

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING



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A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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A Journal for The Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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REFLECTIONS' purpose 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 new understanding of practice. Narratives demonstrate the conceit of failure as well as success. The Journal publishes stories of professional helpers such as ethicists, psychotherapists, community organizers, case and group workers, policy/program makers, family and child practitioners, health and mental health care providers; and educators, researchers, and administrators in the helping and academic professions.

NARRATIVE INQUIRY of professional practice is the journal's central theme. It seeks to publish personal accounts of professional action designed to aid and support human and social development.

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, narratives recount the helping process in the order it occurred. Narratives written within a contextual frame supply a rich textual description of the experience; and take into account time, place, action, persons, behavior and interaction. Narratives explain and describe events, 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. Some narratives end with a coda, that is, a perspective on what occurred.

Reflections Reode?

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WRITING INSTRUCTIONS AND SUBMISSION: Manuscripts are peer reviewed. Articles appropriate to the journal's purpose are reviewed anonymously by members of the Executive and Editorial Board. Articles are accepted based on their contribution to practice knowledge. Publication decisions take three months.

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

Upon acceptance of the article for publication ASCII disk, or WP or Microsoft disk for PC or Mac and one(1) hard copy will be requested.

When appropriate, names of persons and organizations mentioned in the articles published in **REFLECTIONS** have been changed to protect their privacy. **REFLECTIONS** disclaims responsibility for statements, either fact or opinion, made by contributors.

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SALUTATORY¹

By Sonia Leib Abels



Welcome to the first edition of **REFLECTIONS**. We celebrate the journal and its readers. A year ago this week we moved from a two month old status as an independent journal to sponsorship by The University Press and Department of Social Work, CSULB. According to some publishers, a year is a relatively short time to move from concept to reality. We think the appeal of narratives about practice for helping professionals was the primary reason it happened so quickly. Another incentive has been the genuine interest of our charter subscribers.

As journal editor, I feel especially obligated to produce a perfect product. Surely I'm not much different than others engaged in new ventures. My apprehension tuned to perfection relates to the journal's narrative focus.

The articles we publish, personal accounts of practice differ significantly from those of other journals. Our single mission is to publish narratives with good literary quality that contribute knowledge on ways of helping others and creating social change. At this time there are no other such periodicals.

There is a burgeoning literature about the use of narratives as interventions in nursing, teaching, social work,

family therapy, clinical psychology, as modes of reasoning in bio-ethics, and as tools of analysis in organizational behavior and administration.

Searching for perfection guarantees anxiety. A colleague recently suggested I should take a Talmudic perspective in publishing this journal. It must contain an error to acknowledge that it is a human endeavor, signifying only G-D is perfect. I am confident that **REFLECTIONS** will acquire a reputation for its quality and distinct literary appeal.

The idea for this journal came out of a history of story telling encounters with academics and practitioners. Two events focused the possibilities for the journal. After an exchange of stories with others about the different experiences we each had teaching and effecting social policy in Lithuania, we realized that if these personal accounts remained as sophisticated gossip, the knowledge lodged in the accounts would be lost. We knew the story tellers would write on social change, but they would not write an article, a narrative that described and explained their affect and reasoning; the ways their behavior, interactions, and those of the officials changed over time, and what happened when they failed. In their expository writing knowledge of the

¹b. A greeting addressed to the readers of the first issue of a periodical. . Brown, L.(Ed) (1993). *The New Shorter Oxford English Dictionary* (p.2676) Oxford, Clarendon Press.

process of their practice would be lost.

The second event occurred after the journal was started. Richard A. Cloward and Frances Fox Piven presented a paper on organizing voter registration at a conference on social work with groups. Several months later we realized their presentation was a narrative, a descriptive and explanatory personal account of their experience. (In this edition)

This journal is engaged in building a public platform for narratives about practice, a platform guided by the canons of logic, verisimilitude and good writing; and the judgment, not of friends in particular, but of masked peers and an audience from the communities of professional helpers.

We hope this journal will persuade academics, researchers and practitioners that narrative inquiry is another, albeit different, legitimate way to generate knowledge about practice. One internal obstacle is my concern with the views of empirical researchers, who hold that "truth can only be known through scientific research methodology." The helping professions have devoted energy and resources to develop well designed scientific studies that produce knowledge to guide and inform practice. A critical and significant thrust of the helping professions has been development of a strong empirical base. Now along comes a journal inviting and publishing personal accounts of experience in practice.

The narratives in

REFLECTIONS convey a mode of inquiry as a way of knowing practice in a new, yet familiar way.

Narratives are ubiquitous; everyone tells stories. We do not claim that narrative inquiry leads to universal or generalizable truths. However it is likely that cumulative narratives will provide empirical researchers with a potential data base for culling generalizable practice knowledge.

A strong motivation of this journal is to offer stories of practice in a pluralistic context, exemplars that document the experience with diverse populations. Much of the helping professions' literature examines and illuminates the differences and similarities in cultural responses and behaviors. Missing from the literature is the discernment of practice within populations. In an informal study of articles on cultural diversity from several professional journals we found most articles advocated cultural sensitivity without differentiating helping strategies and identifying the outcomes.

Explanations of experience constructed into narratives is the classic genre for sharing human experience. Narratives afford the means to understand our own actions and those of others. We tend to fit together their stories with our own. A narrative is contextually embedded within the individual's larger life story. Standing on its own the narrative voice does not teach or explicate practice implications, or tell readers what they ought to learn. The

purpose of a narrative is to tell a "good" story, to make things present.

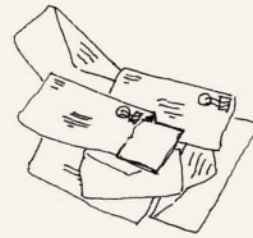
The narratives in this first issue convey the meaningfulness of human engagement. Each authors' personal account reinforces the value of storied experiences for describing and explaining professional action. Passion and commitment to engagement in social change and human development shaped all of these authors' narrative structure. We recognize in each story the tone of the author's self-conscious change as he/she describes the process affecting individual and social events. A theme throughout the stories is the unexpected, the force of happenstance on well planned action. Good news and bad are described as the authors fail and sometimes secure better individual and social conditions.

We hope that these narratives rich with descriptive and explanatory power today and in the future serve as a medium for discourse among authors, readers and the community of helping professions; and that this discourse will strengthen and expand community bonds.

Helping professions are moral professions. A story about practice in the context of this journal is a professional's account of her/his experience seeking to enhance the quality of life, strengthen human and social relations and develop a society that fosters these purposes and supports the outcomes. There are many thoughtful practice stories without public platform.

Narrative inquiry can accommodate a wide range and variety of accounts that describe success and failure. We are committed to publishing narratives of all the helping communities.

Certainly a first editorial ought to be welcoming its current and potential readers and **blowing its own tuba.** Consider this editorial our toot.



Dear Readers :

Usually letters printed on these pages will come from you. We look forward to your responses. As in all human transactions feedback shapes your being and grounds your endeavors. Getting letters is also great fun. We may not always like what you say or use your suggestions, but it is exciting to go to your jam-packed mailbox thick with news, gossip, critical reviews and subscriptions from you.

Sincerely,

Sonia L. Abels

Acknowledgments:

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FORTHCOMING

Special Issues: Call for Narratives

THE SPIRITUALITY OF HELPING

Edward R. Canda, Editor

This special issue explores the connection between diverse spiritual and religious perspectives and practices of professional helpers and their clients. Many helping professions are revitalizing their interest in religion, spirituality and transpersonal experiences as sources of support or difficulty for their clients: groups, families, individuals, communities and organizations.

Narratives exploring the spirituality of helping may address particular settings for practice such as:

- hospice; substance abuse; culture or religion-specific helping rituals;
- engagement of community based religious support systems;
- the formation and development of helping relationships;
- interventions related to helpful or harmful impact of religious involvement;
- discernment of visionary and mystical experiences;
- ethical dilemmas and their resolution concerning use of religious and alternative spiritual healing approaches;
- application of transpersonal theory and techniques; and details of specific practices, such as meditation, prayer and non-violent social action.

This edition is an opportunity to explore practitioners and scholars' own experience in developing spiritually-sensitive practice.

Narratives of the research process focusing on these issues are most appropriate for this special edition.

Send manuscripts to:

Edward R. Canda, Ph.D.
The University of Kansas
School of Social Welfare
Lawrence, Kansas, 66045.

Submissions due March 15, 1995.



INTERNATIONAL PRACTICE

Roland Meinert and
James Billups, Editors

Persons involved in the helping professions within the international context are invited to submit personal narratives for a special edition of REFLECTIONS. Human service practice within the international context is interpreted broadly to include micro level experiences, as well as those that take place at larger system levels, including policy, project and program creation and implementation.

Of particular interest are:

- narratives involving some aspect of international practice between differing countries or cultures;
- narratives about international practice organized around the human and personalized dimensions and experiences that have taken place;
- The narratives may cover a personal account over the life of an entire project or an event of smaller scope within it.

The central purpose of this special edition is to enable practitioners to share with others the drama, insights, successes and failures of their international experience in a personalized fashion. Manuscripts should adhere to the guidelines found elsewhere in this journal. All submitted manuscripts will be anonymously reviewed by the special editors and selected others experienced in international practice. Scheduled publication date for this special edition is Summer/Fall 1996.

Send manuscripts to either:

Roland Meinert
Southwest Missouri
State University,
School of Social Work
Springfield, MO 65804

or

James Billups
Ohio State University
College of Social Work
1947 College Road
Columbus, OH 43210

To be considered for publication
manuscripts must be submitted
no later than September 15, 1995.



SUBSTANCE ABUSE

Maryann Amodeo and
James Moran, Editors

We are interested in narratives focused on alcohol and other drug problems that describe practice, teaching or research efforts and their intended and unintended consequences. These are first person accounts which provide a balance between the practitioner's reflections; on internal and external experiences related to the intervention. Thus desirable submissions will be those which contain detail on:

- the practitioners thoughts and feelings related to the planned and actual intervention;
- the action steps taken by the practitioner and others, and the outcomes.

Narratives should be compelling enough that the implications for the reader become evident, without the author's articulation of "lessons learned." We are hoping to introduce the readership to a host of exciting issues faced by practitioners engaged in substance abuse work. Examples include:

- using innovative treatment approaches or resolving challenges in applying standard treatment methods;
- engaging and working with members of underserved addicted populations;
- planning and implementing community prevention programs;
- working with widespread denial in a social system;
- bridging the gap between substance abuse treatment professionals and mental health or social service professionals;
- teaching key concepts about alcohol and other drug problems to students, interns, residents, and others in training;
- adapting substance abuse prevention or treatment approaches for the purpose of increasing cultural relevance.

Narratives focusing on the process of designing and engaging in research, policy practice and analysis, or managing ongoing programs are most welcome.

Send manuscripts to either:

Maryann Amodeo
Boston University
School of Social Work
264 Bay State Rd.
Boston MA 02215
or
James Moran
University of Denver
Graduate School of
Social Work
2148 South High St.
Denver, CO 80208-0274.

Submissions are due June 15,
1995.

THE DECLINING SIGNIFICANCE OF CLASS ? The Case of the National Voter Registration Act of 1993

When it became clear after the 1980 election that Republicans and many Democrats would try to dismantle much of the welfare state, we tried to organize resistance among human service workers. This effort helped, a decade later, to bring about an outcome that could not have been further from our minds initially — the National Voter Registration Act of 1993.

By **Richard A. Cloward**
Frances Fox Piven

Richard A. Cloward, Ph.D. is Professor of Social Work, School of Social Work, Columbia University.

Francis Fox Piven, Ph.D. is Distinguished Professor of Political Science, Graduate School and University Center. The City University of New York.

We interpreted the attack on the welfare state as class aggression. Provoked by intensifying international competition, rising inflation and declining profits in the closing years of the Vietnam War, business began exerting itself to raise profits and lower costs, especially labor costs. Part of this campaign was waged in the workplace: to break unions, to lower wages, and to restructure work from fulltime to parttime without benefits. Part of it was waged in politics: to roll back costly health and safety, consumer and environmental regulations; to redistribute taxes downward; and to remilitarize as part of an escalating contest with the Soviet Union for domination of the Third World. Part of it was waged in the financial markets where elites turned to speculation, including looting industrial assets by loading up businesses with leveraged-buy-out debt, and in time they would loot the banking system.

Of particular concern to us, the income-protections provided by the welfare state came under attack. We were not altogether surprised. Although European and American theories of welfare state origins,

development, and growth are evolutionary, we had a more cyclical view. We saw contraction, as well as expansion. The struggle to institutionalize the idea of social provision did not follow a simple linear progression; victories were often followed by defeats. To our minds, periods of expansion and contraction expressed shifts in the balance of power between people and their rulers. A social contract won by the poor, and broken at first chance by their rulers; a class compromise won, and betrayed. What we saw were accommodations between the rich and poor forged and reforged in a continuing process of conflict.

Above all else, we were struck by how closely the history of the origins and expansion of social provision were associated with popular upheaval. Dislocating economic changes produced spreading destitution, often followed by riots in agricultural districts or in city streets, and, at a later historical stage when workers had won the franchise, by volatility at the polls. In the United States in the 1930s, with the economy in collapse, the Great Depression gave rise to the greatest movement of the



unemployed in American history, and to an even greater wave of industrial strikes, all in the context of the convulsive realignment of the political parties in the 1932 election. As a result of shifts at the polls and tumult in the streets, the social welfare foundations of the New Deal were laid: federal emergency relief; pensions for the elderly; unemployment insurance and disability compensation; aid to the blind and to dependent children; and subsidies for public housing.

The expansion of the welfare state in the 1960s was also owed to tumult. Southern agricultural modernization after World War II, accompanied by catastrophic hardship and massive rural-to-urban displacement, gave rise to the postwar Black movement for civil and social welfare rights. By the 1960s, spreading civil disobedience in the South and civil disorder in the northern cities won Blacks the franchise and toppled the southern caste system. And even as Blacks entered the Democratic party, segregationist Whites deserted it, first for neopopulist electoral movements and later for the Republican party. Once again, in response to shifts at the polls and tumult in the streets, social welfare legislation gushed forth from the Congress under the banner of the Great Society: social security benefits were raised; the Aid to Families and Dependant Children (AFDC) rolls quadrupled; nutritional programs, such as food stamps and high protein diets for pregnant women were added;

health programs, such as Medicare and Medicaid developed; a host of new housing programs were enacted, as were massive subsidies to public schools in high poverty districts; anti-poverty community action programs were funded which enabled poorer people to organize to press their interests, usually in concert with new legal services programs; and so forth. We were also struck by how little academic attention had been paid to the role of tumult. There would have been few victories in the 1930s and 1960s without labor strikes, unemployed marches, civil disobedience, and riots. Little of this was noticed by social welfare historians, who were taken more with the notion of elite benevolence. Moreover, victories were often won all at once: the main New Deal programs originated between 1933 and 1935 and the main Great Society programs between 1963 and 1965. The chance for victories, it appeared, coincided with the height of popular protest.

The question for us after 1980 was how far people could be pushed down before they resisted. Would mass protest break out? Among industrial workers? Among minorities? Among students? Or among human service workers and social program beneficiaries — the unemployed, welfare recipients, the disabled? There was much pessimism about that question, given the temper of the times. The rich were on the attack, but there was quiet among those being battered. It was a one-sided class war.

Still, no one can be sure when protest is possible. Organizers look for potential signs of discontent; they try to imagine ways of stirring people to action, see what happens, and go on from there, if only to another failed effort. That means organizers have an occupational bias toward optimistic analyses and interpretations of the instigating potential of socioeconomic and political changes. And why not? Why shouldn't they be biased? One doesn't have to be a sociologist of knowledge to understand that factors of one kind or another — whether cultural, structural, or idiosyncratic — always tilt analyses in ways not determined by data. No analyst "rises above the mores" is how William Graham Sumner put the point. So why not deliberately adopt a bias which points toward political possibilities? It gives hope, and encourages people to act on their grievances.

It is also well to remember that mass unrest and protest are rarely anticipated. No one — not academics, nor pollsters, nor pundits — predicted the outbreak of the decade-long direct-action phase of the southern civil rights movement, beginning with the 1955 bus boycott in Montgomery, Alabama. Since social theory is so abstract and ambiguous, with so little predictive power, there is good reason for organizers to keep testing the waters.

We in fact thought protest was possible in the 1980s. All of the major classical traditions in explanation of political unrest gave reason to

believe that people would fight back, since all of the socio-economic and cultural changes said to be predictive of protest appeared to be present. It was as if Durkheim were lurking behind the data; and Marx; and Weber, too. We thought there had been similar concatenations in the 1930s and 1960s. Durkheim could be seen in massive violations of economic expectations during the Great Depression, and again during the postwar modernizing process that eliminated most traditional agricultural work in the South where the black labor force was centered, and still again in the new class war initiated by Reagan's election.

Marx's emphasis on "immiseration" echoed Durkheim in this respect, but he also emphasized the importance of solidarities among affected groups, the importance of socially-structured capacities by the aggrieved to organize. This line of thinking was resurrected and greatly advanced in the post-1960s period by analysts loosely grouped in the "resource mobilization" school, led by Charles Tilly. Those who are dispersed in everyday life have little capacity for protest; those who are organized in everyday life may have much capacity. These collective capacities, in turn, vary with large scale social changes which sometimes aggregate people, and sometimes desegregate them. Economic concentration during industrialization, reflected in a trend toward larger firm sizes, ultimately aggregated huge numbers of workers in mass

production facilities, yielded them the capacity to organize — to unionize, to strike, and to form labor-based political parties. Agricultural modernization drove Blacks off the land in the American South, especially during and following World War II, concentrating them in the central cities when they constructed the institutional infrastructure, not least churches with mass memberships, which made large scale collective protest possible — boycotts, civil disobedience, and riots.

In like manner, the rise of health, welfare and education institutions aggregated tens of millions of human service workers and beneficiaries. The welfare state concentrated the service labor force no less than factories concentrated the industrial labor force. It brought service workers together in state bureaucracies or in state-subsidized agencies in the private sector. In turn, worker organizations formed, some of them membership organizations composed of teachers, social workers, public health workers, and day care workers, including unions. National organizations of agencies offering similar services also formed, whether of family service agencies, family planning agencies, child care agencies. Client organizations formed among the elderly, the disabled, the unemployed, welfare recipients, and others. By the usual measures of structural density and interconnectedness, the welfare state produced more interlaced organizations and associations than one could shake a stick at.

It is the state, in short that gives human service workers and beneficiaries the incentives and resources to mobilize. Like industrial workers and Blacks before them, we thought human service workers and beneficiaries also had large scale collective capacities; they, too, could mobilize.

For us, it was Weber's lasting insight — that human behavior cannot be understood except as a reflection of people's subjective interpretations of their world — that gave most reason for cautious optimism that protest would break out. We thought people had developed firmly-held standards of economic justice, coupled with equally firm popular convictions about the responsibility of the state to enforce those standards. The idea of state social provision had thus become culturally embedded, and durable. In other words, the state had come to parallel the market as an arena of class conflict.

The fightback potential of the welfare state loomed large in our thinking. Traditional leftwing analyses root working-class power in the modes and relations of production — much emphasis on unions and union-based political parties, for example, as the vehicles by which labor rights and social welfare rights were won. But the social programs themselves represent a vast new complex of institutions — federal, state, and local, both public and voluntary — that bring various categories of citizens into regular interaction with the state, whether the unemployed,

or single-mothers, or the elderly, or the staff who serve them. After all, the American welfare state, which developed later and was smaller than in European states, had nevertheless reached similar scale in the wake of the turbulent 1960s. Here were a new set of institutions, political institutions, funded by revenues representing a significant part of the gross national product, on which the well-being of tens of millions of people depended. These millions were not organized primarily at the point of production. They were organized at the point of politics. It is the state that defines them as social categories, entitles them, and enters into political relations with them. With the rise of the welfare state, in other words, we thought that the "modes and relations of production" had come to be paralleled by what we began calling the "modes and relations of politics." In brief, we thought the welfare state itself would become the locus of resistance, the staging ground for protest.

Of course, elite propaganda in the post-1960s period emphasized that the economy was in the grip of transcendent market forces, immutable market forces, global market forces. People would just have to hunker down, make do with less (and ignore statistics showing that the rich were getting richer). Despite the skillfully articulated naturalistic rhetoric of globalization in which this neo-laissez-faire ideology was framed, we thought that people would see through it, that

they would understand how this doctrine masked the myriad ways state policy was being restructured to protect and promote the interests of the well-off during what was a time of economic decline. It seemed to us, in sum, that there was a good chance that people would recognize that elites were taking away their economic rights, not the Invisible Hand.

Since the sociological Gods of protest seemed all to be smiling, we predicted in 1982 in the *Nation* magazine that the United States was entering "A New Age of Protest" which could stave off the elite assault, and in the same year we published *The New Class War* to say that human service workers could and should resist. We also tried our hand at organizing. We invented an organization called the Emergency Campaign to Save Human Services, recruited a graduating Columbia University School of Social Work student, Kenneth Grossinger, to staff it, and appealed to the New York City social welfare community to join in demonstrating against social program cuts. This effort was a disaster (although no fault of Ken's; he performed admirably, just as he is now performing admirably as a senior organizer for the Service Employees International Union). Few people showed up at demonstrations, and we had some bad luck. Painful as it is to recall, we'll give a single example.

When the National

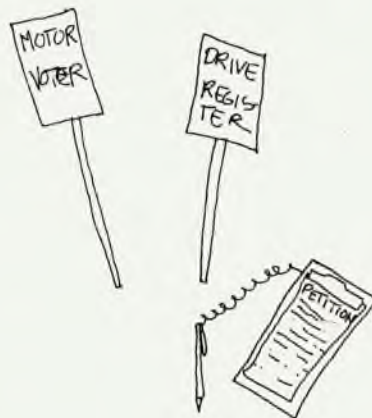
Conference of Christians and Jews announced that Reagan would be the recipient of its annual Humanitarian Award during a gala dinner in March 1992 at the Hotel Hilton on Fifth Avenue at 57th Street in Manhattan, we thought we had been handed a golden opportunity for staging a protest demonstration, and we spread the word through social welfare networks. When we set a meeting with the police to work out arrangements for the demonstration, a representative of the All People's Congress was present, since they had already applied for a permit to demonstrate on Fifth Avenue, (New York) directly in-front of the hotel. We agreed to stage our picketing a block down the street.

The All People's Congress is a congeries of two-dozen sectarian groups on the extreme left, many identified with Third World revolutionary struggles, each with about 20 members, all of whom will assemble to demonstrate anywhere, anytime, within 24 hours of being summoned by a phone call. And they know how to put on one hell of a demonstration. Moreover, we had sort of forgotten how rough sectarians can play. We scheduled a press conference a few days before the event, and got in the press daybook. When we convened, there was no press. Someone had called the daybook early that morning to cancel our press conference. So there we were — academics, union leaders, student representatives, social welfare executives, clergy, and

one unidentified person whom we knew to be from All People's Congress who didn't seem in the least surprised by the lack of press — all of us in borrowed office space on 43rd Street across from the New York Times, and no reporters. People like Mitchell I. Ginsberg, Professor Emeritus and Dean, Columbia University School of Social Work, helped cover our humiliation by making brief speeches about the injustice of the social program cuts, and Reverend William Sloan Coffin of Riverside Church led us in a rendering of We Shall Overcome.

When the scheduled night came, we were the ones who were overcome. The All People's Congress had a flatbed truck that stretched almost all the way across Fifth Avenue. They erected a scaffold on it to support a platform that gave the feeling, in the semi-darkness, that their speakers were suspended above the street, a heavenly host bearing Marxist tablets. And their sound equipment was so superb that their speakers' voices echoed down the Fifth Avenue canyons, drowning us out, although that mattered little. Our flatbed truck, rented in Brooklyn, was two hours late, having gotten snarled up on the way to Manhattan in the traffic jams in the wake of Reagan's cavalcade. By the time we got the sound system set up, most of our constituents, who were not numerous to begin with, had wandered up the street, where the action was. After we got the sound set up, we discovered we were missing a ladder to mount the truck. So we hoisted

speakers up. As for attendance, the demonstration up the block drew three or four thousand, including many passersby; on our corner, there were at best 300. Putting aside our bad luck in staging this particular demonstration, we read its failure — and the poor attendance at several other demonstrations we staged, one of them on Wall Street jointly with National People's Action (the housing activists) — to mean that human service workers were not ready to protest.



We were in a quandary. Then we had a fortuitous encounter. In June 1982, the Food Research Action Center (FRAC) convened a national meeting of grassroots organizers. FRAC is an outgrowth of the anti-poverty legal services program, specializing in promoting Food Stamps and related nutritional programs. Organizers gave reports on projects in different parts of the country to resist cuts in welfare state programs. Welfare rights organizing in one place, public

housing tenant organizing in another place, and so on. The descriptions and discussions were spirited, but none of the projects struck us as having the potential for achieving the scale and power that would be required to turn back the assault on the welfare state.

But then, over lunch, Sanford Newman, a former anti-poverty legal services attorney, demonstrated how a new organization he had formed called Project Vote! was recruiting, training, and equipping volunteers with clipboards to register people to vote on the lines in unemployment and welfare offices, or on the lines at check-cashing facilities where vouchers were exchanged for Food Stamps, or on the lines at ghetto churches where federal surplus cheese was passed out. Because of the way these human service programs aggregated people on lines or in waiting rooms, the Project Vote strategy was far more efficient than traditional door-knocking drives, and was already being adopted by others in the voter registration community. Ken Grossinger subsequently rounded up a dozen Columbia University students who registered 1,800 people in four hours on federal surplus cheese lines at a church in Harlem, and got a full page picture and story in the New York Daily News.

Even so, we saw the limitation of Newman's strategy immediately: too few volunteer canvassers to create a major electoral impact. Roughly 60 million people, or 40 percent

of all eligible voters, were unregistered; two out of three of them resided in households with incomes below the median, so that many millions were social program beneficiaries. The problem was enlarged because people change residence so frequently, constantly replenishing the pool of unregistered. To our minds, a problem of such scale required a solution of commensurate scale.

We thought we saw the solution: mobilize the workers of the welfare state to register their clients. We were dazzled by the sheer magnitude of electoral mobilization from the bottom that seemed possible. The growth of the welfare state linked workers in their interviewing cubicles with the constituency to be mobilized: hundreds of thousands of workers, millions of unregistered clients, all connected through institutions in which they had common material interests. Doubling as voter registrars, human service workers could mobilize an electoral defense of the welfare state. We also thought it likely that human service workers could be persuaded to do it (an assumption that proved wrong).

Over the summer of 1982, we wrote a draft of a paper called "Toward a Class-Based Realignment in American Politics: A Movement Strategy," which we presented for comment to a small group of top agency executives and social welfare academics in the fall. Richard, after a Chinese lunch, opened the meeting by reading from his Fortune Cookie: "The

project you are starting will succeed." To some participants, that sounded like false prophecy, but others were encouraging, so we decided to roll the electoral dice. In early December we sent out a call for a series of meetings to plan a month-long mass voter registration campaign in June 1983 in New York City. As things turned out, it was a happening.

During the winter and spring, labor leaders and liberal Democratic politicians came to meeting after meeting, and so did both leading social agency executives and rank and file social workers, day care workers, family planning workers, and settlement house workers. As word spread, people began to appear from the Women's International League for Peace and Freedom, the Grey Panthers, and the student Public Interest Research Group. We planned a dual approach during the month of June: hundreds of volunteers would go into welfare and unemployment waiting rooms and sign people up on the lines; and hundreds of social agencies would make voter registration services available at reception or intake desks. James Farmer, former director of the Congress of Racial Equality, delivered a rousing speech at the kickoff rally in the NYU Law School auditorium, and by the end of the month, 6,000 people had been registered. Of great interest to us, 2,500 had been registered by staff in voluntary agencies, just enough to give us hope that we might be right that human service workers could be motivated to register their clients.

In the summer of 1983, we went national, incorporating a new organization called Human Service Employees Registration and Voter Education, or Human SERVE. We obtained the necessary clearances from the Internal Revenue Service to raise tax-deductible funds specifically for voter registration. Hulbert James, an old friend from civil rights and welfare rights days, signed on as the first executive director. Foundations supplied financial support, staff were hired, and field offices were set up in a dozen key industrial states. And we recruited a board of directors from among the presidents and executive directors of national human service associations: Arthur Katz, Council on Social Work Education; John E. Hansan, National Association of Social Workers; Marion F. Langer, American Orthopsychiatric Association; Anthony Robbins, American Public Health Association; Sara-Alyce Wright, national YWCW; Linda Davidoff, national Planned Parenthood Federation; and George A. Brager, Dean of the Columbia University School of Social Work (who let Human SERVE squat in two offices). They in turn ran stories and editorials in their newsletters about the legitimacy and importance of doing voter registration routinely in voluntary social agencies, and they set up all sorts of speaking arrangements for us at national conferences and with their local chapters. The two of us personally telephoned every

graduate dean of social work in the country, and many undergraduate directors, to describe the idea and to ask that they sponsor communitywide meetings of faculty, students, and agency personnel.

And then we went on the campaign trail. On days we were not teaching, we ran around the country, madly, to any school of social work or public health or planned parenthood or social work chapter that would listen to us, sometimes speaking eight or ten times in three or four states over two or three days, all the while proclaiming that human service workers had it in their hands to change American politics, and to save the welfare state. "Make voter registration a community service offered by your agencies," we said. "Do it at reception desks, during intake, while you interview. Make it routine, a regular procedure, all year around." Richard had a favorite peroration (Frances thought it was a little too much) that summed things up: "You can change politics without even leaving your offices. You can save the welfare state from where you sit, 9:00 to 5:00. You don't have to go to demonstrations, you don't have to sit-in, you don't have to get arrested, you don't have to go to jail. All you have to do is register your clients to vote!"

Our audiences often seemed dumbstruck. Sometimes they erupted as if at a rally. Overall, there seemed to be a current of excitement, as if here was something human service workers could do, hopefully with agency sanction, that might

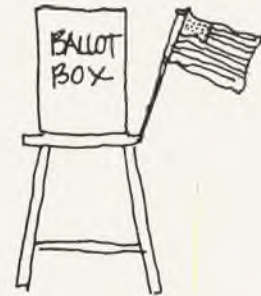
make a difference to the fate of the welfare state.

Alas. To make a long story short, after many meetings and speeches, little happened.

Agencies probably registered three or four hundred thousand, not three or four million. The failure of the social agency campaign jolted us (Richard especially; Frances had been more skeptical from the outset). Major streams of theory suggested that it would work. Social agency workers, including those with MSWs, were part of a new service sector proletariat — low paid and little honored, their lot not so different than that of industrial workers before the New Deal and mass unionization. They had every rational reason to fight back. With the women's movement gaining strength in this period, it was also acutely disappointing that women social agency workers paid no heed, defending neither themselves nor the women and children whom they serve. It was their livelihood that was under attack, and the worth of the service roles which women have always performed.

Academic ways of thinking about the origins of insurgent behavior left us unprepared for the fact that there was no protest. Indeed, no large scale protests over declining economic conditions emerged among any major constituencies during the entire decade of the 1980s, nor even in the long recession beginning in 1990. What was one to make of that? Useless Durkheim? Useless Marx? Useless Weber? Don't count on intensified

deprivations; don't count on social capacities; don't count on people's social ideas. Well, who knows? The question of when people do or do not protest is still unsettled.



Following our failure to mobilize the voluntary sector in 1984, we would have closed Human SERVE, except that we were already working on another idea about how to get welfare state beneficiaries registered to vote. The recessionary 1982 midterm elections made us think of it. Facing unemployment higher than anytime since the Great Depression, blue-collar and minority people swamped the polls, enlarging the Democratic majority in the House of Representatives by another 26 votes, and electing Democratic governors in New Mexico, Ohio, New York, and Texas.

Pundits read the returns as meaning that the 1984 presidential election outcome would likely be determined by an upsurge of what the Congressional Quarterly called "have-not" voters. Republicans were alarmed. Conservative analysts warned that the Democrats would exploit their

advantage by mounting registration drives among the less-well-off, and that the Republicans had better start registering millions of upscale citizens or they would be trampled at the polls by the rabble. It was an incredible moment: analysts and activists everywhere were beginning to say that voter registration was the key to Reagan's fate, to the future of American politics. What all the furor meant to us is that the one-sided class war could become two-sided, at least at the polls.

In this atmosphere, we kept thinking about those new Democratic governors: Anaya in New Mexico (the first Hispanic governor); Celeste in Ohio (formerly with the Peace Corps); Cuomo in New York (who got huge Black and Hispanic pluralities); and White in Texas (where Hispanic turnout was up sharply, almost all of it going to the Democrats). We thought they had an incentive to expand the electorate from the bottom — among welfare recipients, the unemployed, the working poor on the Food Stamp rolls, and among assorted other have-not groups. The question was how?

Could the governors do anything to make voter registration easier, more available? At first glance, it didn't appear so. State constitutions vest legislatures with control over voter registration arrangements, and legislatures are dominated by rural and suburban representatives who are not sympathetic to the sorts of people who show up on the

lines in welfare and unemployment agencies. Since voter registration arrangements are the gateway to the voting booth, we could not imagine that the typical legislature would authorize employees in agencies serving the poor and minorities, as part of their regular duties, to register people. "There are no Republicans on the welfare lines," one high Republican official announced. Voter registration arrangements have always been an important reflection of party competition; the more cumbersome and intimidating the procedures, the less competitive the party that depends mainly on votes from the lower half of the class structure. To compete more effectively, in other words, Democrats in the big industrial states needed a way of circumventing legislatures.

We thought we saw what they could do. They could issue executive orders — gubernatorial executive orders, county executive orders, mayoral orders — directing that citizens be registered to vote during the intake/application process in various state, county and municipal agencies. State welfare and unemployment agencies interested us most because they reach large numbers of those who are less-well-off and less likely to be registered. We consulted with Arthur Eisenberg at the New York Civil Liberties Union, and concluded that executive orders might well survive the inevitable court challenges by state Republican parties. The courts might hold that governors,

county executives and mayors were simply making access to voter registration widely available to citizens, that such executive action did not infringe on legislative prerogatives, and that no state constitutional conflicts over the 'separation of powers' were raised.

Who better to initiate this idea than the four new Democratic governors? Human SERVE state organizers set about forming statewide coalitions of unions, civil rights groups, religious, social welfare, and voting rights activists to pressure the governors. To make a long story short, all four issued orders, with much fanfare in the press. And then the political fireworks began.

It was like the 4th of July. The first order was issued in Texas in March 1984; the other three states acted by the beginning of summer. The media quickly filled with predictions that the outcome of the 1984 election might be determined by voter registration in welfare and unemployment offices. In the outcry, Anaya was shot down both by the Republicans and by the conservative wing of his own party (which he had bested at the polls), and he cancelled the order. State Republican parties sued in New York and Ohio (but the courts ruled that there was no separation of powers problem, as we had hoped). The Michigan legislature passed a bill explicitly prohibiting state agencies from cooperating with Human SERVE. The Reagan administration threatened to cut off federal grants-in-aid, on the

ground that the Hatch Act would be violated if human service workers registered citizens in the course of their regular duties, and got into a rhetorical shooting match with Celeste, Cuomo, and White. Congress, fearful that the national publicity generated by the conflict between the Reagan administration and the governors might make it appear that politicians don't want people to vote, passed a ballot-waving resolution praising democracy and urging every citizen to go to the polls, and the Reagan administration withdrew its threat to the governors.

The executive orders were too late to have any effect on the election. But Human SERVE couldn't have bought the publicity at any price. All of a sudden voting rights activists were debating the merits of something called "agency-based" voter registration, and politicians in both parties and at different levels of government were exchanging political epithets over it. It certainly helped our fundraising (which has averaged about \$500,000 annually during the life of this project, mostly in grants from foundations).

This initial success gave us reason to think that traditional ideas in political science about competition as the force that drives parties to expand the electorate should inform our organizing efforts after 1984. We could exploit the rising criticism — for example, by Jesse

Jackson's Rainbow Coalition — that the Democratic party was too oriented toward the suburban vote, and not enough oriented toward expanding its social base by reaching down in the class structure. Consequently, we adopted an "agency-based executive order" strategy, and Human SERVE field staff worked to spread the idea and to form supporting coalitions in the states.

The strategy didn't work out very well, although not for the lack of executive orders.

Orders got issued, dozens of them, a few even by liberal Republicans — some by governors, some by county officials, some by mayors, including by Black mayors in Atlanta, Birmingham, and Los Angeles. But one could wrap fish with these orders, for all the people they got registered. Public officials staged signing ceremonies with a great flourish: they draped themselves in the Flag; they delivered speeches sounding like the Founding Fathers. And all the while, cameras rolled. But then they didn't follow through to implementation. All rhetoric, no registration. Another disappointment.

So much for party competition. Our experience in dozens of states proved how weak it is.

We would summarize its usefulness as a guiding principle in organizing this way: Republicans are adamantly opposed to any reforms that would raise turnout rates at the bottom. Democrats, for their

part, are lukewarm toward such reforms. New York, where we spent more time and money than in any other state, is a case in point. It is the center of the foundation world, the center of the media, the center (we thought) of political liberalism. We were certain that Governor Cuomo, and Mayor Dinkins after he was elected in New York City in 1989, would implement human service registration. Between 1986-88, our funding proposals had a prominent section predicting a voter registration paradise in "SHOWCASE NEW YORK." Year by year, Louise Altman, the second of Human SERVE's two associate directors and New York organizer did what legislative organizers do. She organized statewide coalitions and importuned the Governor, who issued a second and better executive order, with the appropriate press announcements, this time in 1988, but he again failed to implement it. She staged public forums and arranged testimony, and rebutted opponents of reform at official hearings. She worked with the media to expose New York's archaic election practices ("as bad as in Mississippi"), and helped prepare law suits to expose them. Hard work, drudge work, year after year, and to very little avail. The Senate Republicans did not want multitudes of poorer people registered to vote, especially those in New York City.

In any event, it became apparent by 1987 or 1988 that we

needed legislation, not executive orders, legislation that could be enforced by the threat of litigation. We turned to this task with trepidation, fearing that legislatures would pass "motor voter" programs but not programs to register people in welfare and unemployment agencies. When Human SERVE started out in 1983, several states already had operating motor voter systems; the earliest of them had been started in Michigan in 1976 by Richard Austin, the first Black elected Secretary of State in the country. But at first we had no interest in motor voter; data from the U.S. Department of Transportation showed that the constituencies which were underregistered — poorer people and minorities — were also less likely to be on the drivers' license rolls: big-city dwellers were less likely, and inter-city minority women were least likely. Human SERVE asked its contacts in the New York City Human Resources Administration to conduct a drivers' license survey in several public welfare waiting rooms. In the Schermerhorn Center (Brooklyn), which sees 600 clients daily, 500 adults were questioned: only eleven reported having drivers' licenses. In the Waverly Center (Manhattan, New York, New York), which sees 900 clients daily, 700 were questioned: 8 said they were licensed.

In any case, Human SERVE staff began haunting the conferences of governors, secretaries of state, county officials, mayors, and Black legislators, distributing literature

and inveigling themselves onto panels where they talked up voter registration reform. Then it was back to their offices and to the telephones to follow-up with the contacts made. Human SERVE spent \$50,000 a year on travel and telephones. And, of course, statewide coalitions were formed to pressure legislatures.

After four or five years of working the legislative halls all over the country, we had fantastic success, at least with motor voter. By 1989, some 30 states had started some sort of motor voter system. But no matter how much we talked about fairness to non-drivers who tended to be poorer, to be minorities, and to be women, we could not get legislatures to include welfare and unemployment agencies in their voter registration reform bills. Only one state did, and that was thanks to the legislative organizing work of a Carleton College political science professor and grassroots organizer named Paul Wellstone who formed a Human SERVE chapter in Minnesota (and went on to win election to the U.S. Senate in 1990, a chamber over which he presided on the day the final federal bill was passed in May 1993). Overall, we had won a reform that we didn't care about, and lost the one we did care about.

First Human SERVE failed to get social program beneficiaries registered through the voluntary sector; then it failed to get them registered with executive orders; and it failed

again with state legislation. The only chance left was Congress. By this curious process, we became advocates of national voter registration reform. We couldn't have imagined that back in 1982 and 1983. Nor could we have imagined then that national reform would succeed 10 years later. And we certainly would not have thought that motor voter programs, which we initially spurned, would turn out to be the key to getting human service beneficiaries registered to vote.

Federal legislation of any kind seemed like a long shot indeed. Chances were that Congress would do nothing, or would at best pass motor voter legislation without human service agencies; and even if, by some fortuitous combination of circumstances, it turned out to be possible to find 60 votes to break Republican filibusters in the Senate so that a comprehensive bill could be passed, Bush, elected in 1988, would wield the veto pen. In any case, the key question was whether congressional Democrats wanted to expand their political base from below and would fight for a comprehensive bill, as their counterparts in the states had not. It was party competition theories to the test again.

Ironically, motor voter programs were key to the passage of the National Voter Registration Act. They constituted a precedent — that enrolling the electorate is a legitimate state function, and that the way to do it is through a spectrum of government agencies. The civil rights

struggle and the Voting Rights Act of 1965 (including subsequent amendments), by outlawing literacy tests and other practices, stopped government from preventing people from registering. Human SERVE argued that a new principle was emerging: that government should have an affirmative obligation to enroll the eligible electorate, and that making voter registration an integral part of application processes in state agencies was the way to do it. The fact that there were so many motor voter programs by the late 1980s made that claim credible. It robbed congressional opponents of objections on states rights' grounds, since federal legislation would simply nationalize an innovation that had become widespread among the states. More and more, we used motor voter as the case in point to argue for a federal bill. Our studies showed that motor voter was cheap — \$0.25 per registrant in most states; it would be just as cheap in other agencies. It was fraud-free, since getting drivers' licenses requires proof of identity, residence, and age, and it would be doubly fraud-free in human service agencies where people must document their identity, age, sex, occupation, family status, and much else about who they are before benefits are granted.

Consequently, we made the case to a coalition of national civil rights, civic, labor, social welfare, disability, and religious organizations that they should push the Congress to support a comprehensive motor voter/agency-based voter registration

reform bill. To make another long story short, it was this coalition that negotiated a bill with the Democratic congressional leadership, and that helped carry the bill to final passage. The key issue, especially in the Senate, was whether human service agencies (AFDC, Food Stamps, Medicaid, WIC, and unemployment) should be included in the motor voter bill. This was almost entirely a partisan issue, since social program recipients, being heavily minorities, could be expected to vote more Democratic than Republican. It was thus touch and go whether human service agencies would be included. The civil rights groups were key. They made plain that they wanted human services agencies included; without pressure from the civil rights community, key southern Democrats would not have supported human service agency registration. The civil rights groups were also crucial in persuading three liberal Senate Republicans to join 57 Democrats to shut off filibusters. The first three cloture motions, in 1990 and 1991, failed to muster 60 votes. However, 60 votes were cast to override a filibuster in 1992, and an inclusive bill went to President Bush who vetoed it — on the eve of Independence Day when everyone was preparing cookouts. A year later, in the Spring of 1993, an inclusive bill survived another filibuster by exactly 60 votes, this time after 11 days, and by then there was a Democrat in the White House to sign it.

Both of us got to stand

behind President Clinton at the White House signing. When he shook our hands, he gave us two of the 18 pens he had used. As we stepped off the platform toward the audience, we gave one to Human SERVE's associate director, Jo-Anne Chasnow, whose considerable organizing efforts at the state and federal levels were no small reason why there was a federal bill to sign and celebrate at all. A year later, the National Association of Secretaries of State, at their annual conference, made an award to Human SERVE for its work on reform, but it was also Jo-Anne whom they intended to honor. They said that "She is a tireless worker in the vineyard of Democracy," and "She deserves to hold the award and smile at the ceremony with a feeling of satisfaction and achievement."

If properly implemented by the states, registration levels will rise to more than 90 percent, from the current level of little more than 60 percent. The large majority will be registered in drivers' license agencies, and the rest in human service agencies.

The main defect of the federal legislation is that it permits looser administrative arrangements for registering voters in human service agencies than in driver agencies. The NVRA language pertaining to drivers' license agencies virtually forces them to use what Human SERVE had for years been advocating for all relevant state agencies: single/combined forms, the top part to get or renew a drivers' license, or to

apply for human service benefits, and the bottom part to register to vote. The language governing human service agencies is more permissive, and could lead to less routinized voter registration procedures; a lot of people could be missed. Looser federal language means, politically, that the fight for a routinized system of voter registration in the United States has been shifted back again to state legislators, and to AFDC, Food Stamp, Medicaid, and WIC administrators. This does not necessarily mean, however, that there will be another endless, endless fight over voter registration arrangements. It does not necessarily mean that it will be a replay of a century-long political struggle in the states, in which representatives of rural and small town dwellers, this time joined by suburban representatives, try again to design registration arrangements that will keep voting lower in the cities, the locale earlier in the 20th century of the immigrant industrial working class and now largely of minorities who make up much of the service working class.

This time around, the voter registration fight at the state level will be played out within much narrower political parameters, parameters set by the NVRA on the one side and by the Voting Rights Act of 1965 on the other. In a sense, state officials are in a vise. The NVRA requires that states establish new voter registration arrangements; if they design arrangements in human service agencies that are much looser than in drivers'

license agencies, then they can be charged with racial discrimination under the Voting Rights Act.

Louise Altman worked to tighten the vise in New York. After the NVRA passed, there was some danger the New York State legislature would not act by the deadline, or that they would write strong driver language and weak human service language, thus creating a racially discriminatory system. Louise remobilized the statewide coalition, and she raised the threat that legal defense organizations would file voting rights suits. The Community Service Society of New York (whose general counsel, Juan Cartegena, serves as board president of Human SERVE) made this threat real to legislators by actually filing notice of a suit. And Louise got the New York City bar association to issue a letter strongly implying that New York State had no legal grounds to resist implementing the NVRA. The Republicans, in short, could be made to look responsible for deliberately obstructing the rights of minorities.

The night before the legislature adjourned, the Senate Republicans finally capitulated and adopted the model legislative language advocated by Human SERVE, including single/combined forms all around. Several days later, the *New York Times* said editorially (7/6/94) that one of the "few noteworthy accomplishments" of the legislative session was "a voter registration bill significantly better than the one

required by the new Federal law." And if implementation goes as well, especially by the state department of social services, it will indeed be SHOWCASE NEW YORK!

Perhaps it is too optimistic to conclude that state officials are in a vise, but that is the assumption which Human SERVE is making, at this writing. By the time this article is published a conference organized by Human SERVE of litigating organizations in the civil liberties and civil rights community will have met to plan suits and to threaten state officials in recalcitrant States.

Still, if there is a dominant impression we have after beating the voter registration bushes for more than a decade, it is that barely anyone thinks universal registration will in fact matter. Few academic electoral analysts do, few analysts in the media, few leaders in civil rights, or in good government organizations, or in business and labor. The night of the Presidential signing, the big news on television was that Bill and Hillary tied up the Los Angeles airport for two hours while they sat on a runway in Air Force One getting customized haircuts.

To be sure, Republicans opposed the bill, and filibustered it time and again, suggesting that party competition was at work. But one could make too much of that. It was mainly social program beneficiaries that Republicans worried about. Otherwise, it was a time of party

dealignment, of voter volatility. Older voter allegiances were breaking down, making it hard to know from one election to the next how various groups would vote. In the wake of civil rights victories in the 1960s, the once-Democratic South has been giving the Republican party some 70 percent of all white votes, including about half of the votes of poorer Whites. These southern Whites delivered the Senate to the Republicans in 1980, but they gave it back to the Democrats in 1986. Similar backing and flipping could be seen among many northern blue-collar workers. This was also true of youth. The young had been supporting Republicans in this period, and some Republicans in the House thought the motor voter bill might be a good thing because it could literally double registration levels among those 21 and under, few of whom are registered but most of whom drive. Consequently, when a bill that made motor voter mandatory (but left human service agency registration optional) came to a vote in March 1990, 61 Republicans broke ranks to join 218 Democrats to vote for it. They were mainly younger Republicans lured by the prospect that the youth vote might become the key to their own electoral fortunes, and they were led by their party whip, Newt Gingrich. Not surprisingly, Republican support for the bill caused head-scratching among Democrats, who wondered if Republicans knew something they didn't. But as the 1990 recession deepened, and

lasted, polls showed that the youth vote was unstable, and might tilt toward the Democrats in 1992 (as it did).

Clearly, party dealignment had much to do with winning registration reform. The uncertainties resulting from voter volatility made it difficult to predict the impact of liberalized registration, suggesting that neither party would be much helped or hurt, except that Democrats would probably get some marginal benefit from increased registration among minorities who are the predominant users of human services. But even the conflict over human service agencies was nothing more than a dim echo of the long struggle by Blacks to win the Voting Rights Act in 1965, which had involved a stream of civil rights protests throughout the South, and the eruption of riots among southern Whites and northern Blacks. Everyone understood what enfranchising southern Blacks meant; it would transform southern politics. It meant the end of Democratic domination in that region, and the beginning of vigorous two-party competition. But no one thought that the National Voter Registration Act would change politics. Most significant, there was no opposition from corporate America, even though motor voter could register the whole working class. (Can one imagine an automobile worker who doesn't drive?) If the business community had thought for one minute that this bill was going to imperil the Republican party, they would

have mobilized to defeat it. But there were no expressions of concern in business publications. No concern at all. Not any. That meant that reform could succeed more from lack of opposition than from support. So the Democratic majority leader, George Mitchell, scheduled the bill for one cloture vote after another, and helped keep his members in line for a straight party vote. Two cheers for party competition! And a third cheer for party dealignment! Or perhaps it should be the other way around. One cheer for party competition, and two for dealignment.

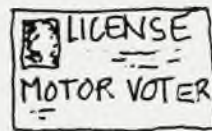
Since so many more White working-class voters were supporting the Republican party in this period, our preoccupation with voter registration reform was constantly challenged by critics, supporters, colleagues, and friends. It was as if class had been expunged as a force in history, at least at the polls. Under these circumstances, the question was, Why were we bothering to promote registration reform?

Staff discussions at Human SERVE were filled with gallows humor. When Reagan reached all the way down to the \$12,500 household income voter in marshalling support for his 1984 landslide victory, we knew Human SERVE in a small way shared responsibility. Our volunteers had registered thousands in unemployment offices with incomes higher than that! We joked around the office

that Human SERVE was like the English Colonel who dealt with morale problems among his troops who were languishing in a Japanese prison camp by putting them to work building a railroad bridge on the River Kwai, even though that would aid the enemy. It was a mighty fine bridge, and Human SERVE ran a mighty fine registration campaign.

And then there was the way Richard ducked out on implementation planning meetings, once the federal bill was passed and signed. Frances got alarmed that Richard was assuming that the implementation process would go smoothly, almost automatically; she thought the Republicans in state legislatures together with conservative Democrats would try to obstruct voter registration in human service agencies. The staff was also alarmed. In order to make it harder for state officials to delay or obstruct implementation, Human SERVE staff had begun, even before the federal bill passed, to make field studies of processing systems in the relevant government agencies in a sample of 12 states, as the basis for a technical manual showing public officials how to incorporate voter registration, depending on whether their particular agencies still do most of their paper processing by hand, or partly by computer, or whether they have fully computer interactive systems. State officials, to their astonishment, got copies of the manual in the mail just a few weeks after the bill passed, and

it has been a smash hit. The Federal Elections Commission subsequently issued its own manual — having had ours in hand as a model — and ours is better. That's because Human SERVE made it a practice to learn about agency procedures, whether in human service agencies or DMVs, and because Human SERVE learned a great deal over the last ten years about the details and absurdities of state registration systems — giving us a good feel for how to incorporate voter registration in the application process for other services. Human SERVE staff are currently giving technical advice to all kinds of state officials — legislators, elections officials, associations of driver agency directors, human services department heads, and so on.



Finally, Richard explained why he had been hanging back. He confessed that he really didn't want to see implementation succeed, because the full registration of the less-well-off might supply incontrovertible evidence in future elections that we were wrong, and the critics right, that class no longer mattered in voting.

We quickly add, however, that we never thought class much mattered at the polls either, and we didn't think so when we undertook this project.

We've always thought that it takes protest movements to galvanize voters around class issues. Protest movements have the capacity to communicate visions of the world that are alternatives to ruling-class propaganda, and thus to politicize voters.

Think of the politicizing effect on working-class families throughout the country when news reached them of the 1937 sit-down strike in Flint. General Motors company guards, reinforced by police using tear gas and guns, tried to keep the Women's Emergency Brigades from delivering food and medicine to the strikers who had occupied the plant for a month. More than 10,000 workers from surrounding towns — among them a young man named Walter Reuther from the Kelsey-Hayes plant in Detroit — circled the plant in support. And circling them in turn were national guardsmen, ordered to duty by the Governor, howitzers drawn up, ready to fire. As a court-ordered deadline to evacuate the plant neared, the strikers sent out this message to the Governor:

"We have carried on a stay-in-strike for over a month in order to make General Motors Corporation obey the law and engage in collective bargaining.... Unarmed as we are, the introduction of militia, sheriffs, or police with murderous weapons will mean a bloodbath of unarmed workers.... We have decided to stay in the plant. We have no illusions about the sacrifices which this decision will

entail. We fully expect that if a violent effort is made to oust us, many of us will be killed, and we take this means of making it known to our wives, to our children, to the people of Michigan that if this result follows from the attempt to eject us, you, the Governor, are the one who must be held responsible for our deaths."

Or think how Afro-Americans and their liberal White allies throughout the country must have reacted to news from Birmingham, Alabama in the spring of 1963. This was the Birmingham spring of mounted police and the snapping teeth of guard dogs, of cattle-prodders and rib-cage-crushing high-power water hoses, and of mass arrests. It was also the spring of mounting criticism of Martin Luther King and the nonviolent movement for resorting to direct action tactics, criticisms made not least by prominent Black clergy. King's "Letter From a Birmingham Jail," addressed to these Black clergy, set out the political and moral justification of direct action by an oppressed people.

"You deplore the demonstrations that are presently taking place in Birmingham. But I am sorry that your statement did not express a similar concern for the conditions that brought the demonstration into being. I would not hesitate to say that it is unfortunate that demonstrations are taking place in Birmingham at this time, but I would say in more emphatic terms that it is even more

unfortunate that the white power structure of this city left the negro community with no other alternative.

One day, the south will recognize its real heroes. They will be the James Merediths, courageously and with majestic sense of purpose, facing jeering and hostile mobs and the agonizing loneliness that characterizes the life of the pioneer. They will be old, oppressed, battered negro women, symbolized in a seventy-two year old woman of Montgomery, Alabama who rose up with a sense of dignity and with her people decided not to ride the segregated buses, and responded to one who inquired about her tiredness with ungrammatical profundity: "My feets is tired, but my soul is rested." They will be young high school and college students, courageously and non-violently sitting in at lunch counters and willingly going to jail for conscience sake."

In short, votes and protest reinforce one another; taken together, the combination sometimes gives subordinate groups a measure of power.

At the present time, protests by the women's movement are having a politicizing effect on the attitudes of millions of women, with the result that a gender gap in voting has developed. Having won the franchise in 1920, women voted like men for sixty years. But the divergence in 1980 foreshadowed an arresting possibility, the possibility that a

new mass constituency would emerge to defend the welfare state, a new group claiming rights, just as industrial workers in the 1930s and Blacks in the 1960s demanded labor and civil rights, and social welfare entitlement, and successively forced the Democratic party to champion their causes. In the process, these clamoring groups disrupted, reorganized, and reoriented the Democratic party. That has been the fate of the Democratic party in the 20th century — to be constantly disrupted by insurgent masses of people. Women could easily become the next disruptive force. And the growing influence of the Christian Right in the Republican party could actually help the process by leading many women (and their male allies) to defect to the Democratic party, perhaps creating a new and progressive dominant national coalition. Class realignment in the 1930s, racial realignment in the 1960s, and now possibly a gender realignment. Therein lies the hope for the welfare state.

Beginning in 1982, Frances wrote articles and gave speeches before social work, public health, family planning and kindred audiences emphasizing that the convergence of two unprecedented trends could transform American politics. One was the rapidly worsening economic condition of women, and the other their growing political independence, activism, and turnout at the polls. And she added that three out of four middle-class women who work

were employed in human service occupations, and that three out of four beneficiaries were women, or their children. The welfare state, in other words, is a set of institutions where women serve women. When Human SERVE tried to mobilize voluntary agency workers to register their clients in the 1983-84 period, our literature emphasized that women registering women is a way to build an electoral defense of women's institutions (and it still is). In sum, it is clear that the attack on the welfare state is part of a new class war, and part of a new race war. It is also part of a gender war, a war against women, and it is getting worse.

There was turbulence in the 1930s, and again in the 1960s. There will be again, perhaps this time among women. And since protest will once more politicize people, it could matter a great deal that access to the franchise will, for the first time in American history, be unencumbered. That's what we hope. Time will tell.

A Closing Note on Organizing and Writing

We have always found it very useful to write and publish in the course of organizing.

Publications enable organizers to explain their ideas, to win converts, and to obtain resources. If the organizing project is a longer-term one, publications can be used to update progress, to explain shifts in strategy, and to maintain support. In the event that some professionals, faculty or students

might want to study the Human SERVE organizing project from the perspective of our writing, we conclude with relevant publications.

Pre-1982

We first tried to highlight tumult as an important, perhaps crucial, feature of the struggle for social provision in a series of articles in the 1960s devoted to analyzing the organizing strategies used in civil rights, rent strikes, and welfare rights. (These articles were subsequently collected and republished as a book under the title, *The Politics of Turmoil*, (Pantheon, 1974). In the same period, we wrote *Regulating the Poor* (Pantheon, 1971) which analyzed the long history of interaction of popular protest and poor relief in Europe and the United States. Finally, in *Poor People's Movements* (Pantheon, 1977), we analyzed the relationship of popular protest in the United States to the winning of labor and civil rights, and to the winning of social welfare entitlement.

1982

The New Class War, Pantheon. Discusses institutional changes over the course of the 19th century and early 20th which helped give rise to the popular belief that government should intervene in economic arrangements to guarantee minimal economic well being.

"Economic Demands, Political Rights," *Democracy*, Summer.

"The New Age of Protest," *The Nation*, April 17. Predicts protest in response to Reagan's attack on the welfare state.

1983

"The American Road to Democratic Socialism," *Democracy*, Summer.

"Toward a Class-based Realignment of American Politics: A Movement Strategy," *Social Policy*, Winter. The first statement of the voter registration strategy.

1984

Piven, "Women and the State: Ideology, Power and the Welfare State." In Alice Rossi, editor, *Gender and the Life Course*. New York: Aldine (this was the Presidential volume consisting of the best papers selected from the 1982 annual meeting of the American Sociological Association). This article discusses the emergence of women as a political force. In this same connection, see also Barbara Ehrenreich and Frances Fox Piven, "The Feminization of Poverty," *Dissent*, Spring.

1985

A two-part article on Human SERVE's experience in the period before the 1984 election: "Trying to Break Down the Barriers," and "How to Get Out the Vote in 1988," *The Nation*, November 2 and November 23.

"Prospects for Voter Registration Reform: A Report on the Experiences of the Human SERVE Campaign," *PS: Political*

Science and Politics (Quarterly Journal of the American Political Science Association), Summer. Expanded Edition of *The New Class War*, Pantheon, with a closing chapter saying why the welfare state might fight back.

1988

"New Prospects for Voter Registration Reform." *Social Policy*, Winter.

"National Voter Registration Reform: How It Might be Won." *PS: Political Science and Politics* (Quarterly Journal of the American Political Science Association), September.

Why Americans Don't Vote, Pantheon. A historical review of voter registration arrangements in the United States, framed by an analysis of the political purposes they served, including the way they deprived the United States of the class-based political parties that developed in European countries.

1989

"Government Statistics and Conflicting Explanations of Nonvoting," *PS: Political Science and Politics* (Quarterly Journal of the American Political Science Association), September. Shows that voter registration barriers are more important in keeping voting down among poorer and minority people than is commonly thought, thus justifying national reform. □

PICA¹

Personal narratives, like friends and books, are a path to consciousness. If one is very lucky, as I have been, to write with friends about books, the journey is swifter. I wish to thank Carol Ganzer for helping me to make that discovery.

By Suzanne England

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The difficulty of writing about myself

Most of us who write have had the experience of making any number of starts on a story, each one discarded because it wasn't what we wanted to say, or it seemed forced or somehow false. This is what happened to me as I tried to write this piece. I finally realized the source of the difficulty. By writing about what I do I am writing about who I am. Who I am now (at least one of the whos) is an administrator, the helping I do is indirect, and because so much of what I do is oriented toward a future that I will never see, I'm reluctant to claim that I'm helping. Occasionally I do help in a more direct way, using my position to shape behavior in ways that reduce harm or increase the likelihood of benefit, but my basic job is to organize talent to meet organizational goals. My work now seems to have very little plot. Where it is possible to discern a story, say a vignette about trying to solve a salary inequity problem, most of the action is in my head, eg., looking at policies, budgets, running down some figures, and thinking about how to justify an adjustment. Unless you're the

person with the salary problem, there's not much drama, and there may not even be an identifiable resolution or ending in the usual sense. Were someone asked to watch a film or read about what I do on a typical day, it would make only minimal sense, if any at all. It certainly wouldn't be interesting, except perhaps to a student of administrative behavior. If, however, I were providing a voice-over about what I was trying to accomplish by certain actions, and what I was thinking or feeling, then it would begin to have some interest as a narrative. If flash backs and flash forwards were added it might be more narrative-like but if it was supposed to be "about" something, it would still have to have a sequential structure and some amount of dramatic tension, e.g., helper meets problem, helper solves problem.

Now it is true that as I try to solve the salary problem I am interpreting my actions to make sense of what I am doing in relation to who I am as a self. This would also be true of a reminiscence but perhaps easier because there is the context of what came after to help me choose what to include and not

1. Pica, a size of letters in typewriting, a book of rules about church feasts, the eating of substances other than normal food. From the *Concise Oxford Dictionary of Current English*, Eighth Edition, Clarendon Press: Oxford, 1990.

include. But in both cases I am creating a narrative, and a character, someone who is comprehensible, who orders her behavior according to a set of rationalities, and who can be judged according to some recognizable and culturally supported moral standards. But ultimately this is a fictional character, created by me to make sense of myself to myself and others. Not all of the difficulty was with me. There are precious few examples of personal reflections on careers in the helping professions to draw upon (an impoverishment this journal should help to correct), so I had no models for writing this. It is also true that I have not learned to think about my life in heroic terms. That may be because I am a woman and our culture has few myths and meta-narratives that feature individual women as primary agents of positive social change. Paradoxically we are viewed as naturally suited to roles as helpers but because of the requirements of Western narrative structure, we find it difficult to tell our stories.

How then to start? I knew I wanted to explain myself somehow—to make sense of myself as a helping professional, yet not be too confined by conventional forms and expectations. Perhaps I could identify a thread in my career that would connect seemingly

disparate events, or somehow show the evolution of some self-organizing principle or perspective. What has been essential through the years? Were there seeds in the beginning that grew to maturity in my later practice? I decided to begin with a reminiscence and then to think about what the telling of that story means to me today.

Memory, then, isn't so much archival as it is a seeking of vitality, harmony, an evocation of a truer, more nearly complete present tense. (Wideman)

Melba

My first experience on my own as a social worker was the summer between my first and second year of graduate school. I was hired by the Archdiocese of Chicago for a summer Head Start program the year the program began, and worked out of a little parish church on Chicago's near west side. The personal difficulties faced by people in those neighborhoods were staggering, and the social structural sources of their problems seemed nearly insurmountable. But it was a time of optimism, we had resources to apply to the problem, and the underlying philosophy of the program supported community action and the full participation of those

living in the communities. Much of the work I did was focused on parent participation and while I was constantly responding to individual needs, I was not doing casework in the classic sense. Occasionally, however, I would have the opportunity to perform a straightforward simple act and make a recognizable difference for an individual.

One story that stands out in my memory of those times was about Melba and her children.

I must caution you that there is no happy ending that I know of to Melba's own story. I left Head Start to have a baby, and lost touch with the program, but once a year or so later I had a dream about Melba in which she had been able to make a decent life for herself and her children. Given how little she had to begin with it's unlikely that any part of that dream came true.

The story really begins that first summer, a year before I met Melba. I was assigned to a center at Saint Jarlath's church in what was considered then to be the poorest part of Chicago. St. Jarlath's was in a pocket of mixed development just north of the major east-west highway.² There were blocks of fortress-like buildings that housed various union headquarters, interspersed with empty lots, apartment buildings occupied

2. When the highway was built in the late fifties it devastated the neighborhood. St. Jarlath's was no longer a viable parish but was being kept open at the time because its elderly pastor was due to retire. In the intervening years most of the housing was torn down. Some of the residents who owned homes stayed put because there were plans to develop the area and they stood to gain if they could hang on long enough. The new United Center where the Chicago Bulls play and where the Democratic convention will be held in 1996 is just a few blocks of where St. Jarlath's once stood.

barrio-style by Mexican-American or Puerto Rican families, and blocks of greystones, many of which were in disrepair and cut up into small overcrowded apartments. It was in the greystones where many of the Black people in the neighborhood lived. Even in this supposedly poorest of neighborhood there were noticeable status differences among the residents. Depending on the block and the condition of the greystones, one could reliably predict whether the building would be occupied by long-time Chicago residents or recent immigrants from the rural south. The latter were by far the worst off, and predictably they were the hardest to recruit to the program. Many we approached were suspicious of us but I think also some were just too shamed by their living circumstances to want us involved with their children.

Part of it too was that the Archdiocese and the nuns who taught at our center were identified with the civil rights movement in Chicago. This was the summer that Martin Luther King had marched in Cicero, Illinois, and few of those I talked with in the neighborhood approved of him. I think they were frightened by what could happen to them if they got involved or even if they voiced support to their neighbors. For good reason too. The televised images of the march showed that there were people in Chicago, not far from the neighborhood, who were every bit as dangerous as those they had feared in the south. It could have been too

that those who spoke so disapprovingly of Dr. King wanted to go on record with me, a White woman, that they weren't agitators or "uppity". I remember how taken aback I was that they did not support the civil rights movement, and wondered then whether this was an example of the conservatism of those who are lowest in the power structure.

Recruiting families for the program that summer taught me several lessons that indirectly led to my meeting Melba. Although I understood intellectually that I had to set aside expectations based on my position of privilege, I didn't realize until I was there how easy it was to miss seeing places where people might live. That summer I found people living in (and paying rent for) back yard sheds and lean-to's with no visible plumbing, dank, windowless basements, and buildings with no glass in the windows. The more I learned to look, the more places I found inhabited. Another lesson I

learned, already alluded to, was that the poor are not homogeneous. They can be harsh judges of one another, often reflecting in their behavior and attitudes the hierarchies and prejudices of the larger society. Among the Black people in the neighborhood, it mattered where you were from, the shade of your skin color and texture of your hair, and where you went to church. That summer those on the lowest rung were recent immigrants from the south, mostly Mississippi. Those on the highest were the owners who occupied brownstones on several of the streets that were still tree-lined.

This stratification was reflected in our Head Start enrollment patterns and also seemed to affect the participation of parents. The families that were the least badly off were the first ones to fill up the program, and the families that looked and acted the most like middle America were the most likely to take full advantage of what the program offered. I had been



reading about "creaming" at the time and I could see some of the patterns and processes in the Head Start program. Taking the path of least resistance, we were most involved with the hardest and most able of the residents in the area. I became interested in whether this could be demonstrated in a more objective way and asked permission to use the records of several of the Archdiocese programs to collect and analyze data on the families and their participation. I found that families that were headed by two parents, were better off financially, and where the parents had a history of employment, a much higher rate of participation³ in the program than those headed by women and on welfare. This meant that we were also probably recruiting from the better off end of the spectrum as well and that we could change our recruiting practices to counteract it. I decided to try a different approach the next year.

In addition to learning to think about the neighborhoods as social systems that could reproduce the status hierarchies of the larger society, I began to become aware of the extent and nature of the health problems and environmental risks that came with living in these neighborhoods. Some of what I saw I couldn't have imagined was possible in the United States

in 1965. A baby whose legs were terribly bowed from inadequate nutrition or an untreated hip dysplasia was the youngest of thirteen children. I remembering wondering if she might have learned to walk too early in order to get her basic needs met. Going door to door one day I knocked on one door and the children who answered were so infested with lice that I could see them flitting around their heads, and numerous times I saw living conditions that prohibited any washing up or food preparation. Children often had open sores where a minor wound had become infected for want of soap and water, or shoes to protect their feet from further injury. In August I encountered a family in which the young mother of two had been murdered in the street in front of their house three days before. In those days that was not so commonplace as it is today but I have never forgotten how terrible such knowledge must be for families.

When I finished my degree and went back to work for the Archdiocese I was assigned to Central Catholic School in Lawndale. The school was an elementary school and room was being made for the summer program to go year round starting in the fall. At that time the neighborhood had more going for it than did the St. Jarlath's parish. The neighborhood was bounded on the

north by the same highway that had strangled St. Jarlath's but here the highway acted as a buffer. Next to the highway was a small public housing development that was new and the apartments were the most sought after public housing units in the city. Across from the housing development was a new public elementary school, and Central Catholic itself was a going concern with an activist priest. The several blocks between the housing development and Central Catholic were streets of greystones that varied as to condition and crowding but few were in a state of advanced decay, and a number were owner-occupied. In this part of the neighborhood many of the families were two parent and multi-generational families, many of the adults had at least a junior high level education and someone in the family worked at least part time. By and large these families were eager to put their children in Head Start and the mothers became enthusiastic and competent volunteers and employees of the program. As expected these families began to fill up the program even before we had gone out recruiting.

As you walked south a few blocks south of Central Catholic however, the neighborhood changed dramatically. There was no question that this part of the

3. The participation differential had less to do with recruitment and was probably affected to some extent by the fact that the community action programs were mandated to hire most of their non-professional personnel from the neighborhood and to some extent we were reproducing the community's status hierarchy within the program. This was no doubt amplified by the program's sponsorship by the Catholic church because the elite in the neighborhood sent their school age children to the Catholic schools.

neighborhood was a slum. The apartment buildings were quite deteriorated and known as gang territory. Because of what I had learned the previous summer, I decided to find every possible eligible child in that section by going block by block looking for households. One day when I was combing the streets for children, I came upon a little girl who looked about five playing on the sidewalk, barefoot amidst broken glass and whiskey bottles. I remember the scene. There was a bar on the corner with the windows all boarded up, and a few men were hanging out sipping from their bottles in paper bags. I didn't think they were gang members because they were older and not dressed in the sharp, aggressive style of the gangs. Besides it was midday and gang members were not usually on the street that early. Although they had a proprietary attitude toward their corner they responded in a friendly way when I greeted them.⁴

I told the little girl, who said her name was Patty, that I was from a school program that I thought she would like, and she looked up at a younger child who was peering out of an open window on the fourth floor of the building. Patty said her mother was home and took me up to see her. The apartment had one old couch by the window, maybe two pans for cooking, and two beds each with fairly clean but ragged sheets. Patty's mother,

Melba, pulled up an old kitchen chair and I sat on the couch. Melba looked no more than 16, slight and dark complected. She was actually 19, and already had five children. The oldest was Patty, the youngest an infant, a two year old was in Mississippi with family. She had come to Chicago some two years before with the children's father who had recently returned with the one child to Mississippi. I liked Melba, partly because I had succeeded in finding her but mostly for her sweetness toward her children. She was still a child in many ways but someone in her life must have loved her and taught her about loving babies, if not about keeping a closer eye on them in the city. We talked about bringing the children (two were the right age) into the center the next day, and she told me she wanted to do something about not having any more babies. I told her I could help her with finding a doctor to talk with about that and we would have programs and services for her as well as the children.

Melba brought all four children the next day and we registered Patty who was five, and Sissy, who was four. She brought along the baby and Tilly, who was three, because there was no one to watch them at home. Over the next weeks she would often bring along all of the children and would usually stay for a while. She wanted to enroll Tilly too, and although she

wasn't eligible until fall we often included Tilly in field trips and I would let her stay and play with toys in my office when Melba needed to do an errand. Patty and Sissy enjoyed the program and the staff responded well to them. Patty would be going to kindergarten in the fall and she seemed to gain visibly from the program. Sissy did well too and would be continuing in Head Start when it went to a full year program in the fall. Tilly, however, was a little girl with troubles. At times she couldn't seem to manage herself, and careened around the room going from one thing to another. At other times she would be lethargic, hardly the same little girl. She didn't seem well physically either. Tilly was fairly light-skinned, but her skin was pale and splotchy, and some days she had a kind of misery about her that suggested a physical illness. All of this was not evident at first but became more so as the summer progressed, and I began to wonder if she might not be mildly retarded. We did include Tilly in the screenings whenever the health staff came around and nothing unusual was noted.

Melba amazed me that summer because most of the children we recruited from her part of the neighborhood had spotty attendance, and her girls never missed a day. When children didn't show up we would revisit the families to try to persuade them to continue.

4. My experience with the street corner men in the neighborhood was that they were protective. The day Martin Luther King was killed a group of men that I greeted every day stayed by my car until they saw I was safely on my way home.

They usually assured us that they still wanted their children in the program and promised to send them the next day. Sometimes the children came for a day or two then would drop out again. Few of the mothers from Melba's part of the neighborhood would participate in any parent activities or field trips but Melba always managed to come. I still remember a few of these other women. Some were literally ill, either suffering from depression, untreated hypertension or alcoholism, and some seemed simply defeated, preferring the comfort of TV in a dark room to the bright scrutiny of a social program. Thinking back on what I had seen in these homes, it no doubt was much easier to stay home with the kids, and often there was a disabled adult who also lived in the home, than to go to the trouble of getting one child out to school. When there was an older sibling, she (almost always a girl) would bring the child, and there was a better chance than that the child would have regular attendance. Melba had only a bare one room apartment and no family or friends, but somehow she was determined to make the most of whatever was at hand.

Whether the other women were also reacting to the social stratification of the neighborhood, I can't say, but it wouldn't have surprised me. Our program staff reflected the hierarchy of the neighborhood and some of them may not have wanted to be associated with people from the southern part of the neighborhood. The community-residing members

of the Head Start staff were the elites of the neighborhood. The assistant teacher, Paulette, and the nutrition assistant, Catherine, were long-time residents of the neighborhood and members of the elite. Both Paulette and Catherine were highly possessive of the program and did everything that they could to protect their positions of superiority to the parents and families in the program. Much of what they did, for they colluded with one another, made life harder for the head teacher, myself and some of the other staff. Paulette was a very handsome, fair skinned blonde woman of about 40 who could easily have been taken for White. Paulette's behavior was particularly destructive in the ways that she would use gossip and innuendo to try to undermine Savitri, the head teacher, a young Indian woman and perhaps not so incidentally, dark-complected. Paulette and Catherine were in their element however when they could see themselves as providing help to "these poor children" and much of their disapproval of the other staff was due to our apparent failure to be as truly dedicated to the cause as they were. In absolute contrast to Paulette and Catherine was Geraldine, the assistant parent coordinator, and the person from the community with whom I worked most closely. Geraldine was from the rural south, lived with her husband, who was much older, and their six children in an apartment building where her husband was a custodian. Geraldine was a kind woman

who carried herself with a quiet dignity. Her normally soft voice took on a more pronounced southern accent when she talked with the mothers from the rural south. Geraldine was also a very handsome woman, very dark complected, probably only in her mid to late thirties. She paid no heed to Paulette's and Catherine's machinations and helped soften their effect on the mothers who didn't come up to Paulette's standards or who weren't sufficiently grateful for her attention.

When Melba arrived at the center she was not the least deterred by Paulette's and Catherine's raised eyebrows and clucking tongues. She brought her barefoot and skimpily clad children into the children's room and talked eagerly to all the adults around. Melba's daughters Patty and Sissy were both bright and responsive, if not very well socialized, and because they met Paulette's and Catherine's needs—poor little (neglected) children—they were taken on by them as special projects. Paulette and Catherine decided to take a similar maternally protective role with Melba, and as the weeks went on she was adopted by the doyennes. Melba had nothing to lose and seemed to thrive on the extra attention. Paulette and Catherine went into our clothing supply and probably some private stock as well, and soon Patty and Sissy were relatively well-clothed. All of this helped Melba to get a better handle on things and soon she looked less raggedy herself.

One day toward the end

of the summer program Melba came to see me about something and brought Tilly with her (by this time she had found someone to watch the youngest two when she was away from home). Like the scene on the street when I first met Patty this one stands out vividly in my mind. Central Catholic was a traditional school building and my "office" was an unoccupied classroom. In the room were three desks, mine, one for the project secretary, and one that was available for the teacher if she needed it or for the health professionals who came every so often to provide preventive care and to refer children for additional care. We held parent groups in the room, and because the room was large, we had a mini-thrift shop in one quadrant. Once a month we would have a "sale" that was not a sale so much as a way to collect small donations to help support a pot luck dinner or a field trip for families. It was understood that whatever was there could be given to someone in need. In spite of its high ceilings and large size the room had a welcoming, familiar feel, and I felt as if the parents and I had taken possession of it and made it a comfortable place.

Melba sat next to my desk, holding Tilly on her lap while we talked, about the possibility of finding a better apartment. In those days I smoked, in fact I had gone from a pack-and-a-half week habit to a pack-and-a-half a day habit in the time I had been working there. While Melba and I were talking, Tilly reached over and

started eating the contents of my ashtray. She grabbed the cigarette butts and ashes with her fists and stuffed them into her mouth. She was not tentative or experimental about it the way an infant would be but quite deliberate; she wanted to eat it. An alarm went off somewhere in my mind as I searched for some explanation. Melba was obviously concerned when she sensed my reaction but not particularly alarmed. I asked her was this usual and she said, yes, she was always trying to keep her from eating dirt and other things that were bad for her. From somewhere came the thought, "Pica", that's what its called when you eat things that would normally be repellent, or that have no resemblance to food. I knew that among poor women of the south there was a practice of eating clay or food starch, particularly when they were pregnant or lactating, but I also knew that there were medical conditions that could compel someone to ingest things other than normal food. I remembered the open window in Melba's apartment and the possibility of lead poisoning came to me. Tilly's behavior, her obvious physical misery, then Pica. Melba and I agreed to go to the clinic to have Tilly checked for lead in the morning.



The next morning we left Melba's other children in Geraldine's care and I drove Melba and Tilly to the nearest public health clinic at Cook County Hospital. That day I learned what it was like to be poor and need a health service, we waited four hours to be seen, and when we were finally directed to bring Tilly in, it was an assembly line procedure. They took a blood sample, no other examination was done, and told us to go back and wait. I was reassured that they were taking our concern about lead poisoning seriously and we were told to wait there for the results. While Melba and Tilly waited I went out to get us something to eat, and we waited another three hours for the results. When they finally called us at four o'clock, we'd been there since nine, we were told that Tilly was indeed suffering from lead poisoning. They told us that although the lead was at a high level, she probably had not suffered permanent damage, and they set up the first appointment for treatment the next day.

Tilly's recovery was rapid. In a very short time, she was energetic, sociable, and when she started Head Start she responded well. None of Melba's other children tested positive for lead. Apparently Melba had only lived in that apartment when Tilly was going through the phase of putting things in her mouth. Melba and her children went on to gain strength and there is no question in my mind that Head Start, despite its flaws, was a lifeline for her and her children. It is also

true that because Melba's needs were so simple and so stark I learned a great deal by being part of her life for a short time. After the experience at Cook County I did what I could to get access for Melba and her children to Mile Square Health Clinic, a state-of-the-art community health clinic which was funded, as was Head Start, as part of the Great Society program. Our neighborhood was not included in their geographic cachement area but somehow I was able to get Melba in, maybe it was Tilly's lead poisoning, I don't remember. At her request I went with her the day she went for her family planning appointment. Mile Square was impressive, slick and efficient. But neither the physician or the nurses ever called Melba by her name. They kept calling her "little mother."

Six months later Martin Luther King was dead and the world changed forever.

Concluding Thoughts

As this story unfolded I began to realize what I needed from it. Not what I had initially thought, some insight into myself that would make sense of my career or even explain who I am today. No, in telling this story I have been able give voice to perceptions of my experience that I feared were somehow secret, not acceptable. I realized through remembering Melba that much of my career I have feared being swallowed up by the enormity of what needs to be done to make this into a good world, but I am also aware that a great deal must be in place

before we have the privilege of being there to help someone. I was reminded once again of my grief about how our government abandoned the poor at the first excuse—Black power rhetoric, fear of crime, the high value we place on self reliance. It was difficult for me to write about the racial aspects of the experience, especially my feelings about Paulette and Catherine from whom I was finally glad to escape, not having any way of counteracting their manipulations, and not sure that I should. Since then I have had similar experiences and they have not been about race so much as differences in power within organizations. These experiences have informed my practice as an administrator. I have never forgotten how the people at Mile Square called Melba, "little mother" and as I think about it, that problem has been at the core of much of the research and writing I have done. The past and the present are indeed one. □

John Edgar Wideman,
"Father Stories" in *The New Yorker*, August 1, 1994. p. 38.

A PERSONAL ACCOUNT OF INSTITUTIONAL SEXISM: Discrimination Against Women By Women

This narrative account reports an instance of discrimination against women in admission to a Graduate Social Work program and the subsequent correction of this unintended institutional sexism.

By Theodore Ernst

Theodore Ernst, DSW is Visiting Professor, Graduate School of Social Work, Walla Walla College.

Near the end of the first year that I served as Director of a Masters of Social Work program at a Midwestern university, it routinely became necessary to administer Oral Comprehensive Examinations for second year MSW students about to graduate. Unfortunately, the particulars concerning the administration of these examinations were anything but routine; adverse is a better description.

I learned that shortly before I became Director, the Graduate School voted to eliminate the Oral Comprehensive Examination requirement for all classes after that year. The graduating MSW students were well aware of this decision and were not at all happy with the fact that they would be the last class required to negotiate this final hurdle. They quite naturally viewed this as totally unnecessary in view of the decision by the graduate school.

Worse, I learned, too, that the committees conducting these examinations had to be chaired by a social work faculty member who held official Graduate Faculty status. This status meant that its holders were eligible to chair or sit on doctoral dissertation committees, of no relevance whatsoever to the

MSW program. The only other social work faculty who held this status were both in their last year before retirement. I really did not want to subject either of them to these angry students. I decided that I would chair all these examination committees, forty-seven to be exact, equally divided between men and women, twenty-three men and twenty-four women.

The examinations were scheduled over a two week period. Each committee consisted of two other social work faculty and myself as chair. A young Ph.D. clinical psychologist that taught the first year Human Behavior and the Social Environment course volunteered to serve on as many of these committees as necessary. All students were examined from the same list of questions.

Because I usually teach first year policy and services courses, I had not had many of these second year students in class. Most of them I knew only casually. But at the end of the first week of examinations — 23 or 24 examinations equally divided between men and women — I had one overwhelming impression: the graduating women students collectively were clearly more competent, more intelligent than were the men. I asked the clinical



psychologist who had been with me in most of these examinations whether he had any impression about the performances of men students and women students respectively. His answer was something like, "I didn't want to say anything, but the men are dumb!" My own impression was that they were "Kelly Bundy" dumb. On the television sitcom, "Married With Children", Kelly's brother Bud pegs her intelligence somewhere between that of an ashtray and a pickle jar.

It was late on a Friday afternoon, but on a hunch I asked the student assistant who helped with admission matters to compute the mean undergraduate Grade Point Average (GPA) for the graduating men and women. This was an easy task; these undergraduate GPA's were recorded on the outside of their student folders. Who knows why?

The difference in GPA for this class was almost 0.6 on a 4.0 scale favoring the women! We quickly did the same for the first year students and for those admitted for the coming year. These difference were respectively 0.4 and 0.5 favoring the women — all statistically significant, at the .05 level.

As the few faculty who were still around on a Friday afternoon were discussing these interesting findings, I took a phone call from an applicant for the following year. By sheer coincidence, her folder was on my desk with the decision of the School's Admission Committee

waiting for my signature. This young woman had an undergraduate Grade Point Average of 3.9 at a small Catholic liberal arts college in the East, some appropriate volunteer experience, excellent references, and a fine autobiographical statement. The Admission Committee decision was not to accept her at this time and to recommend that she seek employment in the field and to reapply next year!

Parenthetically, I have always been politically incorrect and a minority among my colleagues in regard to previous work experience in the field of social work as a desirable characteristic for entering MSW students. As often as not such students have so much to unlearn that it offsets any advantage of previous experience. Further, I find it inconceivable that social work is so unique as to prefer, indeed, sometimes require, previous experience. If law schools told prospective attorneys they should work in the field before attending law school, most of us would be in jail. If medical schools told prospective physicians and surgeons they should practice for a few years before attending medical school, most of us would be dead.

At any rate, at that time, through some misguided sense of democratic governance, I did not reverse decisions of the Admission Committee. I conveyed the committee's decision to this applicant. Something in my voice obviously indicated to her that I was not happy

with the decision because she said, "Don't feel bad, Dr. Ernst. The other four schools that I applied to all accepted me." I asked her why in the world she had applied to this particular school. It turned out her boyfriend had been accepted by our university's clinical psychology doctoral program.

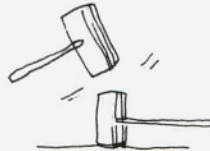
I began talking with the four or five members of the school's Admissions Committee, all women except for one very junior male faculty member. There was no strict numerical formula or ranking system for applicants in place. The Admissions policy was that decisions were based on the GPA, references, evaluation of previous experience, an autobiographical statement, and an interview (the latter for almost all local applicants, but not absolutely required and only rarely conducted for applicants from a distance). None of these variables were weighted.

It became obvious to me that these interviews were chiefly screening in young men with prior experience (typically in public welfare or corrections). Comfortable in the interview, they seemed "committed to the field". Frequently they had low undergraduate GPA's, some in the 2.0000001 range, achieved through a Physical Education elective during the summer following the June in which they should have graduated. The interviewers became their advocates. These same interviews (or lack thereof) were just as effectively screening out bright, promising young women without prior experience and/or

who may not have been as comfortable in the actual interview situation as were the young men.

A little more exploration revealed that this school's applicant pool had consistently been about 3:1 women to men, but actual admissions were very close to 1:1. To be blunt, male applicants had far better odds of being admitted than did female — a fact which had never before been noticed in this school which prided itself on the high proportion of men in its student body!

The following year, using the undergraduate GPA as one major cutoff factor in screening applicants, the entering class was 3:1 female, reflecting the same ratio as existed among applicants — and thereby ending this unintended discrimination against women that had largely been perpetuated by women. □



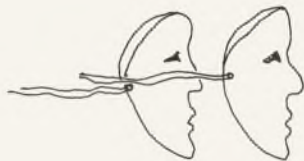
BEING AND DOING

Practicing a Secret Profession

The narrative describes my struggle with the being/doing and practitioner/researcher tension as I planned and worked on my study of the attachment histories of mothers of children with non organic failure to thrive.

By Jane Gorman, Ph.D.

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As a social work student, practitioner and academic, I have struggled with the epistemological issues that now prevail in the professional discourse of Social Work. (Hartman, 1992; Laird, 1993; Weick, 1987; Saleebey, 1993; Imre, 1994). The struggle began in the early 1980's when I was a Graduate Social Work student in field work and continued as I planned and gathered "data" for my dissertation. Last year, teaching a course on comparative social work theory to doctoral students, I discovered that I can describe my personal experience with this epistemological dilemma with a hypothetical continuum that ranges from being to doing. I have avoided a dichotomous and adversarial conceptualization that pits being against doing because there is being in doing and doing in being. Each aspect of Social Work — from clinical work and teaching — to research and social action — reverberates with a subtle, but omniscient tension between being and doing.

I have felt guilty about practicing a secret profession. Surely less wrenching but perhaps not completely unlike the guilt that burdens people who feel they are living a secret

life. As an MSW student and social worker, I practiced in the oppressed areas of Chicago, where, given my middle-class Anglo background, I was not an expert in anything about my client's lives. I simply went to their homes or wherever they were — in the towering (20 story) projects with no working elevators, side streets, back alleys, anywhere I could find them. I did a lot of sitting. On couches, rocks, broken down park benches decorated with graffiti, on front steps. Sitting on floors with plaster falling on my head and the heads of babies. Sitting by beds, brushing roaches off a sleeping baby as the mother and I talked. Sometimes sitting lonely with my client only physically present, other times, in a moment of grace, sitting in a shared emotional spiritual space with another person. I never did much talking. I did not know much that was useful to these people. And this was not from a failure to do my assignments of course readings.

I did know a few things that were useful to the people I worked with—available clothes in a church basement, some snippet of developmental theory, or how to influence AFDC caseworkers to restore benefits. These were secondary in

importance and time to simply being with people. Yet, I failed to communicate this to my supervisors. Supervision, by virtue of the didactic emphasis on what I had done and the verbal nature of the exchange, often exacerbated my guilt about practicing a secret profession as the doing aspect of my work always managed to become magnified and spotlighted. I had no words, and perhaps, little sanction to acknowledge the primacy of being in my work.

I sat, listened, and communed with my clients. I love these people. I realized they were my healers, because my heart opened in their presence. I wanted to help. But help involved "doing" things, "intervening". I felt constantly guilty about the amount of time I spent simply being with people. I recall the arthritic grandmother caring for four granddaughters who had all been sexually abused by her daughter's boyfriend. I cried with her over the sexual abuse of the children. I accompanied the family to court and to the visit with the State's Attorney. But I couldn't do anything to fix or retrospectively prevent the abuse. I couldn't find them a new house, or money, or treatment programs that worked — or even existed.

My clearest memory of working with the family was the day when I sat with the grandmother in her living room that had holes in the roof straight through to the sky. Humming along as she sang a Spiritual and rocked her screaming 8 month-old grand-daughter in her arms.

Tears ran down our cheeks. It was a song of suffering that kept our grieving hearts from turning to stone. The Spiritual and her beautiful low voice sung not only her immense personal pain but her generational pain of the brutal legacies of slavery present in that living room. A legacy of unequal opportunity reflected in my (white, middle-class) presence in her living room as a social worker. Those moments contained the essence of my experience as a student in Social Work. Epiphany in a living room. Me wishing that my family had her soulfulness, but knowing in my heart that her depth had its roots in unfathomable suffering.

I once worked with a mother, named Jean, whose baby had severe nonorganic failure to thrive. One day, on a home visit, I learned that she often tied this 15 month-old-boy to the child's toilet seat for hours at a time. In the middle of an increasingly more absurd sounding speech to Jean on the effects that early childhood experiences can have on later development, I stopped, and began to silently wonder what she felt as she tied him up. Out of a quiet moment of breathing and being, I asked her how she thought that being tied up might feel to him. She paused for a moment and told me that she had never once thought about how what anything she did might feel to him. Silence again. Then I asked her what adults in her childhood she could remember who had thought or cared about how she felt. Jean had been in eight foster homes from age 5 to 15. She was abused in many of them. She

began to cry as she remembered again the years of childhood abuse, neglect and confusion. Out of a place of silence, far away from "educating" her, far from all the professional "shoulds" in my mind, far from my thoughts of possible Children Protective Services intervention, came a softening in my soul and heart to her experience. The softening happened after I was able to quiet my worries about doing the proper thing. A homecoming and healing. It is healing to come home to our experiences, no matter how painful they are. Perhaps Jean's memories and tears loosened the grip of her past.

There were times when I just wanted to rush in to hold and feed the tiny boy, but Jean taught me that when the unmothered part of her could feel understood and empathized with, she was entirely capable of nurturing him. I met with Jean and her boy twice weekly. It often happened that when I was moved to tears of love and admiration for her strength and humanity as well as sorrow for the suffering she endured, she spontaneously reached to her boy, to take an interest in a toy he was playing with or to talk with him. Each time she took notice of his experience felt to me like a miracle. That there had been manna enough for him to get some. My work with Jean and her boy occurred over two years. When I look back, I see in my work with Jean an attempt to heal my own mother who was in many ways an unmothered mother. I see Jean's life and my life converging at a moment in

time in an intersection, at once subterranean and celestial, of mother and child reunions. This effort was grounded, as Christ (1987) urges, in "eros and empathy — the passion to connect, the desire to understand ... and the desire to deepen our understanding of ourselves and our world..." (p.58).

This year, one woman student who was working on her MSW, and was currently an Art Therapist, wrote her Master's thesis on the right-brained versus left-brained emphasis in social work. In her orals thesis she told a narrative about a woman whom she was working with in her role as an Art Therapist. This client, severely abused as a child was utterly silent in her therapy sessions. Finally, the student felt she could not stand it any more, and began to take, deep yoga breaths. She felt guilty because, as she expressed it later, she wasn't doing anything to relieve the client's pain. A few minutes later she asked the client to join her. The client joined her in the slow breathing, and a whole new relational horizon opened for them. This story, of course, demonstrates the absurdity of dichotomizing being and doing, since it could be argued that there was quite a bit of doing in the breathing. However, in contrast to more active options such as an Art Therapy procedure, the student chose to position herself in the realm of being.

For the past several years, I taught doctoral students in a class on comparative social work practice theory. Last year,

the members were quite a distinguished group, many having been directors of various social service agencies. One day, as we were discussing the hermeneutic turn in social work, I talked about the times I felt like a real social worker in my life and work and asked them about their experiences. One by one the students recounted times when, behind the back of their professional role, they went to a client's house with an armful of groceries, sat with a client in court, wept with a client in pain. At first the discovery that our transcendent moments as Social Workers — when our dreams of the profession met reality — came when we shed our professional hats, just to get an opportunity to be with people was exhilarating and humorously absurd. But soon the students and I became sobered by the realization and its implications for the state of the profession. Our experiences reflect the marginalization and subordination of "caring" to professional "doing." Caring, which often involves simply being with people, has become devalued in a society and profession that focuses on measurable and observable outcomes (Freedberg, 1993).

I am now teaching in New Mexico, in a Master's level program whose students come from widely diverse cultural heritages. In working with these students, I have felt, in my role as their professor, tension on the continuum from being to doing. One class I taught was composed of eight Hispanic Americans, one Navaho Native Americans,

one Muslim Syrian, and seven Anglos from various backgrounds including myself. One day, scheduled to discuss a clinical theory, one Native American student began to comment on the ways social work clinical theories reflect and contain the domination and power differential held in this country by people of Western European and English ancestry. She was adamant about her point and, I thought courageous to speak up. (Most of the Native Americans rarely spoke in class. One Navaho student told me that the whole history of oppression of her ancestors was reflected in her classroom silence, as well as her disorientation at having to be in square rooms in buildings whose entrances are rarely in the East.) I remained silent, as one Anglo male student, replied that he was sick of Anglos being blamed for everything and it seemed to him that Native Americans were living in the past, unable to move on. Quite a session followed, with much weeping over the unvoiced, marginalized pain and suffering by groups in this society. At the end of the class, many students thanked me for my silence, and for just being with the moment instead of pushing them "on track." I learned to give up control of this particular class. Their process had more energy and depth than anything I could ever plan. At the end of the semester, all but two of the evaluations of the class indicated the students' overwhelming thankfulness at my ability to let go, be, and let the students' wisdom emerge.

Two people in the class had great displeasure with my passive style and failure to follow the written syllabus.

The entire, divisive, interminable researcher / practitioner split might be summarized by the tension between doing and being. Practice effectiveness focuses on the doing aspect of our work, that which is observable and measurable. However, reducing human experiences such as empathy and intuition to measurable form is vastly problematic. In attempting to quantify such experience, we are applying rules of the head to matters of the heart. It doesn't work. From the perspective of the being end of the continuum, inquiry into subjectivity is being reflected in narrative more than numbers. A narrative that at best, like a shaft of sunlight, simply reflects a piece of the whole during a moment in time. Narrative — never offered as truth or success—is a shared experience that the reader can filter through his or her own sensibilities.

I struggled with the being/doing and practitioner/researcher tension as I planned and worked on my dissertation research (Gorman, 1993). I decided to do a study on the attachment histories of mothers of children with nonorganic failure to thrive. I interviewed 20 mothers with failure to thrive children and twenty mothers whose children were thriving. I designed a long clinical interview for the research, though the interview might be difficult for mothers who had

experienced abuse, neglect, and attachment disruptions during infancy and childhood. Because of that, I asked each mother that I interviewed if she felt the need for counseling, and if she did, I either referred her to resources or met with her myself. I continued to meet with several of the mothers for over a year after the research was completed. One sadness of this research for me was that the life stories of the mother kept getting edited out as I progressed toward my goal of the Ph.D. Numbers were clearly preferred to stories by those who mentored me, and I did not have sufficient knowledge of other ways to salvage the stories. (Gorman, Leifer, Grossman, 1993). However, I have the folders sitting in my office, and have not abandoned writing the stories.

This story involves a woman whom I planned to interview but did not. Lenora, appeared one day at a county hospital that I was working at with her 12 pound 12 month old baby girl. The baby born after a full-term pregnancy suffered from severe failure to thrive. The infant was hospitalized for a while to rule out an organic basis for the failure to thrive and then sent home. I set an appointment with this mother to do a home visit and interview her for my research. It was a day in early winter in Chicago, cold but not snowy. I drove out to the West Side of the city and began to look for her apartment. The West Side of Chicago was burned on the nights following Martin Luther King's murder in 1968 and never rebuilt. The neighborhoods

consist of burned-out apartment buildings and empty lots where buildings used to stand. In the winter homeless men huddle around fires that they have lit in big metal trash cans. Lenora's apartment was on a side street that contained several abandoned buildings. I walked up to the door of the flat in which she lived and, as there was no bell, peeked into the vestibule and called out. After a while, Lenora came downstairs and asked me in. She looked awful. Trembling, she was thin and disheveled in appearance. As I entered the apartment, I noticed that her baby girl was lying on the seat of a chair, shivering. We sat down and I asked if there was a blanket or towel anywhere because the baby was shivering. Lenora pointed to the next room and I went in and found a blanket and wrapped the little girl. Then I asked what was happening. Lenora said that she was trying to withdraw from crack-cocaine and she had been trying to get into a treatment program. She reported that day and the day before she had waited around hoping for her friend to come over to report that the hospital called with news of an open bed in the substance abuse treatment program (Lenora had no telephone). I listened to her story and then looked for some milk and a bottle to feed the baby. Needless to say, I canceled the interview. I went out and got Lenora a hamburger and something to drink. I stayed for about five hours, until her sister came home. That was one of the saddest days of my social work life. Here was a woman

who wanted to get treatment and couldn't. And a baby who had not been followed or visited upon birth, whom no health professional, until recently, even knew existed. Both of them living in a cold apartment in a part of the city that had been burnt in anger and grief over oppression and racism almost 30 years. Where was the treatment program that would accept Lenora and her baby girl? A program that would stand by her and her baby until she got sober, through the relapses and retreats. A place for her to stay and recover with kind people to feed and hold her baby when she could not. Such a place did not exist.

If we are ever going to have programs that make sense for the people suffering and oppressed in this society, we will acknowledge — and be present to — the utter devastation. This is exactly the challenge and the great opportunity for the field of social work. Social work as the bell that awakens society — in our role as a social conscience to suffering.

In our struggle and ambition to be a profession, we lost our calling and our voice. We have nearly abandoned efforts toward reform or revolution which would have served to clearly distinguish us from the related professions of psychology, psychiatry, counseling and education. One has only to glance at the National Association of Social Work agenda and the so-called "professionalization" of Social Work (which, to me, reads "greed or need for third-party

payments") or to consider the extent to which social workers are employed by state or federal governments to calculate the slim chance that social workers are promoting radical or reform agendas. We have gotten ourselves into position in which we are fed (paid) by the entities that perpetuate the status quo. If I try to envision re-embracing our calling as a field, I see social workers for agencies that advocate and watchdog state, federal and private agencies and programs. I see social workers as patient advocates in state or private mental hospitals, old age homes, and children's homes. There are a few agencies already providing such services to clients and thus employ Social Workers who embrace their calling as society's conscience. This set-up requires a massive reorientation in our field.

Finding our voice, can begin right now. Social work is a profession historically associated with women. Voices of a profession of women and poor and oppressed clientele have been silenced. People whose existence functions as a mirror to society are feared. The research agenda in Social Work, with its embrace of the tenets of positivism (separation of knower from known, the existence of objective truth, the reduction of bias) reflect negatively on social work's indigenous methodology, the narrative, and thus suppressed voices. This is what supervision is about, the narrative and self-reflexive investigation of the meeting of lives (the social worker, the client and the supervisor). What can

be voiced and written about now is the content of our days. From the drive to the mental hospital, to the sickening institutional smell of the air, to the lucid or confusing encounters and visits with clients and the staff. That is it. This is our life and experience as a social worker. It has not been written. If Social Workers could find a way to flood this country with their stories and the stories of their clients, we could begin to be present to and demand social recognition of the devastation and the unnurtured strengths that exist. That presence, that act of being, might effect change and translate into programs that actually meet the needs of a person like Lenora and her baby girl. The trek into the ravaged side of town. The fear of going in the housing project. The stench of urine in the entryway. The graffiti. The cold air rushing through broken doors. The little children playing in the dark, cold halls... The scene, our feelings, the state of our clients in their own voices. We can write it, and we can broadcast it when our clients cannot write it or scream it. Our voices as social workers, grounded and rooted in being, in our capacity to be truly present to the experience of our clients in this society, could change the direction of the field, and, perhaps, our world. □

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MY "CONSCIOUS" COUNTERTRANSFERENCE

Countertransference is a frequent experience in geriatric setting where aged clients represent grandparents and parents. It is not to be assumed that the effect of countertransference is always negative. In fact, it may lead to mutual benefits for the client and the worker. This narrative describes how my own countertransference enabled me to help an elderly client negotiate personal conflicts and alleviate my feeling of loss, grief and guilt.

By Agathi Glezakos

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"To help is to enter the existence that is the other's." (J.H. Van Den Berg, 1955)

The first forty days of my orphanhood had come to an end. During their course I learned that to lose a mother is a terrible thing.

My mother died three days before my arrival to her small town in Northern Greece from my distant residence in the United States. I was not by her bed-side during her final hours. I had missed her funeral and was stricken with grief as I knelt next to her freshly dug grave. During the ride to the cemetery from the airport, family members described how fiercely my mother fought to stay alive to hold on just until I arrived. My mother was not ready to die until she could give me her final blessing in the way she had done with them. Struggling to hold on to life "she had suffered greatly" they said; even "needlessly," one of them added. Grief and guilt engulfed me. Forty days after her death, the intensity of these emotions had not subsided.

For forty days I had mourned her loss as the Greek culture prescribes, with daily religious rituals, rites, and leave from work. The mourning

period had now come to an end and I was returning to work in a skilled nursing facility where I provided consultative services. I was apprehensive about returning to a setting surrounded by disabled elderly clients with death a frequent occurrence. On and off, I caught myself dissecting and analyzing my emotions. I needed assurance that I could operate in an environment that would put to test my objectivity and professionalism.

I had consulted with skilled nursing facilities for twelve years and knew that their social workers showed high levels of empathy and emotional intensity in their client relationships. I had explained to the staff the meaning of countertransference and the need to monitor the possibilities of countertherapeutic effects. Now, I was concerned about the effects of my own countertransference!

My first day back was productive and rather emotion free. The work day had come to an end and I was about to leave for home. I said good-bye to the social worker and finished my regular exit interview with the facility's administrator. As I neared the end of the hall-way



my thoughts shifted to grocery shopping for my family's dinner.

It was not the bustle at the main entrance made by the ambulance attendants and the staff that brought me to a stop and pulled me back inside. This was a scene I witnessed many times. My usual response was to rush quickly through the commotion, away from others' responsibility. With an overstuffed briefcase over my shoulder I leaned against the wall and felt my body tensing up, immobilized. My emotions were racing.

In front of me, on the gurney that the ambulance attendants were trying to push through the door laid the skeleton like, shrunken body of an elderly woman wrapped in a white hospital sheet. She grasped one end of the door and refused to let go. Ferocious in the way she held the door her faint but clear voice overpowered all others. "Only over my dead body will you take me in there. I have a home and I wish to die in my own home. I am not going to die in this dump of a hospital, among strangers." The old woman's resistance lasted several minutes. There was no force on anyone's part to oppose her, though it was obvious the staff were anxious to finish admitting her.

I motioned to the nurse supervisor to allow me to intervene. My social work skills with "problem" clients had been tested more than once in this supervisor's presence. She nodded in agreement. I freed my aching shoulder from the weight of the briefcase and approached

the gurney. The frailty of the old body was more severe than I had expected. The body parts exposed—her face, her neck and shoulders, her hands and fingers — were nothing more than "skin and bones." Her heavily wrinkled face surrounded by long white hair was wet from perspiration, the product of her resistive effort.

Her name was Contesa Alfano and she was eighty-nine years old. I introduced myself and talked to her in the calmest, most assuring tone of voice I could muster. I knew how critical this intervention was in reducing her resistance and fear. "Mrs. Alfano, you have been brought to a strange place without your permission and you are angry about that. You wanted to be taken to your own house instead, where you have probably lived for many years. I understand why you do not want to come to an unfamiliar place when you do not feel well, and to be among people whom you do not know. Many people feel the way you do when they first come here. While I do not yet know the specifics of your health condition and your health care needs, I want to assure you that your doctor chose this hospital because he felt you are not yet ready to return to your own home and that you need the different types of therapies and the nursing care you will receive here. Before you go in, I would like to introduce you to some of the people who you will see here daily so that you may start feeling that you are among friends. Would you be interested

in meeting them?"

By this time I had placed my hand on her arm, wiped the perspiration from her face and arranged her hair pulling it back and tying it into a knot. I then straightened the hospital gown to cover her bare shoulders and the twisted sheet to give her some comfort. Old and helpless, stripped of the power to make decisions, she still needed to be treated with respect and dignity. Her body's rigidity appeared to settle into a more relaxed state. The change in her facial expression was encouraging.

I turned to one of the nurse aides and asked her to summon the social worker and the therapists from the rehabilitation program. I introduced the nurse supervisor to Mrs. Alfano. Soon, other staff members arrived and, one by one introduced themselves acknowledging the legitimacy of her behavior and their interest in her well-being. Standing to the side, I observed her hand's gradual release of the door. Glancing at the many faces around her, Mrs. Alfano rested her right arm on the gurney and held on to me with her left hand. She did not utter a word, but her demeanor sent the message she was ready to let the team wheel her into her new "home."

The hallway was empty again as I picked up my briefcase. I was running late and had other things to do. As I drove away from the hospital I found myself engulfed in a myriad of emotions. Concerned about this new chapter in Mrs. Alfano's life, I felt an increasing desire to make sure that it would be

characterized by the principle of integrity and self-validation, trust that others would attend to her needs when she could no longer do so, reception of help without diminished self-worth and acceptance of the possibility of death away from her own home.

These were all wishes that my own mother expressed to me the previous summer when I had returned to my parental household for a brief visit. Earlier that year both my parents suffered cerebrovascular accidents which left them with moderate speech and physical impairment. In the course of our conversations I found they were unexpectedly open with their thoughts and feelings about their own and about each other's death.

Of the two, my mother seemed the least ready to negotiate the possibility that before to long her life might come to an end. After all, she was ten years younger than my father and at the age of seventy-eight she still had dreams to fulfill. My mother was despairing. She was not ready to die, yet, having lost so much of her functional ability she was sharply aware of her mortality.

I have often revisited that last morning together. She had hugged me, looked at me in an unusually penetrating way and said: "I might not live long enough to see you again and I want you to know that I love you." I was not yet ready to lose her and missed the chance to comfort her, saying instead: "Of course we will see each other

again; I promised to be back next summer, you remember?"

With each subsequent review of our discussion that summer, my insight into my mother's thoughts and feelings was heightened. In her own ambivalent way, she prepared for her death. She chose the clothes that she wished to be dressed in, the type of casket she wanted to rest in, the food to be served after her funeral; even the serving pieces to be used. As she instructed all of us in what to do, she said that her deepest fear was that her health might deteriorate to a point where she would require hospitalization and die on a hospital bed.

Each recollection sharpened my pain. Despite her expressed wishes and valiant effort, my mother died in the hospital, away from the home she helped build and had come to cherish. Days before her death, a massive stroke transformed her from a moderately ambulatory woman to a semi-comatose patient. Her doctor had made the decision to admit her to the hospital, and my father consented. "This is an emergency" he told me over the phone when I asked if this would have been her choice. "As soon as her condition stabilizes we will bring her home." With this plan in mind, he prepared her "recovery" bed next to the large front window so she could watch the village life below. Days after admission to the hospital, my mother succumbed to a stroke. Now the terror on Mrs. Alfano's face as the attendants tried to wheel her

into the skilled nursing facility became, in my mind, the terror my mother felt as the ambulance transferred her from her house to the acute hospital.

"Violating" my mother's wish to die at home was an unsettling event for the family. In the days that followed, each one of us in our own way tried to resolve the internal conflict that had surfaced. Transcending my feelings of anger, sadness, guilt and unique personal pain, the question: "Would my physical presence there have made a difference?" seemed to always face me!

In the month following admission, Mrs. Alfano earned the label of "a problem resident." She was non-compliant with the prescribed health care regiment and used abusive language with her peers and staff. The psychotropic medications prescribed for her behavior management were ineffective. Plans were now being made to transfer Mrs. Alfano to an in-patient geropsychiatric unit. Although the effectiveness of geropsychiatric units in modifying patient behavior during hospitalization, (the duration often decided by insurance companies) had not been proven. Transplanting residents from a skilled nursing facility to these units added new trauma to their lives already bruised and wounded by multiple losses. Hearing of the plans to transfer Mrs. Alfano, I rejected the idea.

I talked with several members of the interdisciplinary team to understand the nature of

Mrs. Alfano's behavior and assess the appropriateness of staff interventions. Did they comprehend the underlying dynamics of the problem behaviors? Did they respond to her needs promptly and empathetically? How could we make Mrs. Alfano a more "appropriate" resident for this facility so as not to subject her to another relocation, one with the potential to cause more trauma? These were the questions I asked, and as I did so, I was aware of my keener than usual interest in this client.

During an interview I conducted with Mrs. Alfano later in the day, the emotional quality of our interaction ranged from her refusal to talk with me, offensive and abusive language, verbalizations of despair and fear and, ultimately, to ask for my help.

As the interview unfolded, I recognized the fear and despair my mother had expressed the summer before in Mrs. Alfano's words. Not strong enough to respond to my mother's feelings nor ready to consider orphanhood, I missed the opportunity to listen to my mother, I now wanted to help Mrs. Alfano. Her silence and offensive language became my challenge. I wished to meet the challenge for her benefit and my own.

Lying on the bed in a semi-private room she shared with a disoriented roommate, Mrs. Alphonso appeared as a frightened elderly woman unwilling to acknowledge her limitations, or to make the necessary transitions and

adaptations. She asked to return to her own home when she had no ambulatory capacity to move about. She needed daily physical and occupational therapy and twenty-four hour skilled nursing care. She had no informal support system. She was non-compliant with her prescriptions because she had read that medications adversely affect a person's body and mind, and she was not ready to allow a chemical substance to compromise the control she had over her own destiny. She feared her roommate would take her personal possessions or stand over her bed in the middle of the night. She used abusive language with the staff because they were always in a hurry, never taking time to talk to her. This situation, she said, forced her to become someone different from the independent person she had been prior to fracturing her hip when she fell from a ladder as a result of a cerebrovascular incident.

As the interview progressed, Mrs. Alfano felt more comfortable and brought me into her world before the accident. As I directed her into a brief life review I learned that when she was seven years old, she and an older sister were placed in a orphanage after their parents' death. Two years later, not willing to accept life in an oppressive environment, she escaped, hiding among tall milk cartons in a covered wagon. This escape was followed by a series of indentures with several families and encounters with local authorities until her first

marriage at the age of sixteen. In all, she married three "good for nothing husbands." She always worked, supported herself and saved enough to buy the house in which she lived until the day of her fall. She remained childless and always her "own boss." As she brought her life's account to a conclusion, I had a better insight into the dynamics of her present behavior and I became more committed to help her.

I planned four immediate objectives to address before the end of the day: (1) discuss Mrs. Alfano's prognosis and assess her potential for home discharge with the interdisciplinary team; (2) make arrangements to match Mrs. Alfano with a more alert, oriented and articulate roommate; (3) conduct a brief staff in-service training on the psycho-emotional needs of the client and offer instructions on health care approaches to improve client-staff relations; and (4) receive administrative approval to visit Mrs. Alfano once a week for the next three weeks.

Later in the day I met with the interdisciplinary team to develop new care plans, and assess Mrs. Alfano's health care needs, level of functioning for activities of daily living, and the psychological benefits of discharge to her own home with home health care assistance. Discharge was unanimously ruled out; Mrs. Alfano's physical needs were great and the lack of an informal support system would jeopardize her well-being if placed under the care of paid

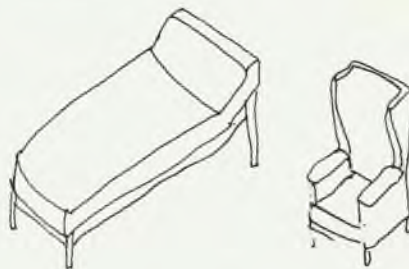
help. In addition, her behavior and past and present relational skills signaled potential conflicts with a paid health care aide. The team concluded she needed to remain in the facility until her physical condition improved and she regained the capacity for assisted living in her own home or at a lower level of care setting. The team concurred with my recommendation to match Mrs. Alfano with a roommate whose level of functioning was at a comparable level to hers (thus increasing her opportunity for conversation and alleviating distress.) The facility's administrator and Mrs. Alfano's attending physician eagerly accepted my proposition for three consecutive weekly sessions.

During the course of the day, my interventions helped me to get to know Mrs. Alfano better and develop care plans relevant to her individual needs. While my involvement with this case did not differ from my usual interventions with clients, the emotional intensity with which I intervened made me question my professionalism. I was also aware of recurring images during my work with Mrs. Alfano; images carrying me back and forth from the client's reality to my mother's last phase of life and death in a hospital.

On the way home that afternoon, I was preoccupied with the day's events. The intensity of involvement with Mrs. Alfano reflected my interest in assisting not just a client, but someone who had become "special" "Am I allowed to have

a special client?" I asked myself. Realizing that I was engaging in countertransference, I needed to safeguard my future interventions for possible countertherapeutic effects.

Countertransference is a topic that I discuss with my graduate social work classes. I am familiar with its definition. Nevertheless, I reviewed sources previously used for class preparation. In the social work literature (Woods and Hollis 1990) I read that "countertransference reactions are unavoidable occurrences in the life of the caseworker...a number of preventive measures... can be cut down on the quantity and intensity of countertherapeutic responses..." (pp. 422-23) In the psychiatric literature countertransference was viewed as the phenomenon that "also included those situations where the patient serves merely as a tool to gratify some need of the analyst, such as alleviation of anxiety or mastery of guilt feelings." (Campbell 1989, 162)



Wishing to prevent countertherapeutic snares in future contacts, I sought peer consultation from colleagues. With their assistance and careful self-analysis of my practice, I was able to differentiate

between realistic and unrealistic objectives in my work with this client. I then wrote the following list: Realistic/objective responses: (1) Facilitate Mrs. Alfano's adjustment to the facility milieu; and prescribed health care regimen. (2) Work with staff to increase their understanding of Mrs. Alfano's individual needs and the underlying dynamics for her behaviors; jointly develop and implement realistic behavior modification plans. (3) Alleviate Mrs. Alfano's present feelings of helplessness and diffuse her anger. (4) Ascertain Mrs. Alfano's readiness to engage in exploration of death and dying issues. (5) Assist in the development of sound discharge plans at the appropriate time. Unrealistic/subjective responses: (1) Assume responsibility for Mrs. Alfano's despair. (2) Search for the "magic wand" that would help return her to her pre-accident way of life and functioning. (3) Blame the facility's staff for Mrs. Alfano's difficulties in her adjustment.

When I returned to the facility the following week, I explained to Mrs. Alfano the special arrangement that had been made for our three consecutive weekly meetings and shared with her the list of my "realistic" objectives. I invited her input. She agreed with the objectives and to abide by all rules and expectations so that she could return to die in her own home. This open exchange arrested the ambivalence I felt about my ability to practice objectively.

Our subsequent meetings lasted thirty to forty-five

minutes, the range of Mrs. Alfano's attention span. Progressively, the periods of silence became shorter. Cautiously, but with a clearer sense of trust, she shifted from complaints about the quality of her care and the confused and "loonie" old people surrounding her, to recalling personal experiences, historical facts, her feelings and emotions about her death, and fears about the unknown future.

The weekly sessions yielded encouraging results. Mrs. Alfano carefully circled the date of my next visit on her calendar, and talked about the progress she was making, the new friendships she was enjoying and the possibility that it might be some time before she would be ready to return to independent living. Staff reports presented her as a "compliant, pleasant, female resident." Although she expressed disappointment when the time came for us to switch our schedule from weekly to monthly visits, she understood and accepted the decision.

In the September session Mrs. Alfano reminisced about personal holiday traditions, celebrations, favorite recipes and special menus. She talked of her annual visit the day before Thanksgiving to Marie Callender's restaurant to buy a pumpkin pie. "Theirs is the best, you know" she said. "I could not afford to have it more often than just once a year. But one pumpkin pie would last for several days and I enjoyed every sliver of it." The following month, just before Thanksgiving, I returned

to the hospital with a Marie Callender's pumpkin pie.

Soon after my arrival, the social worker informed me that Mrs. Alfano had pneumonia and had taken a downward turn. She had not gotten out of bed for several days. I visited her in the early afternoon with coffee and pie. The gesture moved her, and she profusely expressed appreciation as she ate a small piece of the pie with noticeable effort. In between small bites she found strength to say: "This will be my first Thanksgiving away from my home. I wish I were dead. I wish I will die before Christmas. I do not want to spend my holidays away from home. You know, I have this feeling that I will die before Christmas... I know I will die before Christmas... I might not see you again." This time, I did not rush to discount what I heard. I listened in silence. She knew it was acceptable to express these thoughts and feelings. She knew what I did not know, maybe even what her physician and the nurses did not know. **She was linked to her own dying process.** When she stopped I dared to ask: "What does it feel like to know that your life is coming to an end? What does it feel like to acknowledge your "non being?" She answered that in the past two months she had come to accept her mortality, the inevitability of her death. At that moment, I was aware of my need to know the feelings of one approaching death, so I might better understand my mother's emotional state towards the end of her life. However, I believe

this exchange between the dying client and the helping professional has therapeutic effects for the client.

Ten days before Christmas I found Mrs. Alfano suffering from severe pneumonia.

Recognizing me, she took hold of my hands and in a barely audible voice said: "Thank you for being here. Thank you for all the visits and your help. You made a difference. My time here was not that bad after all. I will not make it to our next meeting. **I will die before Christmas.**" Moving closer to her, I focused on the yellowish, already lifeless eyes and put my arms around her. It was my turn to express appreciation for the privilege of knowing her, for all she had taught me about the process of adjustment and adaptation, of dying and death, and of the place of countertransference in social work practice with a frail elderly client. I pulled myself away from Mrs. Alfano and stood in awe, looking at the body, the face, the person I might not see again, now more than ever, aware of my mother's physical absence from my life.

On December twenty-second, I received a phone call from the facility's social worker informing me of Mrs. Alfano's death that morning. "She died peacefully. All of her wishes as she expressed them on the Advance Directives form were respected. No cardiopulmonary resuscitation, no antibiotics, no transfer to the acute hospital. Her friend was with her at the time of her death. I knew you would want to know," she said.

I hung up the phone and stared at the wall in front of me for several minutes recalling how William Schwartz (1971) had viewed the social worker as an incident in the lives of clients. "The life processes into which the worker enters and makes his limited impact have been going on for a long time before he arrived." (p. 13). Thoroughly aware that I was one incident in this client's life experiences, I knew that in the final phase of her existence I had made a difference.

Mrs. Alfano died before Christmas, just as she had hoped. Four months earlier my own mother had died when she, as others told me, was not ready to die. I knew that Mrs. Alfano, through a combination of acceptance and resignation succumbed to death with a sense of integrity. I wondered whether my mother, with still unmet wishes, fighting to stay alive and without enough power to do so might, indeed, had died in despair!

Both of these women died. We all die. I, too, will die. I slowly rested my head on top of the desk, and in my privacy I cried. □

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ENHANCING SELF-ESTEEM BY EXPLORING DIVERSITY: A Personal Experience

The integration of ethnic diversity content into social work curricula is a major focus of social work education. This narrative tells of how my experience in seeking to make "meaningful connection with my ancestors" in Africa influenced my teaching and enhanced students' appreciation of ethnic diversity and practice with their own and other cultural groups.

By Carolyn S. Carter

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The Search for Roots

A recent trip to Africa for the purpose of experiencing a "meaningful connection with my ancestors," heightened my self-esteem and unexpectedly provided an opportunity to enhance the learning experiences of students. The two West African countries we planned to visit, Senegal and Guinea Bissau, were selected because each were points of departure for many Africans brought to America. Once the tour sites had been determined, less deliberate events had a major impact on the trip's outcome.

About a month prior to departure, a mutual friend who had recently visited West Africa introduced us to a family from the Bargny fishing village of Senegal that were living in America. A bond quickly formed and they invited us to visit their family in Senegal. Gratefully accepting the invitation, they contacted their family in Senegal and I was on the way to becoming an extended family member.

Perhaps a catalyst to the bond that so rapidly formed, was that Senegal is a French speaking county and I grew up

in a French-settled area of America. Many of the customs the American Senegalese family described were like those I remembered as a child. Weeks later in Senegal, I experienced the cultural similarities, accurately interpreting the nuances that exist between the social customs of Senegalese and traditional African American families. These extended to styles of food preparation and use of spices especially ginger and hot red pepper; ways of accepting others into one's family, respecting elders, means of providing hospitality, balancing pride and humility, and a sensitivity to those less fortunate than one's own family.

The similarity between Senegalese and traditional African American styles of cooking was obvious. I developed an instant affinity to "yassa poulet". "Poulet" is the French word for chicken and "Yassa Poulet" is grilled chicken sauteed in onions. The dish awakened long forgotten mouth watering flavors from the past. I recalled my grandmother's "smothered chicken", browned chicken cooked in a heavy skillet and sauteed in a generous amount of onions. Another dish

common to both cultures is New Orleans "gumbo," a thick, deep brown soup abundant with seafood and meat.

The concept of extended family, influenced by West African culture, has more significance and meaning for African Americans (Billingsley, 1992) than when understood in an American contextual framework. Among African Americans, extended family members include not only blood relatives but neighbors, godparents, church members and other persons who have contributed in a significant way to the family's welfare.

By virtue of my relationship with the Senegalese family in America, I was readily accepted by those in Africa. I was expected to contact "my family" when I arrived in Senegal and receive the hospitality that they had taken time and expense to provide. I was expected to dine, dance, share warm embraces, meet the mother of the family, tour her home, look at pictures of her deceased husband, and revere her as much as did her biological children. In that Senegalese cultures are matrilineal, I was obliged to meet the "elder" of the family, the brother of the widow, and have him pray his blessings upon me. It was a surprise and great honor when the elder advised my spouse and me (after an extended period of time in his home) that we were selected to serve as parents to his daughters in America. Another memorable event was a daughter's removal of her expensive jewelry before entering her

family's village. This gesture considered a "sign of respect" for the meager economic status of many villagers, was a striking demonstration of humility.

Although I had studied West African history for many years, and had been told that "a change" occurs in African Americans who visit Africa, I was unprepared for the transformation. By the third day of the tour, I experienced euphoria, a calmness, and general feeling of well-being. Fond childhood memories flashed before me. Although I had never lived where French was the prominent language, my high school and college French was surprisingly effective. The significance of family and other relationships, the intrinsic values and the high moral standards that I learned as a child were reinforced in Africa.

My trip to Africa was a rebirth. It is symbolic that the visit to the home of our African family occurred on New Year's Day. By the end of the tour, I felt elated, personally rewarded, more proud of my African heritage, and grateful that I now had a special connection to West Africa. I hoped others could share the same experience.

The Personal Influences the Professional

My own personal transformation guided my decisions to develop an instructional goal, and assignment for the next semester which might help students experience similar growth. Specifically, I designed a project to expand their skills in

cultural diversity and strengthen their self-esteem by actively involving each student in a series of knowledge and skill building exercises. The instructional approach was unique in that students explored their own culture and that of their classmates.

The students involved in the project were social work majors at a large university in the Southwest enrolled in undergraduate direct practice courses.

At the third class meeting of the semester, I presented slides of my West African trip and talked about my thoughts, feelings and the behaviors generated by the experience. There were slides of familial activities, details of the slave house on Goree Island, the architecture of both countries contrasting Guinea Bissau (a newly developing country) and Senegal (a nation with extensive tourism), a typical African market, an African ballet, and a reunion with a classmate that I had not seen in over twenty years.

The students first asked questions about Africa's topography. They were surprised to see the lush countryside, and most were fascinated by the similarities between the capital city of Dakar and New York City. Visibly excited by the brilliant clothing worn by the African family we visited, they wondered whether such traditional clothing was routinely worn. Slides of family members dancing to celebrate our arrival were the most popular. I am uncertain as to whether this

was because of the vibrant colors, smiles, laughter, and warmth, or because, I joined the dancing. The African ballet with brightly dressed drummers and traditional dancers was a startling contrast to European ballet which the students were accustomed.

The role of females in a matrilineal cultures, a discussion stimulated by a picture of a market, became more than just a concept discussed in prior courses. The last slide, a chance meeting with an American classmate (a Guinean government official) I had not seen since college, confirmed how acknowledging one's heritage brings African Americans together in unique ways.

Modelling self disclosure during our dialogue was important to creating an atmosphere of trust. The establishment of trust among us was crucial to the success of student presentations scheduled later in the semester.

Based on the slide presentation and dialogue, each student was asked to identify and investigate the cultural group with which he/she most closely identified. They were expected to do an in-depth exploration of their cultural group over a two month period. The method for the exploration was discretionary; we talked about traveling to their ancestors birth place, conducting interviews and other forms of communication with elderly family members, and reviewing albums, journals and family documents.

At the end of two

months, each student selected a class period to make an oral presentation, that took into account the cognitive, affective and behavioral aspects of their exploration. Students were to report the source(s) of their information, why the source was selected, and their initial and current response to the assignment. Because it was likely they would uncover personal information, the students were advised to present only information they were comfortable sharing in the classroom. Confidentiality was stressed as was the fact that ours was a classroom rather than a therapeutic environment.

My expectations for the students were personal and professional. On a personal level, I hoped that my excitement about Africa was contagious and that students would gain the same sense of history and on-going connectedness with their culture that I had. I wanted them to appreciate the uniqueness of my culture and their own to the point of wanting to share their experiences with others. From a professional standpoint, I wanted the students to more fully understand and respect diversity, demonstrate awareness of cultural nuances when working with clients, and further develop skills in oral and written communication.

"Tell Me, I Forget; Show Me, I Remember; Involve Me, I Understand"

Although students enthusiastically accepted my modelled presentation, many

were anxious about the assignment. They had reservations about the geographical distances between themselves and their elders, confusion as to whether maternal or paternal grandparents should be interviewed, or whether biological or adoptive parents were more appropriate. Unlike other class members, Jewish, Mormon, and Native American students appeared less threatened by the assignment. As they were growing up, these students regularly participated in traditional family events and continued to engage in rituals such as religious ceremonies and genealogy.

The students subsequently reported that the benefits of the assignment far outweighed their anxieties. For example, several students gained a new understanding of their cultural heritage. They claimed this new insight helped them to better understand their parents and become closer to them. Many students mirrored their grandparents' joy and pride when they shared their family history with classmates. Several told of their pleasure at bringing delight to their grandparents by interviewing them and viewing family treasures together. They boasted about ancestors who engaged in the same careers or activities as themselves, e.g., helping professions, and athletics. As a result of the pride they felt, some students planned to do more extensive research into their family history and visit other countries to meet relatives. Consistently, students identified with "famous" in-

dividuals among their cultural groups whether or not the celebrities were members of their families.

In their presentations the students used historical documents such as fifty year old photographs; slides of family members in other countries; crafts, antique jewelry and other heirlooms; christening certificates, diaries and journals of their ancestors; citizenship papers; marriage licenses; newspaper articles written decades ago; family albums; family trees; and maps. Many students brought ethnic foods for all of us to eat.

An unexpected occurrence was that rather than identifying themselves as a homogeneous group, Caucasian students discovered their own diversity. Initially surprised to learn of their heterogenous ancestry, e.g., Scottish, Dutch and German, a sizeable number of Caucasian students expressed their pride and vowed to incorporate the newly discovered values and customs of their cultural history into their lives and those of their children.

As I had anticipated, students repeatedly said that doing the assignment resulted in greater respect for their elders, pride in their ethnic group, and heightened self-esteem. Their questions and comments demonstrated new awareness and genuine curiosity about the cultural groups of others as well.

The assignment was a forum for knowledge exchange, and a safe place for practicing new skills. Students took responsibility for their own

learning rather than responding to stimuli (readings, contrived role play exercises) provided by others. They became acutely aware of their ethnic and family history. This greater awareness may lead to deeper appreciation of their ethnic group and ultimately of themselves (Bowles, 1993).

The students and my own disclosure offered other advantages. Because each participant told their own story, there was less likelihood of simplifying or stereotyping her/his own group. For example, in contrived scenarios, it is common to use stereotypical last names (i.e., Sanchez to denote Hispanic or White Horse to suggest Native American). Students within these ethnic groups frequently find this offensive. A related benefit of a student telling her/his own story demonstrated how several individuals within a given ethnic group can have widely varying experiences, reflecting the rich heterogeneity within the same ethnic groups.

To successfully complete the assignment, students had to examine their own thoughts and behaviors, confront value-laden ethnic content and to synthesize and articulate the results to others. These tasks challenged their creative, analytical, verbal and writing skills and perhaps helped them to resolve cultural value-dilemmas (Davis and Proctor, 1989; Hepworth and Larsen, 1993). Exploring the cultures of others, and benefiting from an exploration of one's own culture may have enhanced their

capacity for empathy, and afforded them a larger global world view. Hopefully it may lead to more ethnic sensitive practice (Devore and Schlesinger, 1987).

This narrative demonstrates that exploring one's heritage can be an affirming experience; events which seem unrelated to academic settings can positively influence instructional methods; and the exuberance of an instructor can be a catalyst for fascinating classroom activities. □

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"I AM NOT STUPID, I WAS A SCHOOL TEACHER!"

A Narrative Approach to Teaching Clinical Medical Ethics

By Martin Kohn and
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Introduction

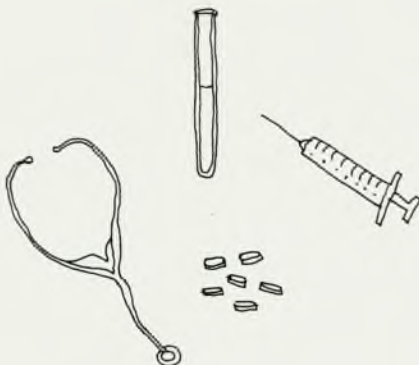
Our shared existence with others and the obligation of the physician to show "compassion to the sick stranger" (Cassell, 1991a) compel us to understand the stories of other persons' lives; especially the stories of their encounters with illness. The "sick stranger" who uttered the words above was suffering cardiogenic shock. Her words became part of an interior monologue story written by a medical student on the team caring for her.

The patient, Mrs. W., made the statement as she was attempting to answer questions on a mini-mental status exam. In nearly every group discussion on story writing, at least one student reported similar abusive exam experiences. This is hardly high drama/pull-the-plug medical ethics, but it is emblematic of the grounded, everyday ethical context of practice we encourage our students to discover.

Seven years ago we developed a medical ethics component as part of a required twelve week internal medicine clerkship. After spending a few years using a principle-based approach we decided to examine the moral matter of medical work through narrative inquiry. Relying in part on the pioneering work of Charon (1986), we began to ask our students to write a

story in the voice of the patient, a story based upon fragmentary evidence of the lived life of the patient. Their interior monologue stories are read aloud along with a conventional detached third-person narrative at the first of two two hour case conferences we facilitate. After the students read their stories and the ensuing discussion is completed, the group decides how the writer should draw out the interior monologue story. Questions such as whether new voices should be added through dialogue, or to hear more from the protagonist are considered. The second case conference provides the forum for reading extended, newly created stories, and subsequent discussion of the medical moral content.

A year after initiating the narrative-based approach, we added a required reading in the introductory session which convenes two weeks prior to the two case conferences. This session, one hour in length focuses on a short story by Ghassan Kanafani (1981), "The Death of Bed Number 12." This story is used as a cautionary tale. That is, although the narrator of the story (a fellow patient of the young man who dies in bed number 12) feels morally compelled to flesh out the dead man's life story, he discovers to his dismay that to understand another person's life is difficult



if not impossible. Similarly, while our attempts to comprehend patients' lives will always fall short, it is vital that we try.

We believe that by knowing the patient more intimately one comes to appreciate the moral nature of medicine, and enjoy more fully the practice of medicine. Author (and patient) Anatole Broyard (1990) claims "a doctor's job would be so much more interesting if he would occasionally let himself plunge into the patient, if he could lose his own fear of falling." Similarly, Eric Cassell tells of the "therapeutic advantage that physicians gain from the jeopardy of closeness to the patient" (1991b, p. 249). Writing in patient's voice is the way to achieve such closeness.

Analysis of Stories and Case Conference Discussions

A stream-of-consciousness interior monologue is the predominant mode of presenting the patients' story at the initial case conference. Although some students used a more exterior autobiographical style, or a combination of both.

Two primary genres that have emerged from analysis of stories presented at the first case conferences: the "existential/why me/what's going to happen to me" stories and the "lack of respect/what are they doing now/going to do next" stories. A subset within the lack of respect genre is the "confusion

story." In this subset the "waiting for irrefutable evidence is in place before giving a diagnosis/conspiracy of silence" story and the "abusive minimal status exam" story such as that of Mrs. W.

With our encouragement, follow-up stories for the second case conference have become considerably more varied. While some stories featured the same voice, many more are in dialogue form: a patient speaking with the long absent child, or the impatient attending, or the confused (or more likely compassionate) medical student. Occasionally, "outlier" stories are written, for example, in the inanimate "voice" of a pack of cigarettes or a DNR status sheet.

A Pack of Cigarettes Speaking

Here I am. I'm free for you. Take me. I know you want me. You rely on me. Draw me in deep and hold me there. Yeah that's it. I'll make it better. I'm your one true friend. When they knock you down, I'll be there. I've never let you down. They'll try to tell you I'm bad, but what else makes you feel so good. Tell them to quit. You've heard it all before cancer, cancer, cancer, cancer. Oh yeah? George Burns, Burns, Burns, Burns. Grandma understood. She never stopped. 80 years of tobacco satisfaction. And if they get to you and you want t leave me... I promise you'll pay. You'll come back so why leave? So let me be your friend. Let me calm your fear and ease your suffering. You need something to relieve your

stress. And life without me will be empty and you'll get fatter than you already are. You can't live without me.

Mrs. W. Talking About a Medical Student Who She Mistakenly Believes to Be a Nurse

Why are you asking questions? I don't know. I get so confused sometimes. Why is all of this happening to me? It seems like this is one bad nightmare but I'm awake. I know I am in hospital and my heart is bad.

Sometimes they say they can fix it, sometimes they can't. So many tests. I wish someone would talk to me. I've been here 2 months I think. That nurse who comes in in the morning says I have been here only 2 weeks. I know she's wrong.

It's been so long since I've seen my husband. These people don't understand he's old he needs me. I wish I could talk to him. He'd understand.

They don't know they don't know anything. Now this nurse is asking me stupid questions like say the days of the week backwards. Why would anyone want to do that? She told me I got it wrong. She doesn't know. I am not stupid I was a school teacher. Sometimes they treat me like I'm stupid. I know the days of the week! I am just tired. Yesterday that stupid nurse asked me to spell the word "world" backwards. I got confused I couldn't do it. I started to cry. They don't know me I'm not stupid. I am just tired and want to go home.

The External(1) and Internal(2) Voices of Patient(A) and Medical Student(B)

First Exchange:

1A: Get the hell out of here! And don't ask me how I feel 'cause I feel bad, just bad. Bad all over.

2A: I am in real pain.

1B: I know you hurt, you have headaches and joint and muscle aches. They're pretty bad aren't they? You have reason to feel so poorly. I'm gonna order some medication to help you get rid of those pains.

2B: Quit yelling at me! I'm not your dog! You can't talk to me like that I don't care how bad you feel. If you don't accept my help, you're not gonna get better.

Second Exchange

1A: If you dare come in here and wake me up, I'm gonna pick something up and throw it right at your head! And don't think I won't either! I haven't gotten a single wink of sleep. This one over here next to me won't keep quiet. Shut up over there!

2A: You've taken away my control.

1B: I know being in the hospital isn't always the best place to get some rest. You have to remember to ask for your

sleeping pill if you want it. I won't come back 'till later this afternoon so you might get some rest today.

2B: How dare you threaten me like that! You better not even think of throwing anything. I'll have you put in restraints so fast your head will spin. We'll see how you like that!

Third Exchange

1A: Oh, I'm mad, mad, mad as usual. I'm just tired of all this crap!

Why doesn't anybody do something for me? I just want to know what's wrong with me. Why don't you help me? I still have this darn headache.

2A: I'm frustrated and I don't want to feel this way anymore.

1B: We are trying to do something for you. We just went through all your problems and what we've done and what we want to do next.

I tried to explain everything. If you want, I'll go over everything again, and you stop me if you have questions. OK?

2B: My God! I've been spending hours every-day since you've been here trying to help you get better. Can't you even appreciate that? I've been busting my butt for you and still all you do is complain!

Using the patient's voice as the springboard for our ethics case conferences frequently leads to deeper questioning by the student of his or her personal beliefs and values, less reliance on formalized response patterns, and the desire for formulaic answers. For example, a student concerned about awakening a patient for a test of dubious necessity recounted how he was told by an intern that "your time is more important than theirs." This statement resonated the wrenching feeling between efficiency and compassion students frequently experience in medical training.

On other occasions we explored the resentment felt by health care providers toward persons whose presumed "weakness" brought on their disease. One student revealed with sadness how he had noticed himself changing, catching himself in his self-dialogue referring to some patients as "assholes." The student's disclosure led to a discussion on whether or not the physician is obligated to have positive assumptions about the patient as they enter her/his narrative. Other explorations have centered on issues of power and ego, especially in recognizing one's limited capabilities, ethical principles such as beneficence and autonomy, and rules such as truth-telling.

Another enlightening (and entertaining) aspect of the post-story discussion period comes when the physician facilitator anecdotally shares a **maturational lesson from her/his training period and current**

practice. Hensel and Rasco argue that "personal, well-focused [stories] derived from the immediate clinical setting" (1992, p. 500) are an effective way to teach students and residents. Convincingly they argue that storytelling by the mentor helps the novice learn to live with and admit to mistakes and "helps to create the kind of atmosphere necessary for continuous improvement" (p. 502). These physician-generated stories meld well with student's personal accounts: losing patients with whom they developed close relationships, learning the underlying reasons for patients' self abuse or addiction, and discovering the hidden complex person inside a difficult and abusive patient.

The Story of Alice

We met Alice during the Physical Diagnosis Rounds of the Internal Medicine Clerkship. She was 51, White, a "frequent flyer." A "hopeless drunk in for the umpteenth time" for a tune-up on her way to the grave. She was a museum of end-stage alcoholic liver disease. And from the tone of the resident's description, she was one of those most frustratingly futile, hopelessly self-destructing patients that cause many of us to roll our eyes and wonder why we should even continue to provide care.

In the hallway outside her room, in a round robin fashion, the students and I listed the eighteen or so physical stigmata of alcoholic liver disease, and we entered the

room half knowing what we'd see. She was slight, apprehensive, yellow, protuberant. Her umbilicus was visible under the covers. I asked her about her drinking. She described incredible daily intakes of alcohol for many years. I asked when she began drinking alcohol, and she related a most sensational story. Alice was a young mother, happily married, devoted to her nine and twelve year old sons.

Her husband had a decent job, and she worked raising her sons. She loved those boys.

On a spring day off from school, the boys decided to play on the property of a nearby asphalt plant. They often played there on weekends. This day though, there were workers, and trucks, and industry. Shortly after the young son won the race to the bottom of a deep pit of gravel, the older boy turned to see a huge vehicle at the precipice plowing the gravel into the pit. He won the race out, and watched as his brother was buried in gravel. One boy died that day, and part of the other boy died as well.

The surviving child had many problems in the years to come. He was deeply disturbed, and his parents lost control of him. In a few years, his psychiatric health was so unstable that he was institutionalized, where he remains still. His father handled the loss of his sons poorly. He ran away. Alice doesn't know where he is now, or even if he is alive. It was shortly after he left that Alice began to drink whiskey. And

eversince. In excess. Hopelessly. We thanked her for sharing her story with us and somehow, couldn't bring ourselves to the examination for shifting dullness. We'd already had our lesson from Alice, and we took our leave.



The Story of Charles

Charles was an elderly Black man not well known to me on the weekend I rounded, covering for his physician. He had been on dialysis for years, and I had encountered him before. I remember him as a "wise guy" type, who always made sarcastic remarks about the money doctors make, and the privileges they enjoy. He was pleasant but quite cynical. Most visits were more comfortable if kept brief.

He'd been admitted for heart failure and was recovering nicely. There was little to do for him over the weekend while he was entrusted to my care. All I had to do was write a note, "continue present management," and move on. When I introduced myself that day, he began to speak in what sounded to me like fluent Italian, apparently having taken note of my Italian name. Recognizing that I didn't understand, he

sarcastically asked if I spoke Italian, which I did not. I asked him how he came to know the language, and he told a fascinating story of how he studied music extensively for years in Italy as a young man. He became an established musician and toured Europe trying to "pick up with" a number of orchestras. He was completely unable to find stable employment because he was Black. There was no way anyone would hire a Black musician in those days, he explained. Frustrated, he eventually returned to the United States, sought employment in a factory where he remained employed until his kidneys failed, at which time he lost his job. He never went back to his music. "But brother, I loved those days," he said.

When I left his room, I opened his chart and described his progress:

"Feeling better. Dialyzed yesterday without incident. No further shortness of breath. Continue present management."

I signed my name, closed the chart, and began to walk away. But feeling as though I had said very little about the person I had just seen, I returned to the chart, and wrote as an addendum:

"Incidentally, fascinating to find out that patient studied music and language for four years in Florence, Italy, in his earlier days"

I walked off wondering what all the other doctors would think of that note.

Story Writing and Resident Training

Keller (1977) has called for medical educators involved in residency training to critically examine value questions that emerge out of practice experiences. He advocates translation of "character and conscience into clinical wisdom" (p. 109). Literature and imaginative writing are means of achieving this goal. Maccio and Garcia-Shelton (1985) claim "there is no province of medicine where the use of literature is more natural than family practice" (p. 32). We believe story writing exercises naturally complement the educational program of primary care residents. Gayle Stephens, founder of modern family medicine, confirms the connection between medicine and the human arts by pointing out that "the foundation of human reality is not mere protoplasm, the stuff that modern medicine knows so well; it is sentience and language and meaning and other beings that distinguish human reality. Protoplasm is a substrate for them." (1989, p. 107)

Shafer and Fish (1994) in their anesthesia residency training program wanted to find out "whether the use of imagination and writing could provide some overlap" (p. 125) of the phenomenological worlds of physician and patient. Their study, using patient and resident-generated stories, shows how writing exercises lead to greater self-reflection in residents, especially when focusing on the patient's

perspective. They concluded that "...the potential changes in practice that the residents report are in fact not related to the technical aspects of anesthesia, but rather to issues of confidence (either feeling more confident or expressing more confidence to the patient) and reinforcement of the importance of a "good" patient-doctor relationship. (p.140)"

We agree with Skolnik's (1988) statement that "maintain [ing] the level of curiosity and sensitivity for people that originally attracted one to the field...is of quintessential importance to medicine, to one's patients, and to one's self" (p. 511). This orientation to the human dimension of care carries heavy responsibility for primary care residency training programs, especially in light of Stephens' (1989) twenty-year educational assessment of family practice training: "We hoped to produce compassionate physicians — we've had to settle for producing less cynical ones" (p. 108). We use story writing as a means of identifying with patients and understanding their lives and their suffering. We believe this leads physicians-in-training closer to Stephens' ideal of the compassionate healer.

Conclusions

In medical education, most prevalent is a principle-based or problem solving approach. A case containing a moral quandary is presented for discussion. The quandaries are identified and then rules or principles are appealed to as

action guides. This deductive approach fashions itself after medicine's scientific side.

A narrative-based approach to medical ethics teaching is not as clear cut as the principle-based approach. It begins and seeks to remain in stories of individuals rather than seeking universal understanding. Narrative approaches, are more akin to the art of medicine. The goal of those involved in this approach is the attainment of phronesis, practical wisdom rather than ultimate truths.

Practical wisdom in the clinical setting is built upon a rich variety of experiences such as guidance from mentors of good character, interpreting the stories of those giving and receiving health care, and the ability to call upon moral imagination, in the ordinary and extraordinary events one faces in medical practice. The orientation of a narrative approach is facing rather than solving problems. We seek to engender in students the willingness to courageously turn one's human face toward the fragile, often tragic, human condition.

The benefits from this story writing exercise could be applicable at all levels of physician education. Many of our conferences have been psychologically therapeutic. We've had a number of students begin to work through the grief of losing patients after taking on their voices. Sharing anecdotal stories that now regularly appear in discussions has added important dimen-

sions to professional identity development. The intensive residency training period is, a time in which identity is significantly affected (Keller, 1977).

Student-generated stories, some mundane, most creative, remind students of the power of imagination and creativity as they face the acculturative pressures of efficiency and standardization. Novak (1972) suggests that because the experiences which doctors and patients bring to their interaction "diverge dramatically, what we need are methods for opening up those dramas to effective notice" (p. 23). Writing fictively in the clinical setting can do this and "move us to attend to elements, aspects of our reality that might have been otherwise invisible and inaudible" (Greene, 1987, p. 11). □

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HOW I DIDN'T BECOME A PSYCHOTHERAPIST

By Harry Specht

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In 1951, when I graduated at age 21 from City College in New York City (CCNY), I had had a good deal of paid experience in social work. But I wanted very much to be a "professional" social worker which meant getting a master's degree. I had met many practitioners in the centers, settlement houses, and camps where I had worked who I admired and looked up to and who had master's degrees in social work. I was excited, therefore, to be accepted at the School of Applied Social Sciences (SASS) at Western Reserve University in Cleveland, Ohio, as a graduate student majoring in social group work.

I had grown up in the Bronx and had never travelled out of New York City except when I went to camp in upstate New York. I was under the impression that Cleveland was "out west." I was somewhat disappointed when I arrived there to find that it didn't look all that much different from New York City, except that the sign that said "SOCONY" [e.g., Standard Oil Company of New York] in the Bronx was "SOHIO" in Cleveland.

However, SASS was on campus, an idyllic place, and I lived at Roosevelt Co-op which was only a block away. That gave me a sense of being part of campus life that I hadn't had when I attended City College New York. Although downtown

Cleveland had a small town quality, it wasn't any more beautiful than New York City. But the campus was beautiful and I enjoyed being in that setting. About one-third of the 20-or-so students living at the co-op were going to SASS and we developed close relationships.

Overall, I loved being at SASS. I thought that the teachers were very good. (Among my teachers were Grace Coyle, Margaret Hartford, and Ray Fischer.) We considered most of them to be very learned and we treated them with respect. As a group they tended to be much more dedicated to service than my colleagues are today. We, as students, wanted to be taken seriously and tried to emulate our teachers in demonstrating our caringness and dedication. Our papers and class discussions often had a slight confessional quality to them because it was considered a good thing to talk about your weaknesses, your desire to integrate learning, and your selflessness, all of which were to be attained by a "conscious use of self."

The curricula content for masters students encouraged this kind of introspection. All students had to take courses in human growth and development. These courses given by psychiatrists delivered undiluted psychoanalytic theory. The practice courses heavily favored psychoanalytic inter-

pretation. A required course called "Medical Information" was also psychoanalytic. There were courses also in social policy (very dry) and community organization (CO). Some psychoanalytic interpretation slipped even into the CO course. Most students, including me, ate up this psychoanalytic stuff with gusto. In our informal social exchanges we never missed an opportunity to joke about "repression," "hostility," and "transference." In the process records we wrote in field work we were expected to demonstrate our capacity to use this material.

In both class and field there was a larger premium placed upon discussion about self and about experiences in practice than was placed on scholarship. I found classes interesting and the assignments mostly easy. I had majored in English at college so writing came fairly easily to me. Although I didn't do a great deal of reading I found that my ability to absorb the little scholarly and theoretical material covered and apply it in written assignments won me more recognition than I'd expected. I was young, working to support myself, and more interested in doing than in scholarly analysis.

I was not especially challenged by my first-year field work assignment with the Jewish Community Centers of Cleveland. By and large, I did passable work with a senior citizens' club (then known as a "Golden Age Club"), a 6th grade boys' group, and a lounge

program for young adults. I found most of the work not very challenging because it was similar to work with groups I'd been doing before I went to SASS. Most of my learning that year was stylistic—getting comfortable with professional language, participating in staff meetings, writing process records, and "making use of supervision." I had to stretch and dissemble a bit to do the latter because there wasn't a great deal in my assignments for a somewhat experienced student to learn. However, I was earnest about school and tried hard to "grow" and to "integrate knowledge in practice."

I had one rather jolting experience in Grace Coyle's social group work class in the second semester. At that time Miss Coyle was in her 60's and that seemed to most of us to be old. We thought her to be a scholar/philosopher and treated her reverentially. We also thought she was pretty. Those of us living at the Co-op agreed that if Betty Boop had become an older scholar she would have looked just like Grace Coyle. In her class, students had to make oral presentations on some structural feature of one of the groups with which they were working. I chose to speak about the use of the concept of culture in my work with the senior citizens' group. I explained to the class some of the behavioral differences one finds among Litvak, Galitziana, and Sephardic Jews, how older Jews tend to respond to a young Jewish male, and a few other items. In my presentation, I told

some anecdotes that I thought to be amusing and in the telling I made use of a number of Yiddish phrases. Many of my non-Jewish classmates thought I was hilarious and laughed appreciatively; I warmed to my subject and added more humor. My presentation became very jokey. Miss Coyle was not amused. When I concluded she quietly said something like: You are a bright and witty young man; you may even be sensitive; but you will have to work harder to strengthen that aspect of yourself so that it becomes more evident. I was devastated. I felt that I had to redeem myself with Miss Coyle. I decided that my work on the final assignment for the course—a group analysis—had to be one of the great documents of the age. I have never worked so hard on anything I've ever written. My analysis was long. It was stuffed with everything I'd read that year. And it was SENSITIVE, jam-packed with psychoanalytic, cultural, and sociological interpretations. There was a sociogram too. And each section had a little headnote from something I'd read as an English major at college. I even paid a professional typist to do it up for me. To my eyes, it was as splendid a piece of work as I could imagine. In retrospect, I think Miss Coyle must have been vastly amused at the extraordinary effort I had put into this work. She returned my paper with a note of lavish praise. No other review of my work has ever pleased me so much. Miss Coyle probably recognized that I'd put a lot of

work into that paper and she decided that I deserved to be taken out of the doghouse.

As a student of Miss Coyle, I wondered what she thought about the heavy dose of psychoanalytic theory we were getting. She taught none of it in her courses. She favored sociological and social psychological theories, and gave a strong emphasis to citizenship education. I noticed that she listened intently when students or other teachers used psychoanalytic theory, but I never heard her make a comment about it. I regret that I hadn't the intellectual initiative or security to question her about it.

In my second year at Western Reserve, I asked to have a field placement in a mental hospital. I was placed at Cleveland Receiving Hospital which had a department called "Therapeutic Group Work." I made this request because of my experiences prior to graduate school. In the late 1940s, Albert Deutsch, a columnist for a liberal New York City newspaper called *PM*, began writing about the terrible treatment of the mentally ill in state hospitals. (Deutsch's book, *The Shame of the States*, published in 1948, was the intellectual cornerstone of the great movement for deinstitutionalization in the 1960s and 1970s.) I was deeply affected by Deutsch's writings because I had a relative and a friend who were institutionalized and I was bothered by how they were treated. Then, in 1951 I read a book called *The Snakepit*, a story

about the experiences of a mentally ill woman in a state mental hospital, and saw the 1951 film with Olivia De Havilland which was based on the book. I thought the book and the movie were chilling. I was determined, then, to do something to help the mentally ill. (Of course, I didn't have any notion of how I would help. I think that at that age, just the idea of committing myself to help someone seemed to be, in itself, a significant act.)

The mission of the staff of the Department of Therapeutic Group Work was to enable patients to make use of their social resources and other resources of the hospital to help them regain health. The group workers did not do psychotherapy with individuals or with groups. After some initial anxiety over being in intimate contact with seriously mentally ill people, I was comfortable working in that setting and found I could make excellent use of my knowledge and skills. The interaction with other professionals—nurses, doctors, psychologists—was intellectually stimulating. I felt I was doing something important and useful.

To work in that setting, it was necessary to read a lot of material on psychiatry to learn the nomenclature and aetiology of mental illness. I read a good deal of psychoanalytic material which I found interesting and compelling. Psychoanalytic theory is dramatic; psychoanalysis relies heavily on interpretations of the symbolism in personal behavior, inter-

personal interactions, and dreams. I enjoyed it. I found psychoanalytic theory to be very readable and easily applicable in interpreting all kinds of personal behavior. [I think, too, that psychoanalytic theory gives one a sense of power over others. That is, in using ideas about, for example, the unconscious, psychosexual development, and mechanisms of defense, you come to believe that you are party to secrets about others of which they themselves are unaware.]

My experiences in that placement left me wanting to continue working with the mentally ill. I was thrilled, then, to be hired for a residential position at Ittleson Center in New York City. Ittleson Center served hospitalized mentally ill adolescents. It was under the direction of David Wineman who was a collaborator of the well-known Fritz Redl. (Redl and Wineman published a book called *Children Who Hate* [Free Press, 1951] which I found gripping, creative and useful.) However, when I arrived in New York City I learned that there was no job for me at Ittleson Center because David Wineman had been fired. Apparently, one of the reasons he had been fired was that he'd hired me, a social group worker, instead of a more clinically oriented professional.

Wineman's departure from Ittleson left me in New York City without a place to live (I had expected to reside at Ittleson), without a job, and little money. It was in September, so most jobs in social group work had been

filled because group work agencies follow an academic year. A position was open at Lenox Hill Neighborhood Association, a settlement house on the east side of mid-Manhattan. Lenox Hill was desperate to hire a worker who would work with youth gangs. Donors had provided funds for this program and Lenox Hill was eager to have something tangible to show them. They had been counting on Irving Spergle to take the position but he'd taken a teaching job at the University of Chicago. (Spergle became one of the nation's foremost authorities on gangs and juvenile delinquency.) I wasn't the kind of worker they'd been hoping for. Irving Spergle was certainly better suited for the position than I was. And Lenox Hill was not the situation I'd been hoping for. But neither Lenox Hill nor I had many choices, so I took the job.

There were three parts to my job. First, I became the group leader of the "Raiders," a group of teenagers and young adults who were considered to be a "gang." Second, I was responsible for a holiday program for the children of working parents. This involved organization of an all-day program for scores of these children on school holidays. And third, I was to assist in supervising the after-school program for grade school children. I was clearly unprepared for the first two assignments. I found the Raiders intimidating. They were big, tough, athletic, and, to me, threatening. I was thin, delicate,

and unathletic. I knew little about the problems of working parents and the kinds of social resources they needed. However, I had the good fortune to be supervised by an outstanding professional, Victor Remer. Vic was a big, athletic, and extremely sensitive man with many years of experience working with difficult teenagers and in poor neighborhoods. He was interested in and, I think, entertained by my psychoanalytic orientation. Conversant with psychoanalytic theory, he never put it down. He seemed to know exactly how uncomfortable I was in dealing with the Raiders. With great skill he helped me discover how I could respond to their disruptive, posturing, and testing behavior. I was surprised to find that I could set limits for these young men, that they wanted me to help them grow up, and that there were many ways I could help them. I also learned a great deal from Vic about utilizing social services and community groups to help families. Within a couple of months I believed that I had been very lucky to get the job at Lenox Hill.

I continued to work in community centers and residential camps with groups and adult organizations for several years. Gradually, I developed an interest in the ideas and theories that underlay the work I was doing. This began with a problem in work with teenage groups that nagged me. It seemed to me that many social group workers tended to be excessively permissive in

work with teenagers to a point that they provided insufficient guidance and structure in developing programs with group members. This resulted in the first paper I ever published called, "A Program Curriculum for Social Club Groups" (*Journal of Jewish Communal Services*, Winter, 1957). It is not a very good paper from a scholarly point of view, but it did strike upon a sensitive issue among social group workers and resulted in some discussion in professional meetings. In those years, I began to read more about theory and social policy issues. Up until then, my intellectual interests had centered around practice.

In 1960 I was accepted at Brandeis University's Florence Heller School for Advanced Studies in Social Welfare. Brandeis was a new school which took the study of social policy as its central mission, and fit my developing interests. My goals in doctoral study hadn't crystallized any further than that vague idea. Mostly, I thought it would be elevating both intellectually and professionally to have a Ph.D. Consequently, I was not a very good doctoral student because I lacked the focus that advanced studies requires. However, I did manage to complete the program. The major benefits it had for me were to increase my understanding of research methodology and to improve my writing skills.

After completing the program at Brandeis I worked for two years at Mobilization for Youth (MFY) in New York City

as director of the community organization program and then for two years in Richmond, California, in community organization. MFY was a massive project to prevent juvenile delinquency, the predecessor to the national War on Poverty in the 1960s. It constituted an intellectually challenging experience because it was a planned effort to test the theories put forward by Richard Cloward and Lloyd Ohlin in their book, *Delinquency and Opportunity*. I left MFY for the job in Richmond for two reasons. First, my wife and I wanted to move to the San Francisco Bay Area. Second, the Richmond job gave me an opportunity to test out some of my own ideas in practice.

The programs in Richmond involved a primarily African-American constituency. Between 1964 and 1966 it became difficult for a White organizer to take a leadership role in a Black community. The civil rights movement had begun to change the relationships between Whites and Blacks. There was, nationally, a rejection by African-American activists of their long-standing dependency on White leadership, and there was a militant call for "Black Power." From the point of view of Black community development, this was a good thing. But personally it was painful for many of us — both Whites and Blacks — associated with the movement.

I took a job as a teacher, for one year at the Department of Social Work at San Francisco State University, and then, in

1967, at the School of Social Welfare, University of California at Berkeley. For about 15 years I did research on and wrote about community organization, social planning, and social policy. These were not the subject matters that had brought me into social work. But there was, in that period, a burgeoning excitement about civil rights, the War on Poverty, and the Model Cities Program. My colleagues, George Brager from Mobilization for Youth and Ralph Kramer at Berkeley, both of whom had plied those scholarly furrows for many years, got me writing on the subject. Brager and Kramer two original thinkers developed a theoretical perspective on community organization that was new, enlarging the intellectual boundaries of practice. The field — especially the part concerned with grassroots organizing—was relatively new, so it was easy to publish almost anything about it. Somewhat later, another colleague, Neil Gilbert, drew me into a collaboration on social policy that lasted a decade. The study of social policy was even more far afield from my original interest because it has, relatively, little connection to practice. It is a more intellectual line of thought and draws heavily upon economics, law, political science, and organization theory. The study of social policy broadened my thinking a lot. Neil Gilbert has a sharp and creative mind and working with him forced me to be clearer and more rational in my work.

In 1977, I became dean of

the School of Social Welfare at Berkeley. As a professor I had been attentive primarily to my interests in community organization, social planning, and social policy. As dean, I became interested in the whole enterprise of social work education. The vast majority of our students were studying for careers in direct practice, and I didn't know very much about their studies and their field work.

I began sitting in on courses in case work (now called "direct practice") and reading material from course outlines. The content of these courses was not based on a strictly psychoanalytic framework as it had been 25 years before when I'd gone off to take a job at Ittleson Center. There was still some of it, most representative in the work of Erik Erikson. In addition there were some elements of behavior modification techniques and social learning theory (e.g., Bandura, Gambrell, and S.D. Rose), and large elements of humanistic psychology (e.g., C. Rogers, A. Maslow, and V.S. Sexton).

I was taken aback by the great lack of substance in this material. The behavior modification material is atheoretical. These scholars deal with techniques for modifying behavior. They are super-scientific and deal only with what can be measured. As a consequence, they tend to deal best with very teensy-weensy problems, for example phobias. They do not, as far as I can see, have an interest in larger social

problems — e.g., poverty, alienation, loneliness — but only in measurable problems that can be seen in the behavior of individuals.

It is the theories from humanistic psychology that are most predominant in education for direct practice. But there isn't a great deal of theory in these humanistic "theories." What there is, though, is a powerful set of attitudes about the innate goodness of human beings, and about the capacity of human beings to grow and change.

I went on to read about research on psychotherapy. The conclusion one must draw from the research is that there is little evidence to support the efficacy of this kind of intervention. There is clear evidence that most people who get psychotherapy like it; and most of them like their psychotherapists. But that is not the same thing as effectiveness in problem solving.

I examined the list of agencies in which our students did their field work. I was astounded to learn that of 200 graduate students only one was doing field work in a public social services department.

Finally, I read all available literature on the careers of professional social workers. It was distressing to learn that social work graduates were going by the droves into the private practice of psychotherapy. Between 1975 and 1985 the number of social workers in private practice had increased fivefold. By 1991, 57% of the members of the National Association of Social Workers were in for-profit practice for at

least part of their work week. You do not have to be a genius to conclude from what I had discovered in my studies that something has gone terribly wrong with the profession of social work.

Midway into my explorations of current social work practice, I concluded (mistakenly, I now believe) that one important reason for social work's neglect of its true mission was the lack of useful social theories to guide intervention. I began reading in the field of social psychology and was delighted to find that the field abounds with theories that are exceedingly useful in describing and analyzing social behavior. (This is in contradistinction to psychological and psychoanalytic theories which analyze individual behavior.) I'm referring to such theories as social exchange theory, attribution theory, theories of interpersonal relationships, and social network analysis. Over the last 50 years, social psychology has developed a set of theories that are right on the button for social work practice; these theories have been almost entirely ignored by social workers.

In the course of my career I had written frequently about controversial issues in social work and social welfare. These controversies usually revolved around issues of ideology (e.g., "The Deprofessionalization of Social Work," *Social Work*, March 1972) or pedagogy (e.g., "Undergraduate Education and Professional Achievements of MSWs" (with Britt and Frost,

Social Work, May 1984). The issue of psychotherapy was different. It was something I had to struggle with personally and intellectually. Although I had never engaged in that sort of practice, like most other people in our field—indeed, like most other Americans—I had been nurtured and socialized with the radical individualism of scholars such as Freud, Rogers, and Maslow. It was extremely difficult to shake loose from the intrapersonal orientations I had integrated since I was an older teenager. At first, I found it difficult to utilize such social psychological theories as, for example, social exchange theory, social network analysis, and attribution theory. Only gradually was I able to shift from a focus on the intrapersonal and grasp the importance of analyzing the interpersonal aspects of practice. These studies led me to write a book about social work practice, *New Directions in Social Work Practice* (Prentice-Hall, 1988). In this volume, I introduce readers to these social psychological ways of thinking. In addition, I attempt to distinguish between the functions of social workers and the functions of psychotherapists. I think it is a good book, but it has had no significant impact. I realized from this experience (rather late in life, I think) that a good idea is not necessarily a good enough reason for people to change. After all, why should practitioners and teachers change their way of thinking if they are already established in a career that has provided them

with position, status, and tangible rewards? I came to believe that the profession was not capable of reforming itself. Moreover, it appeared more and more evident to me that the profession's drift to psychotherapy was becoming a floodtide.

For these reasons I wrote the paper, "Social Work and the Popular Psychotherapies," which I submitted to *Social Work* (SW) in 1989. I was puzzled when the article was rejected with comments from two readers that it was filled with "polemic distortions, and bias," that my argument was "one-sided," and that I used "unsubstantiated statements." I was then at a stage in life when the publication of one more paper was not important to my career. And I knew that the paper was relevant, clear, and to the point. It occurred to me that the editors of SW were simply not able to countenance the idea that psychotherapy is not a proper mode of intervention for our profession. So, I sent the paper to *Social Service Review* (SSR) where it was published. SSR followed up with two "Debates With Author."

The positive responses to the SSR article, and the odd responses I'd gotten from the SW readers, made me think that the debate should be pushed further, and I decided to do a book-length treatment of the material in the SSR articles and debates. I intended to aim the book at a broad audience, not just social workers. The outcome of that decision is the book (written with Mark Courtney)

Unfaithful Angels: How Social Work Has Abandoned Its Mission (Free Press, 1994).

I ought to conclude this memoir by pointing up the lessons I have learned in my journey from SASS to *Unfaithful Angels*, but I'm not sure what they are. I think I didn't become a psychotherapist because even before graduate school I was attracted by the idea that social interaction (as opposed to intrapersonal examination) can be healing, and that people have a great capacity to help and nurture one another. My earlier experiences in settlement houses and camps had reinforced this notion and I had many fine supervisors and teachers who helped me to think about and refine my ideas. Beyond that, there seems to have been a lot of happenstance and luck (both good and bad) in my making of life choices. As I write it here in retrospect the flow of life events appears to have more rationality and integrity than is the case in reality. The meanings, if there are any, sound like the homely virtues my mother taught: "Be true to yourself"; "Stand up for what you think is right"; "Care about people in need." Those are certainly values to live by, but how each of us perceives and realizes these values is a complex matter. □

PERSONAL NARRATIVES AND PROFESSIONAL HELPING:

Guidelines for Writing Autobiographical Narratives

By **John A. Kayser**

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The helping process generally begins with a story (Howard, 1991). We ask clients "What brings you here?" By training and personal characteristics, professionals are skilled at inviting and eliciting clients' personal narratives about their problems, struggles, and lived experiences. Yet when retelling clients' narratives — whether in written reports, case conferences, supervision, or "shop talk" with colleagues — we typically translate these accounts into "professional stories", using concepts from human behavior theories, diagnostic categories, counseling techniques, or research findings.

Unfortunately, this recasting often edits out our own experience of the helping process. As participants with clients in constructing and deconstructing their stories, we also are engaged in making meaning about our work and identities as helping professionals. Despite the examples of Freud and Carl Rogers, who interwove personal experiences into their professional work (albeit in markedly different ways), helping professionals probably are most comfortable in telling stories for public consumption about clients' progress in relation to the

planned intervention, rather than sharing the private stories we tell ourselves about our growth, struggles, and development.

Writing a personal narrative of the professional helping process is one way of uniting these public and private stories. Autobiographical narratives preserve distillations of our practice wisdom of working with others, and invite the reader to enter into our past thoughts and feelings surrounding the process of becoming professional helpers (Widdershoven, 1993). Through narratives, these experiences are re-enacted, reconsidered, and reinterpreted in light of our present and future needs. Or, as Perlman (1989) puts it, we "look back to see ahead". Through the telling, listening, retelling, reflection, and interpretation, narratives may become universal stories that resonate or "ring true" with later generations of helpers who follow us, through their own unique journeys, along a shared pathway.

The following guide may be helpful when writing an autobiographical narrative. It is an adaptation of the familiar "who, what, where, when,

how, and why" organizational structure used in literature and journalism:

Who

Narratives typically contain three types of actors: (a) the "characters" from past events being recounted; (b) the present writer of the tale; and (c) the intended audience. From the storehouse of lived experience, we selectively attend to and pitch stories likely to be of greatest interest to our listeners (Riessman, 1993). Although listeners usually are not present when autobiographical stories are being transcribed into written text, they are nonetheless implied. We write to someone, such as to a hypothetical audience of other helpers who might benefit from my experience with this type of client. We also write because of someone. Perhaps, because a professional heroine or mentor who heard us during formative periods in our professional development, we are able to subsequently hear clients' stories in new ways (Coles, 1989).

What

Narratives are first-person accounts of important experiences or "consequent events" (Widdershoven, 1993) involved in the helping process. Typically, these accounts describe experiences in encountering and/or resolving barriers to delivering help. It is important to note that narratives need not be success stories, since learning from active mistakes is an essential skill of the helping

process (Shulman, 1991).

Where

Narratives are located at the intersection points where the life trajectories of professional helpers and clients meet and are mutually changed as a result of the encounter (Howard, 1991). Narratives describe the context and place of external social reality (i.e., clients' presenting problem, agency, service delivered) and of our own subjective experience (Rosenwald & Ochenberg, 1992). For example, in working with others from culturally diverse backgrounds (i.e., age, gender, race, ethnicity, and sexual orientation), we learn about ourselves in unexpected, perhaps uncomfortable ways (e.g., recognition of unseen sexism, racism, homophobia, etc.). We begin to place our individual stories within a larger context — the great stories of our culture, society, and historical time — which we inhabit and embody (Mair, 1988).

When

Temporal order in written narratives is more formally presented and circumscribed than in oral stories. That is, the sequence of occurrences corresponds more closely to the order of telling, which makes it difficult to recognize omission, internal contradictions, transpositions and/or telescoping events. Autobiographical narratives, therefore, are not recording historical truths. Rather, through the very act of selecting and sequencing events, narratives

interpret — rather than directly present — the lived experience of the helping process (Riessman, 1993).

How

Narratives convey the interactional process occurring between clients and helper to illuminate not only "what happened", but also "how things turned out in this particular way". Process information highlights motivations for acting in certain ways in past times, and the parallel process occurring across time about the lessons learned as a professional helper. In this way, others may share in the process of experience and reflection, even when separated by time and distance.

Why

Crafting free-flowing, multi-layered lived-experience into a written story format imposes an order and sense on that experience. Autobiographical narratives allow the essential meanings of experience to be extracted, communicated, and revived by and between writer and reader in the context of the present (Riessman, 1993; Widdershoven, 1993). □

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FILM REVIEW



The Shawshank Redemption

The Shawshank Redemption is a story about a loving friendship between two men who find redemption in the unwavering confidence and devotion they give each other. Although the film plays on one level as a standard prison tale, with the requisite scenes of brutality, rape and sadistic guards, the director, Frank Darabont, signals that the movie is not an action cliché with the song accompanying the opening credits, "If I Didn't Care." *The Shawshank Redemption* is based on a novella by Stephen King, but it is surprisingly free (with one dramatic exception of the prison escape of one of the protagonists) of gimmicks and credulity-straining plot devices. Instead the story builds a quiet momentum as two men in prison, one innocent. Andy (finely acted by Tim Robbins), and one guilty, Red, (played with great depth and restraint by Morgan Freeman) survive the horrors of a 20 year plus confinement by demanding the most in courage and self respect from each other. As the friendship grows, so does their self knowledge. Each saves the other from the worst in his nature: Red confronts Andy with his icy disconnection from all things human after his false conviction of murdering his wife; Andy pulls Red out of the despair accompanying Red's belief that he is an "institutionalized man" and cannot survive the

seemingly empty freedom of parole life.

The film is a narrative about hope and despair, about the power of institutionalization to drain the spirit from those held inside; the prison setting is a metaphor for any institutionalized setting, most aptly a mental hospital. In prison hope is more feared than any other emotion; the pain of its dashing is felt every year by Red when his parole is denied (and only granted after 40 years). Only Andy, restored by Red's friendship and by the solidarity of other male prisoners, seems able to hold on to hope, secretly carving a tunnel out of his cell over the years. His pathway to freedom is mirrored by the prison library and education program he creates to offer another way out of prison to his fellow inmates. While Red's goals for himself are far less lofty than Andy's, who dreams of running a little hotel on a beach in Mexico; his triumph is more profound: he forgives himself for his youthful crime and accepts his years in prison as payment rendered in full.

The movie offers a not-so oblique commentary on the dehumanizing reality of prison society. Denied the structures that support sanity in the outside world, the prisoners create a compelling virtual reality of their own, with brutalizing systems of reward and punishment, hierarchies of honor and shame,

By Mary Ann Jimenez

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to hedge against the madness that an unadorned confrontation of their circumstances would encourage. The inevitable fruitlessness of so-called crime policies which would increase the number of prisoners and the terms of prison sentences ("three strikes and you're out") is a strong subtext of the film. Few possibilities for rehabilitation emerge in this prison and the one that does, Andy's library, comes to a disastrous end, reinforcing the sense that cruelty inevitably shadows hopefulness in prison life. The darkness of the film is underscored by the absence of women in any significant role. The men's struggle for dominance, survival and mental endurance seems more difficult and raw without the counterpoint of women's voices and presence.

The film's photography is outstanding; scenes inside the prison are bathed in shadows, as if to reflect the psychological and spiritual darkness gripping the prisoners. With the exception of two stereotypical characters (one a sadistic prison guard and the other a predatory prisoner leading repeated gang rapes of Andy), the actors create their characters with great tenderness and subtlety. Particularly fine is the portrayal of the prison warden by Bob Gunton, as a man living on a razor edge of control, perfectly mirroring the oppressive control under which the prisoners live. The rage of the warden is more palpable than that of those imprisoned at Shawshank, his hatred seems the unwitting reflection of the

inhumanity of prison life. His character cannot be redeemed because he has no talent for human connection.

Red is the warden's counterpart in the parallel world of prisoners and prison officials; his hatred drains away as the years chronicled by the story accumulate. A leader among his fellows, Red knows the pain implicit in hope. Whereas Andy was not guilty and escaped to live out the life he always had coming to him; Red was guilty of murder; he spends his years in prison silently regretting the senseless crime he committed when he was young. His tenderness toward Andy, his fatherly concern for all the prisoners and his quiet humor, offer the film's counterpoint to the grimness of prison life. In the end it is Andy who offers Red the chance to remake himself, to shed the "institutionalized man." That Red emerges from prison after 40 years and ultimately eagerly embraces hope is the redemption promised the viewer in the film's title. □

BOOK REVIEW



Robert Coles

The Call of Stories,
Boston, Houghton Mifflin
Co. 1989, pp. 212. \$18.95

The Call of Service,
Boston, Houghton Mifflin
co. 1993. pp. 306. \$22.95.

The story is told of Brahms and Berlioz walking together by the sea. "Maestro," laments Berlioz, "isn't it awful that there aren't any good young composers anymore?" "Look!" responded Brahms, pointing to the sea, "here comes the last wave."

Coles' accounts of persons giving of themselves is a refreshing plunge into a sea of swimmers whose goals are service, and whose varied travels down stream enrich society and their understanding of themselves. Each generation provides a new wave of those answering what Coles calls "the call of service."

His book reflects on volunteers; offering time, deferring careers, leaving familiar, comfortable lives to serve strangers. Intertwined with the stories of the young and old responding to that call, are Coles' reminiscence of the roots of his own commitment to serve.

Robert Coles has written more than 50 books, including the award winning *Children of Crisis* series. In *The Call of Service* he searches for the reasons people offer service, and what they give and receive from the experience. His exploration, while partly autobiographical, is not a series of "little" cases, but serious inquiry. The numerous life examples are linked by the persons' reminiscences of their

steps to service. It is a universal morality play, staged within the civil rights movement and today's inner city, rooted in family, spirituality, dreams of justice, and personal mentors.

The first story is of four Black six-year-old girls initiating school desegregation in New Orleans. Conversations with one of the children, and her grandmother lead to understanding their call to service. For this child, "service" meant running a daily gauntlet of curses, screams, and hating faces. She sees herself not as a victim but as a moral emissary, a missionary carrying out God's important work.

College students reveal other reasons for serving, a desire for social justice, outrage, feelings of guilt, a desire to be part of the action, and in a few cases, recognition on their school records. No matter the motivation or the suffering, each claimed they received more than they gave. Their life stories enriched not only by the service but by having to face the questioning of those served. "Why are you here?" In answering, they had to look deeply into their own lives, their inadequacies and strengths, and the wide gulf between them and those they sought to help. The children were most direct in their probing, questioning, and accepting, yet understanding the relationships were only temporary.

By Paul Abels, Ph.D.

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The volunteers did serious work. In urging people to register to vote, they knew they placed themselves and others at risk. This was a heavy burden to bare, and we see Coles, a volunteer himself moderating their stress, offering service, not psychiatric aid, but personal conversations.

These hundred or so true accounts are woven into the fabric of the book, helping us understand and believe in the power of service. Catapulted into a moral environment, we are grounded by life experiences and the participants' willingness to examine those lives. Much is to be learned about continuity and change from this book, and from Coles' life course.

He examines the influences of family and mentors on his path to serve, the power service gives, and the risks of self delusion. From conversations with Anna Freud he learns that the desire to understand the moral life of children is connected to his moral search. William Carlos Williams taught him how to listen actively. Volunteering with Dorothy Day helped him comprehend what it is like to live one's beliefs. Coles learns everywhere: from the young people and the children he serves. They teach him about himself, and how little he really understands about other person's lives and dreams.

After Anna Freud discusses with him the Greek origins of the word "Mentor", a mythical figure who offered himself as moral example; a wise and revered figure, a tutor

to be trusted, Coles wonders what enables that kind of relationship to develop. Why is a person willing to follow the mentor? How can we best help those who follow us? What creates success or failure? She asks if this is his search.

The entire book is a text on the relations between people, the persons offering the service, the ones who hear the call, and the persons who may be served. They need each other, yet the served often question the server's motivation. Coles sees beyond the questioning to the yearning, he sees too, the hope of the server that he/she can help the person move to a more satisfying, perhaps more just life situation. We see also the hopes of those served, particularly the youth, that someone cares about them, and there might be a way out of a seemingly hopeless existence.

Coles spent much of his life giving service. Volunteering during the civil rights movement, hoping to make a contribution and better understand the concerns and lives of those at risk every day. He was tutor, janitor, whatever was needed at the time. While he may have in part been motivated by a psychiatrist's curiosity it reflects the idealism seeded by his parents and later his teachers. At Harvard, he teaches outside the field of psychiatry, his courses require community service, reading novels, short stories and poems in which the characters are faced with the moral issues related to living their lives. He notes that in his classes there is a natural shift

from intellectual discussions, to how to lead an honorable and decent life.

He believes that the roots and key to that kind of life are in the stories learned from parents, teachers, mentors, and literature. In *The Call of Stories*, he discusses the power that stories have in shaping peoples' lives and "testifies to the nourishing moral insights that come from narratives, beginning with stories read aloud in the family circle and continuing through formal education and thereafter." He found that he could reach people's lives through their stories, but he had to learn how to listen first.

He tells the story of his mentor, William Carlos Williams, taking Coles with him to house calls, helping Coles listen to the patient's stories. He recalls another teacher saying to him "the people who come to see us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is their story". Coles believes that the mentors who helped him most were those who understood his story.

The narratives in this book encompass the lives of children, his work with students, and the civil rights movement. His psychiatric practice is enriched by understanding his patients' stories. References to short stories, novels, poems, all which are used and influenced his work are woven into the fabric of his narrative. These stories

provide us with clues about how to teach and practice. They add interest, vitality and an urgency to experiment with his ideas.

The unity of the two books offer an inspiring resource to educator, practitioner and activist. a vital testimony in a cynical age. "the call to service", is an excellent response to those who believe today's youth is more selfish then those of the past. Coles' stirring accounts proclaim the call to service is strong, and that we have to find the best way to enable and nurture that service. The story of his own and others "call", reaffirms the magnetism of "the call of stories" and the magic that narratives perform as they force us to retell to ourselves and others the stories that brought us into service, and made that service rewarding. □

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