly Berglund and Stacey Peyer appeared in Volume 4, Number 2 of Reflections *in our "Special Series on Teaching and Learning" (Spring 1998, pg. 45).*

by
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In the narrative "Who's Teaching Whom" (*Reflections*, Spring 1998, Special Series: Teaching and Learning, pg. 45), two social workers reflect upon what they, as a supervisor and a 22-year-old student intern, learned from a professional intervention to facilitate positive change in an involuntary 15-year-old client. The two change agents are Caucasian females. The client is an African-American institutionalized male who was abandoned by his parents and was left with no informal support system.

All three have a sense of "unfulfilled neediness." In their respective roles of differential power, they seek each other out to fulfill their unmet needs. Over a period of eight months, their weekly interactions provide an opportunity for each to develop self-awareness, to grow personally, and to heal emotionally. At the end, the two social work practitioners come to view their struggle for acceptance, connectedness, and validation as an "incredible journey."

The narrative is beautifully written: it evokes the reader's empathetic understanding of each player's internal turmoil. The co-authors articulate their practice dilemmas, their ambivalence and pain, and their rewards and gains in a most effective manner. There is, however, a profound element of subjectivity that permeates the decisions that they make and the interpretations that they give to both their individual and collective experiences. In their description of how their journey unfolds, the authors present the reader with selective disclosures, self-justification, and practices that defy standard social work dicta. The experiences that so deeply touched the players in this helping-and-change drama can become practice traps for the novice social worker.

I write this commentary from the vantage point of a seasoned social work practitioner and educator. I entered micro-social work practice more than 30 years ago, and have been in academia for over 20 years. I continue my concurrent involvement with both.

The intent of my critique is not to challenge the subjective meaning of the experience to the three protagonists. It is, instead, to use my professional wisdom and acumen to draw out of the narrative material for useful lessons that can serve to safeguard sound and ethical professional practices. These lessons include, but may not be limited to, the areas of worker-client relational goodness-of-fit; the worker's degree of unfulfilled neediness and countertransference; the dual role of the supervisor; the client's role in the process of goal setting; and termination.

The Relational Goodness-of-fit

A goodness-of-fit between the worker and the client is essential in order for the therapeutic intervention to be productive. This is secured with a basic screening that requires careful consideration of client needs and worker skill. In this case, the intern's interest in the prospective client stemmed from his resemblance to "a composite of people" in her life – people that she had been drawn to and whose "hard exterior" she had yearned to break through. The client's expressed and presumed needs, rather than the intern's educational objectives and healing of emotional hurts, must remain the central focus of every therapeutic relationship. An inexperienced student intern who seeks acceptance and validation from an emotionally wounded adolescent client raises doubt about her effectiveness in helping him, especially when she is provided with "emotionally charged supervision." In the narrative, even the client questions the appropriateness of this match when he asks the supervisor why, given his issues with abandonment, she had assigned him an intern.

The Worker's Degree of Unfulfilled Neediness and Countertransference

It has been said that mental health professionals are wounded healers. The severity of the wound and the professional's capacity to contain the pain so that it does not contaminate the therapeutic process separate the effective wounded healer from the ineffective one. The privilege to enter the lives of the vulnerable individuals who become our clients affords us unique opportunities for personal growth. At the same time, this privilege places upon us the responsibility to seek fulfillment of our own emotional needs in other relational contexts.

When the intern finds herself "consumed" with thoughts of the client and comes to care about the client more than anyone else in her life, she risks becoming an ineffective, perhaps even dangerous, healer. Helping her develop insight into her thoughts and feelings is not enough. She needs guidance and information about how to make emotionally satisfying contacts outside of the therapeutic relationship. At this point, the supervisor's assurance to the intern that it is behavior, rather than thoughts and feelings, that risks affecting a therapeutic alliance adversely is not convincing. Given that Cognitive Behavioral Therapy Attributes manifest behaviors to one's thoughts and feelings, it is difficult to accept the claim that "only behavior matters" as the final word.

The intern's fear that the client might get and stay angry with her and push her away "for good" compromises her professional competence. The 15-year-old client "dances to his own tune," but also to the tune of his therapist. He senses her vulnerability; with what she labels "pulling in and pushing away" behavior, he controls the direction of the process. By making use of a "countertransference journal," the intern comes to better understand her thoughts and feelings, but her emotional attachment to the client remains strong. So strong, indeed, that long after termination she continues to look for him in "his old neighborhood" or in places she imagines "he would hang out."

Countertransference, the therapist's conscious and unconscious emotional reactions to the client, can be a countertherapeutic phenomenon in the worker-client relationship. The intern's sometimes desperate need to be accepted and validated by her 15-year-old male client, whom she sees as a guy she would have a "huge crush on" if she met him in her personal life, provides a warning of countertherapeutic effects. When the young client tells the intern that he loves her, and when she expresses concern to her supervisor that their work focuses "too much" on his relationship with her, the supervisor ought to give consideration to the possibility that the client ought to be transferred to a more experienced and less emotionally needy worker. While at the time of termination the client gives evidence that he has allowed himself to love and to connect, the presence of a more mature, 'parental' figure for his transference might have made his journey of treatment less turbulent.

The Dual Role of the Supervisor

The supervisor is the single most significant presence in an intern's development of a professional self. The supervisor is also the ultimate evaluator of the intern's performance in the field placement. The differential responsibilities and entitlements of each are defined by their respective institutions: an agency and a university.

It is difficult to define the boundaries between educational and therapeutic content in supervision. While it is part of the supervisor's task to look out for possible emotional upheavals experienced by an intern during her field placement, to discuss them with her, and to offer support and guidance, the undisputed fact remains that the supervisor is not the intern's therapist. The NASW code of ethics delineates different responsibilities for each.

A supervisor who reads an intern's countertransference journal introduces therapeutic content in supervision. Thus, she engages in a dual relationship. Dual relationships, micro and macro, in professional practice are treacherous; they have the potential to produce misunderstandings and abuse. Therefore, the countertransference journal might better be suggested to the intern as a tool for her own use or for use in her work with her own therapist.

The supervisor's confessed abandonment issues and her own need to find connectedness in relationships color her professional judgment. Thus, instead of discussing her concerns about the intern's countertransference with her colleagues or with the consultant that is available, she suggests that the intern keep the countertransference journal. If her group supervision colleagues do not know the existence of the journal, then she practices selective disclosure, another behavior that has the potential to introduce misunderstanding and conflict and which also risks jeopardizing her role as a model for the intern.

The Client's Role in the Process of Goal Setting

Contemporary theory and empirical studies have challenged the efficacy of an earlier practice in which workers set treatment goals unilaterally. In today's paradigm of practice, the client is invited to participate in both the setting of treatment goals and an ongoing evaluation of treatment outcome. The client in the narrative demonstrates insight when he tells the intern that he did not want to care about her because she would be leaving. However, we do not hear him express his problems or aid in the definition of his treatment goals. Instead, the supervisor and the intern outline his needs, and the two proceed to set primary and secondary treatment goals for him.

Termination

Planned terminations include a beginning, a middle, and an ending phase of the therapeutic process. Client and worker tasks differ in each of the three phases. In addition, the intensity of each player's emotional involvement changes from one phase to the next. In a planned termination, highly intense emotions of an earlier phase ought to weaken progressively so that both the client and the worker can part with a sense of accomplishment, rather than with a feeling of loss.

In the narrative, the termination is planned, but also forced, due to time constraints. The supervisor, the intern, and the client know, from the time of their first meeting, the date of their last session, the day of the "good goodbye." The fact that this day finds them emotionally unprepared for the event is not surprising. Their struggle for connectedness and emotional fulfillment continues to the very end; when time forces them to say goodbye, they are left with a sense of "tremendous pain," and, on the part of the intern, with a desire to take the client along "to continue to take care of him."

As for the client, the last one in the group to whom the intern says goodbye, he finds himself so overwhelmed with emotions that he has difficulty uttering the words that he wishes to say. When he is finally able to speak, he expresses gratitude and love, not only for the intern, but also for one of his peers. This emotional vulnerability, according to the co-authors of the narrative, is a sign that their long-term intervention has had a successful outcome.

The termination of relationships evokes diverse emotions in the involved parties. When mental health practitioners accept their presence in a client's life as a single, purposeful, and time-limited incident, however, terminations are less emotionally charged. I felt uneasy when I read that the difficulty the parties had in saying goodbye was a sign of "how deep our connection had been and that each of us would continue to be a part of the other."

Every human experience has a subjective aspect. The bearer of that experience, far more than anyone else, is able to grasp its depth and feel its impact. An outsider's attempt to question what is personal and owned can be futile. It is with sincere respect for the co-authors' bold bravery in making public a private experience that I venture to extract lessons that I believe can be learned from their narrative.□

Book Review: *The Home On Gorham Street*

The Home On Gorham Street by Howard Goldstein.
The University of Alabama Press, Tuscaloosa. AL1996, 231 p.

by
Paul Abels

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I must admit to having had reservations about reading a book about orphanages (or the holocaust, or slavery). But being familiar with some of the earlier works of Dr. Goldstein, it seemed to me that I should look at his entry into a new writing milieu. Most of his writings are about social work practice, and this book on the face of it, seemed unusual. Why was he looking at one orphanage? Why not a history of orphanages, or the dangers of orphanages, or other things I thought he should be writing about? By the middle of the first chapter, I was absorbed, eager to read on, realizing that the experience was not to be missed. So, to put the bottom line first: this is an interesting, important, and well written book that brings to life a fundamental and much disputed aspect in the history of child care in America.

While many of us have images of orphanages, generally implanted from stories and movies, we rarely get a close glimpse of what these institutions might have meant in shaping the lives of those who boarded within, nor do we get a picture of the role played by the institution's organizers and communities. In an intense, scholarly, and warm account of the orphanage institution and its context, Goldstein helps us make the leap from uninformed fantasy to empathetic reality. He helps us to see that under certain conditions an orphanage can be a home.

Goldstein grew up across the street from the home on Gorham Street. He played with many of the children and attended programs, plays, and shows that the home offered to the general community. Several of his childhood friends remember "Howie" very well when he interviews them decades later, and they recall their mutual adventures.

The Home on Gorham Street is a depository of the history and narratives of the institution itself and of "the voices of its children." Going back to the old neighborhood to trace the journeys of some of the "children," now adults, and examining historical documents, Goldstein brings back to life a once dynamic community in which the children of the home, and the children of the community, shared parties, games, celebrations, and their homes.

While the history of how this institution came to be and to disappear is interesting, at once both unique and familiar, it is the children, now adult voices, which help us to understand how their lives were shaped by the orphanage's philosophy, its staff, and the community. All in all, the children's' home comes through as a nurturing and helpful setting for the childrens' growth. Though the rules and regulations were often strict, with the Jewish Orthodox setting requiring adherence to regular worship times, the children found ways to behave like children, bending the rules and finding alternative stories for themselves in the community. The nurturing community, neighbors, and volunteers offered generous opportunities for the children's growth.

Not all of the children were orphans. Some had been deserted by their parents and others were left by fathers whose wives had been institutionalized. At times an aunt or uncle could not manage to care for the child of a collapsed marriage, and the child eventually was placed in the home by default.

The voices of the former wards play out the duality of achievement and abandonment —the adult, proud to have evolved into a productive citizen, and the child, torn by the loss of family. In what may be a succinct commentary on their lives, Goldstein notes, "Few of these elders who joined me in considering their lives did so with great regret; pride and dignity, in fact were common themes. . . They did well because there was no other way to do it, given what they asked of themselves: 'I had to make good, I had to be something;. You have to be a mensch.'"

Within the context of the children's voices, we are told the history of some of the organization's prime movers. We learn of their dreams, actions, and tributes bestowed upon them by the community and by the alumni of the institution. These too are moving descriptions, vivid and sympathetic.

Building upon the reader's vivified concept of the children's institution, its myths, its challenges, its successes, and its essential role in the development of valuable lives fated with early misfortune, Goldstein closes *The Home On Gorham Street* with a commentary about the current state of affairs in child development and group care. Bringing the reader back to the present, Goldstein seeks immediately to activate the optimistic spirit of his story. By debriefing the reader on the needs and challenges of the present, he seeks to redirect the reader's sensitivities to a realm that benefits from the fruits of reflection.

The spirit in *The Home on Gorham Street* is difficult to convey without massive references to the conversations with the former wards and to the narratives from the author's own experiences with the lives of the children in the home. It reflects the human quality of the people who dreamed of serving children, of the staff and volunteers who tried to make the "home" a home, and of the aspirations of the children themselves. It reflects the spirit of the author, perhaps it is enough to say, the spirit of a mensch—a person.☐

REFLECTIONS: SPECIAL ISSUE

RECOGNIZING DISABILITY AS DIVERSITY

SPECIAL EDITOR: THOMAS BUCARO

A special issue on the experience of "disability" and its recognition as an area of human differences along the axis of ability. The earliest cultural representations associated disability with sin and evil. Later, the representation of disability became associated with illness and deficit and function. This association, based on a medical model, assumed impairment and dominated the representation of disability in the education and training of academics and practitioners. Over recent decades, initiated by persons with disabilities, the cultural shift has been toward a social construction of disability; a minority group model that has in common with other minority collectives, themes of oppression and discrimination. This conceptualization of disability presents new visions for positive identification and opportunities for human actions. Disability as diversity is a cultural transformation not fully understood or accepted by academics and practitioners.

The images of persons with disabilities as social participators challenge long-held assumptions of practitioners. And, as the disabled have found their voice, their call for collaborative partnerships with practitioners and their demand for self determination are just beginning to be heard. In effect, practitioners are "at risk"– of exercising acts of oppression and discrimination, even if intended to follow standards of practice or acts of kindness. It is an issue of critical importance for the helping professions as the population becomes aged, technology expands the prolongation of life, and the visibility of persons with disabilities expands as part of a worldwide disability-rights movement. We seek narratives about all levels practice: service, social change, academics, and research–that helps us to understand, appreciate, and celebrate disability as diversity: Narratives about practice; about experiences that describe work that either failed or succeeded informing and challenging negative images of the disabled; and existing modes of practice. The recognition of disability as diversity where it intersects with the helping professions brings us to a new level of discourse and the possibilities for narratives seem endless.

NARRATIVES:

- That portray practice (families, groups, communities, program/policy development with/for persons with disabilities.
- About the commonalty/ differences in practice across disabilities; and workers that experience disabilities.
- That show practice at different levels that contribute(d) to one's or to others' understanding of the experiences of discrimination because of disability.
- That focus on working, teaching, organizing, participating in and collaborating with the disability culture: issues of language, pride and identification, choice and self advocacy.
- Practice narratives that depict experiences associated with "coming out" or "hiding out," and the meaning of the experience for persons with 'invisible' disabilities.
- About practice in affecting environmental and attitudinal barriers faced by persons with disability; their families; and technology that liberates/harms persons with disabilities
- About direct/indirect practice issues of cumulative discrimination to persons with disabilities and members of other minority groups that portray the complexities that disability bring to families.

It is our belief that the present discourse on disability, as it cuts across all classes, sexes, races and ethnic groups, will serve to alter some of our basic conceptions of human concerns like gender, competency, power, dependency toward better understanding of all human relationships.

Manuscripts due March 31,1999. Send to:

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REFLECTIONS:
NARRATIVES OF PROFESSIONAL HELPING

Reflections: Narratives of Professional Helping (ISSN 1080-0220) is published quarterly by the University Press at California State University, Long Beach under the auspices of the Department of Social Work. Annual Subscription Rate: individuals, $25.00; libraries and institutions, $35.00; outside USA, add $15.00. Single copies: $10.00. Payment: check, money order, or credit card (Visa or MasterCard, please include number and expiration date). Please send to **REFLECTIONS: CSULB; Long Beach, CA 90804-0902**. We remind subscribers to please immediately notify Reflections of address changes, providing both new and old addresses. Please allow six weeks for address changes to take effect.

The purpose of ***Reflections*** is to publish narratives, personal accounts that describe and explain the process of helping others and shaping social change over time. The journal seeks to build a literary tradition and a record of wisdom for critical study and fruitful discovery. It encourages stories that convey a sense of immediacy, portray practice across diverse populations and capture the range and variety of strategies and systems within the helping professions. Priority is given to articles that provide a new understanding of practice. The journal publishes stories of professional helpers such as ethicists, psychotherapists, community organizers, case and group workers, policy makers, family and child practitioners, health and mental healthcare providers; educators, researchers, and administrators in the helping professions.

The central theme of **Reflections** is narrative inquiry of professional practice. It publishes personal accounts of professional action designed to aid and support human and social development. The stories have a literary presence, offer new perspectives on practice, and demonstrate the conceit of failure as well as success. The narrator explains the reasons for the action and freely identifies the mistakes make in the practice. The purpose of the narrative is not to demonstrate achievement; rather, it is to capture the experience.

The Narrative Structure: A narrative is a story worth telling. Narratives are personal stories that give readers a fresh perspective about the practice of change. Written in a temporal sequence and or within a thematic structure; narratives recount the helping process. Narratives are explored within a contextual frame and supply a rich textural description of the experience, taking into account time, place, action, persons, behavior, and interaction. Narratives explain and describe event; results; conflicts; complicating actions; and how, why, and what was done. In narratives the writer evaluates the experience, whether or not there is a resolution, and explores the meaning of the experiences. Some narratives end with a coda, that is, a perspective on what occured.

Writing Instructions and Submission: Manuscripts are peer reviewd. Articles appropriate to the journal'spurpose are reviewed anonymously by members of the Executive and Editorial Board. Articles are accepted based on their contribution to practice knowledge. Publication decisions require about four months.

1. Authors are expected to use the most recent APA publication format.
2. The manuscript length depends upon the temporal sequence of the event.
3. Include, on a seperate page, a brief abstract written in the same style as the narrative.
4. Place identifying information such as name, affiliation(s), title(s), address, and phone/fax numbers only on cover page.
5. Send three (3) printed double spaced hard copies of the manuscript to the editor.

Upon Acceptance of the article for publication, one (1) copy on disk in Rich Text Format (RTF) for IBM based or Mac PCs and one (1) additional hard copy will be requested. Submission of narrative poetry and photography or artwork is strongly encouraged.

Names of persons and organizations mentioned in the articles published in Reflections have been changed to protect their privacy. Reflections discalims responsibility for statements, either fact or opinion, made by contributors.

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REFLECTIONS: NARRATIVES OF PROFESSIONAL HELPING

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