REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

Volume 1, Number 2 Spring 1995

A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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A Journal for the Helping Professions

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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.

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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.

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REFLECTIONS:

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VOLUME 1 SPRING 1995 NUMBER 2

TABLE OF CONTENTS

		Page
EDITORIAL		
In Memory	The Editors	1
Protect us From Evil	Paul Abels	2
NOTES AND MAIL		
Mail , Call for Narratives		4
NARRATIVES		
Reflections about Learning and Teaching	Alex Gitterman	9
Seeing Cambodia	Patricia D. Rozee Gretchen Van Boemel	19
Looking at the Lite Side "I feed more Cats than I have T- cells! "	Normie Kane	26
Sex, AIDS, Social Work and Me	Harvey Gochros	37
A Completed Puzzle	Nancy Oliver	44
Excerpts from a Qualitative Research Journal	Suzanne Elizabeth Glynn	47
The Transformation of a Social Work Program: A Narrative of Liberation	Clay T. Graybeal Vernon L. Moore Marcia B. Cohen	56
Poems	Pranab Chatterjee Ron Hertz	25 43
BRIEF REFLECTIONS		
The Revelation of Self-Determination	Chauncey A. Alexander	66
WRITING NARRATIVES		
The Role of Narrative in History	Leslie Leighninger	70
CRITICAL REVIEWS: ARTS, BOOKS, MEDIA		
Film Review: *Hoop Dreams*	Mary Ann Jimenez	73
Book Review: *Narrative Means to Theraputic Ends* by Michael White and David Epston	Paul Abels	75

CALIFORNIA STATE UNIVERSITY, LONG BEACH, CALIFORNIA

IN HONOR AND MEMORY OF HARRY SPECHT

Harry Specht, Dean of the School of Social Welfare at U. C. Berkeley, died at age 65 after a battle with cancer. Specht's intellectual contribution to the field of social work was extraordinary. His publications include over a dozen books and fifty articles. He won numerous honors and awards in recognition of his scholarly work and international leadership in the field: a Fulbright Fellowship, the National Association of Social Workers Presidential Award for Outstanding Leadership in Social Work Education, and the Berkeley Citation — the most prestigious accolade awarded by the University of California at Berkeley.

Specht was the single individual with the greatest influence on social welfare education over the last decade.

Neil Gilbert
Professor and Acting Dean

Milton and Gertrude Chernin Professor of Social Welfare and Social Services University of California, Berkeley

Harry Specht died Sunday, March 12, 1995. He was Dean of the School of Social Welfare, University of California, Berkeley. His brief autobiographical sketch "How I Didn't Become a Psychotherapist" was published in the first issue of REFLECTIONS. It was his last article.

With the first draft of his article, came a note "tell me what you think." We did, apprehensively we requested some substantive revisions. He was pleased, rewrote, and sent us a note saying how much he liked our questions. We were relieved and commented among ourselves about his humility. It took three drafts before he was able to clearly express the struggles he had within himself. "The issue of Psychotherapy was different," he wrote, "it was something I had to struggle with personally and intellectually..." That struggle never ended, in his final draft he wrote, "Only gradually was I able to shift from a focus on the intrapersonal and grasp the importance of the interpersonal aspects of practice." In the prior draft he had interchanged interpersonal and intrapersonal. He laughed when we pointed out the switch. Perhaps it was a recognition that he valued both.

Harry's most recent book *Unfaithful Angels: How Social Work Abandoned its Mission*, came out in 1994, and argued his ongoing theme that psychotherapy was not a proper mode of intervention for Social Work.

We were fortunate to share the podium with Harry in Orange County, CA, last year when he was invited to discuss his book and his ideas. He was as always, respectful of those who saw social work differently, but as always unshaken in his belief that this profession had a much broader vision of social change and social justice.

Our experience with Harry as a contributor to the journal exemplified his humanity. He did not share the arrogance of some scholars. Yet the number of citations associated with his scholarship are notable. He behaved, perhaps like the leading scholars in Physics, who care deeply and passionately about their work and write about it with joy and purpose. He believed that social work education and practice could get it right if they followed the homely virtues his mother taught him. "Be true to yourself; Stand up for what you think is right; care about people in need." He wrote us following our first issue. Harry was pleased to have been published in REFLECTIONS. The honor was ours.

The Editors

PROTECT US FROM EVIL

By Paul Abels

One narrative in this issue deals with extraordinary research and subsequent help given a group of "blind" Cambodian women living in the United States. They were witness to the atrocities of their country's internal war. No "reason" for the blindness could be found... See no evil.

A few months ago, following the Kobe earthquake, a woman seeking to help neighbors whose houses had fallen, heard her friend, a veterinarian, calling for help. He told her he was alright. She told him she would return after she went to help others whose condition was more threatening. She soon returned with a rescue team to the site where the man was trapped. His house was in flames, and she heard his screaming as he burned to death. She immediately became deaf... Hear no evil.

Those of us in the helping professions are familiar with such puzzling occurrences. Perhaps we have our own explanations, mystical, spiritual, scientific, or others that explain why such things occur. Some difficult to blame the person or ourselves as the Kobe woman might have done in the natural disaster. The evil is not in the person, it is in nature.

evils are too much to bear: to see, hear or speak of. For some people, shutting off the experience with evil is a way out. To some degree, it is a universal phenomena which "protects" most of us.

To shield us from the pain in the streets we have developed a form of selective blindness. Most of us have already become blind to the homeless standing on the street with handmade signs "work for Food", asking for money, scooping out garbage pails; making bed on park benches, using the toilets in McDonald's and the libraries. We see, we can not bear. We turn our heads and avoid looking. In major catastrophes the calls for help are answered by many, "natural disasters" are acceptable. It is

There is an old Japanese folk carving which shows three monkeys, you remember, hear no evil, see no evil, speak no evil. Cover your ears, your eyes, and hold your tongue. While this may be one way to avoid evil, it may also be a way to foster the continuation of evil. (Rozee's & Van Boemel's article shows the importance of examining the phenomena (seeing the evil), exploring it, gathering information (hearing about the evil) and then writing about it (speaking the evil). It is through this three stage process that the public learns about and perhaps can deal with the evils of the world.

If the helping professions follow the dictates of the three "wise" monkeys, the problems of the poor, the abused,

the abandoned, those suffering discrimination will be ignored, the oppressed increasingly isolated, abused, neglected and the evils tolerated. Thus, while the fable of the monkeys carries a message thought to be a guide to tranquil living, it has a more ominous moral— there is danger in ignoring evil, isolating oneself and cutting off communication with others. It destroys community and mutual aid.

The figures were carved in the 17th century on the doorway to the royal stables of the Tosho-gu Shrine at Nikko, Japan. The message was for the common people. It was a threat, "keep what you hear and see the nobility do to yourself, or else", during that era, in Japan and in most countries it was dangerous to challenge the power structure. The injunction was "...give up fighting the system" (Ohnuki-Tierny, p. 69).

As this editorial is being written, Congress talks of ending school lunch programs and food stamps, preventing teen-age mothers from receiving welfare, cutting prenatal programs, and eliminating services to legal "aliens". These programs are labeled as evil, and a new day is to be proclaimed in which such evils are wiped off our country's face. While their avowed goals of welfare reform and eliminating dependency may be worthy, the consequences will be catastrophic, physically and emotionally for those directly impacted by the programs' dismemberment; and spiritually and morally corruptive of our society.

We could recast the three wise monkeys - and introduce our own "three wise reflectors", See evil, Hear evil and Speak out against evil. We add a fourth: Act against the evil. People, unlike monkeys, have a sense of the future, a desire for social justice. While there may never be a world without evil, we must do our best to expose it.

A story is told of a student who asked of a rabbi who was always marching for worthy, but often lost causes... "Rabbi, you are always marching, nothing seems to change, you don't accomplish anything, why do you keep doing it?" The rabbi responded. "So I don't become like those I am protesting against."

Those of us that have worked with people who are in need know the consequences of evil, we know the stories of sorrow and hopelessness. Often we present the statistics, x thousands abused; x numbers homeless; x millions hungry each day. We have become immune to the statistics, tired. But we still respond to the stories, of the hurt child, the physically battered wife, the mentally disturbed parent that drowns her children. These public stories break through the armor. We recently heard of a school which sent hundreds of paper dolls to the Congress, each with the story of a child who would be hurt by the welfare cuts. These are the stories that we need to send by the hundreds of thousands along with the petitions we send our legislators.

Hear no evil, see no evil.. Say no to evil. □

Ohuki-Tierny, Emiko. (1989) *The monkey as mirror*. Princeton, Princeton University Press

Letters to the Editor

I read with great interest and enthusiasm your first copy of REFLECTIONS. I want to thank you for publishing this journal. Those of us in the helping professions need to remember that we too have stories to tell that may help others. Through the appreciation of stories we keep in touch with our essential shared humanness. Narratives remind us that we are more alike than different in our human need for the connection and sharing that enhances our lives. It is also useful for us to remember that knowledge is not only advanced with quantitative methods. Yes, they are important, but so are the qualitative methods that often have been devalued because of their use by marginalized groups such as women and people of color. As we strive to appreciate the richness that minority groups have to offer our understanding of the human condition it is necessary to respect the methods that they have perfected.

Thank your again for your contribution of a journal with a research focus that values the process of reflection in a chaotic society.

Jennifer L. Hipp, Ph.D., BCD. Social Work Program Director, Shepherd College, WV.

In response to Ted Ernst's, "... A Personal Account of Institutional Sexism"

Ted Ernst's piece(Vol. 1, # 1, January 1995) which he describes as women discriminating against women, provokes me to comment. This article seems to me something of a self-congratulatory reflection that certainly could use a "coda." The reader is left with the impression that, surprise, women too are guilty of sexism against other women. Well, of course! Women as well as men internalize the rampant sexism in this society. They know what is valued. Why does he think women might discriminate against women? Why might a school of social work want to attract more men to its program and to the field of social work, even men less qualified than many of the women who apply? It is not the institutional sexism in his program that is as remarkable as the powerful gender biases in the social surround that can blind even women in social work to the ways they disempower other women.

Joan Laird, MSW, LICSW
Joan Laird is Professor, Smith College, School for Social Work and just "retired" as editor of the ***Smith Studies***

Ernst's Response

It was easy then, as now, for both men and women to be blind to sexism. At the time, some versions were almost socially approved. The profession proudly applauded the influx of men into its ranks.

After World War II and the GI Bill and the large number of State and Federal traineeships, it was thought beneficial to have more men, even as we hear today comments about the favorable impact of more women in law and medicine. Male applicants were in enough supply at that school, especially from public and child welfare and corrections that it had become easy to accept many of them and not see what this might mean for women applicants in terms of equity, at the very least. □

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 June 1, 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 Missiouri
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. □

HEALING

Nancy Oliver and Lyda Hall

The special focus of this issue is healing. We recognize the infinite dimensions of healing and envision that the narratives will come from individuals whose descriptions might be from a clinical perspective; or education research, administration, community organization, and policy and program development. Student submissions are encouraged. We are concerned with the meaning and interpretation of events experienced as healing; rich descriptions of techniques or individual experiences and outcomes; or formal patterns of healing modalities integrated into professional practice. It is expected that patterns of healing concepts will emerge from the different perspectives as authors share experiences. We also recognize that sharing of experiences has the potential for healing.

Our intent is to identify the potential for integrating these healing modalities into daily personal life and professional practice. The following suggestions are offered as considerations for inclusion in the healing narrative:

- The professional's thoughts and feelings related to the healing experience(s);
- Awareness of the way the healing impacts the personal life of individuals;
- Mutual benefits experienced by those involved in the healing experience(s).

Narratives should be compelling enough that the implications for the audience become evident, without the author's articulation of "healing completed" or "what ought to be learned". This issue will include narratives about different modalities used by professionals in their daily work: imagery, humor, music, touch, hypnotherapy, prayer, meditation, or relaxation techniques. We also encourage accounts of isolated healing experiences that had a profound impact on life's events.

Stories about healing from many different disciplines and perspectives will expand the domain of healing. This is an opportunity to share professional and personal experiences.

Send manuscripts to:

Nancy Oliver, PhD., RN
Department of Nursing
CSULB,
Long Beach, CA
90840-0902

Submissions are due October 15, 1995. □

REFLECTIONS ABOUT TEACHING AND LEARNING

The purpose of this narrative is to " slow down" become "consciously aware " and reflect on my present understanding of the teaching and learning process...

By Alex Gitterman

Alex Gitterman, Ed.D. is Professor, School of Social Work, Columbia University, NY

When we begin our careers in teaching, we often start with the comforting but mistaken assumption that substantive expertise of the subject is self-actualizing. This belief is widely held, perhaps because teaching is frequently equated with sharing one's knowledge. As most of us quickly and painfully discover, while knowledge is an essential requisite, it is not in itself sufficient. To make this point, Granrose (1987) shares his experience with going to a master banjo player for lessons. During each lesson, the master would play several instrumentals at full speed, share experiences as a young banjo player, and urge a lot of practice. What the master did not, and, apparently could not do, "...was to slow down his playing enough for me to learn how he made the wonderful sounds he did with the instrument. Nor could he talk clearly about what he was doing. His knowledge of the banjo was in his fingers. Now, that is probably the best place for a banjo player's knowledge to be; with a banjo teacher, however, things are different. A banjo teacher — any teacher — needs to be consciously aware of what he or she is doing" (p. 1).

The purpose in this narrative is to slow down, become, consciously aware, and reflect on my present understanding of the teaching and learning process.

In social work education (as in all education) important issues emerge regarding the nature of learning and teaching. The complex relation between subject matter, i.e., what is to be taught and teaching methodology, i.e., how it is to be taught, is a pervasive and persisting issue. In reviewing educational literature, I found three distinct educational approaches: the "subject-centered," the "student-centered," and the "integrative" (Gitterman, 1972). The subject and student-centered approaches represent polar ends and to choose one over the other is to create pedagogical mischief. In this narrative I discuss these polarized approaches and reflect on and illustrate my own teaching mistakes of emphasizing the subject at the expense of the student or emphasizing the student's learning process at the expense of the subject. I believe an integration of the intrinsic connections between the subject to be taught with students' learning styles and interests should be our primary edu-

cational objective. Finally, I attempt to operationalize this objective by specifying and illustrating teaching tasks and methods.

The Subject-Centered Approach

Locke said that the mind is empty at birth, "tabula rasa," and ideas are carried through the senses — "let us then suppose the mind to be ... white paper, void of character, without any ideas" (Locke, 1959, p.70). Herbart supported Lockean philosophy by conceiving the mind to be a passively receiving, storing entity (1945). Based on these conceptions, teaching was equated with disciplining and training the mind. To this end, the selection and arrangement of prescriptive "lesson plans," containing the content, appropriate questions, and "right" answers was the primary teaching function. The primary method was Socratic, that is the skillful asking of leading questions until students recognize the correct answer. Behaviorist psychologists' stimulus-response associationist formulations enhanced the Socratic method (Thorndike, 1913; Watson 1924; Skinner 1954, 1959). Essentially, they added to skillful questioning a framework for teachers to reinforce learning through a system of scheduled rewards (e.g., praise, gold stars) and punishment (e.g., disapproval, detention).

Pedagogically, the subject-centered approach emphasizes the curriculum.

Primary teaching methods include lectures, Socratic questioning, and external reinforcers. Bruner refers to the teaching style as the "expository mode" in which the "pace and style of exposition are principally determined by the teacher as expositor; the student is the listener" (Bruner ,1968). The learner is a relatively passive recipient of generalized abstractions.

Social work faculty and students have been primarily educated in this tradition. The teacher exposits; the students listen and take notes. The approach is familiar and comfortable to all parties. It also goes well with our intellectual preoccupations. As scholars, we devote our careers to the pursuit of substantive expertise. Understandably, we want to share our knowledge and insights. In our confident enthusiasm we often present formulations as if they were self-evident "truths." Neatly honed and sequentially organized presentations of abstract ideas and classifications do not adequately take into account the less neat and less sequential processes by which we acquired our knowledge or for that matter of practice itself. Since the students' world in the field is rarely neat and sequential, our presentations, however brilliant, may well lose contact with them and they, in turn, with the subject we are teaching. In the end, we both lose. If students do not find our presentations and teaching styles responsive to their educational needs, their learning suffers. And if we care about being effective, then the students' negative direct and indirect feedback affects our self-view and teaching motivation.

I have made the mistake of being preoccupied more with what I was teaching than with what students were learning:

I was teaching the concept of contracting to first semester practice students. The explaining process I taught was simple, logical, and sequential: 1. state the agency's offer of service in clear and operational terms, identifying applicants' or clients' potential perception of their interests, needs, or problems; 2. state your professional role; 3. reach for feedback and so on. In response to the well-organized, sequential presentation and to my total surprise and chagrin, I confronted 25 students in a glazed trance (bordering on the catatonic) and others in absent reverie.

I had forgotten, to my embarrassment, the distinction between guidelines and prescriptions and I failed to draw from my own practice experiences in which orderly, sequential, and predictable actions were rare, very rare. In my eagerness to "teach" I had forgotten the distinction between students 'knowing that,' i.e., having facts and information and 'knowing how,' i.e., using facts and information. Teaching about contracting is not the same as helping students to struggle with how to contract and how to apply the generalizations to their unique situations and individual styles (Gitterman, 1988).

From such teaching experiences, I have learned and relearned

the importance of maintaining a balanced tension between where I am and where the students are in the teaching and learning enterprise. Yet, I occasionally lapse to a preoccupation with the subject and lose contact with my students. I try to reverse this pattern and to invite student feedback and experience. I heed Bertha Reynolds' trenchant observation "When education is oriented to the person who is to learn plus the situation to be mastered, there is something more to teaching than proving to the learner that one knows the subject." (1942, p. 83)

The Student-Centered Orientation

Rousseau perceived children to be inherently good and active while society promoted conformity and constricted their creativity (Rousseau ,1911). Since children possessed innate beauty and goodness, they had to be protected from the evils of society: "From the outset, raise a wall around your child's soul...." (p. 6). He advocated that we allow children to unfold naturally, over time, rather than to impose societal ideas and conventions:

"Nature provides for the child's growth in her own way and this should never be thwarted. Do not make him [sic} sit still when he wants to run about, nor run when he wants to be quiet. If we did not spoil our children's will by our blunders their desires would be free from caprice." (p. 49-50.)

Froebel (1887), father of the kindergarten movement further developed the Rousselian perspective of the child and society relationship. Children's needs for self expression were fulfilled in play through which they learned to control and master their environment.

The "student-centered" pedagogical approach emphasizes students' interests and needs and an unstructured curriculum. The learner requires freedom for self-expression and self-realization. Teachers allow students to select their study and to "unfold" at their natural pace and rhythm. Dewey (1966, p. 9) captures the spirit of the student-centered approach:

"The child is the starting point, the center, and the end.... To the growth of the child, all studies are subservient; they are instruments, valued as they serve the needs of growth...Not knowledge or information but self-realization is the goal."

Except for kindergarten and possibly a group dynamics class or sensitivity/encounter experience, most social work faculty and students have limited acquaintance with this educational tradition. Yet, we may stumble into focusing primarily on students' immediate concerns and needs. Field work and class dynamics are the two most frequent reasons for our detours. Agency settings and field work assignments can generate anxiety. Such compelling concerns may become the focus of class discussions. Similarly, some of us may become preoccupied with the students' interactional processes. Then class dynamics move to the foreground; the subject matter recedes to the background and the process of learning is isolated from the substance of education.

As a beginning teacher and eager to respond to students' concerns and interests, this type of mistake is familiar to me.

In teaching a group work course for the first time, the class lacked structure, focus, and direction. The immediacy of students' practice concerns and the classroom process received primary attention. Classes were frequently electric with confrontation, conflict, and introspection. Students were extremely involved and satisfied with the experiential, expressive emphasis. But by the semester's end I questioned what students were actually learning. Indeed, they were "interacting" at the expense of pursuing intellectual goals.

From this teaching experience, I discovered an important lesson. Teaching means being engaged in a structured activity, not being caught up in a classroom process.

I find that certain class processes continue to pose teaching dilemmas. For example, in one class entrenched cliques created a negative climate and interfered with collaborative learning. Some students had personal antipathy for one another and expressed their hostility quite openly. I vacillated between creating safe conditions for discussion, trying to deal with the class obstacle, and pushing ahead with the content. In retrospect, I devoted too much time to dealing with the obstacle to collaborative learning and should have more quickly accepted that some collectives do not work well together. In evaluating the course, some students felt they learned from observing my efforts to deal with the internal obstacle; others felt just as strongly, that too much time was devoted to it. That's the wonder of teaching — just when you are

confident you have it figured out, along comes an experience that throws you off center and motivates you to keep working on improving. For as Will Rogers warned, "Even if you are on the right track, you will be run over, if you just sit there."

The Integrating Approach

Educational scholars frequently assume polarized positions as to whether learning evolves from "within" or from "without." Dewey perceived the polarization as an epistemological phenomenon in which ideas are formed in opposition to other ideas, i.e., as mutually exclusive "either/or." Dewey (1966, p. 4-5) suggested, "It is easier to see the conditions in their separateness, to insist upon one at the expense of the other, to make antagonist of them, than to discover a reality to which each belongs... We get the case of the child vs. the curriculum."

Dewey argued for an organic relationship between students and curricula. Students' needs and subject demands must be integrated rather than made "antagonist". Teachers have to create the opportunities for students to interact with the subject and to personally experience its abstractions. For example, children could more effectively learn about the discovery of a geographic area by actually reenacting the explorer's journey than by simply memorizing relevant facts. Dewey also called for the teacher to assume a middle ground between the extremes of authoritarian control and of total permissiveness (Dewey 1922, 1938, 1947).

Dewey's ideas had a powerful impact on my own teaching. Identifying and developing the conditions which enable students to actively search for and personally experience the connections between the "real world" of practice and the "abstract world" of theory has become for me an ongoing, exciting androgogical challenge. Each class represents an educational journey in which bridges are built across students' diverse system of personal beliefs and experiences with the facts, concepts, and theories of the course.

Integrating Teaching Tasks

I have found seven teaching tasks essential to integrating course content with students' personal experiences and beliefs:

1. Engaging students' minds and hearts with the subject matter:

When we present theories or classification schema to students, they often experience them as fixed doctrine, as formulations separated from the unorderly process and actual struggle of their creation. Presenting students with a "closed system" of knowledge, unfamiliar to their own experiences, distances them from the subject matter. Students can more capably comprehend and utilize a theory, concept or fact when they discover its personal meaning. They need assistance in restoring abstractions to their original states and meanings, and to discover and rediscover these for themselves. Thus, I have learned an important teaching task is to structure situations in which students use the literature, classroom assignments and discussions, and field work to facilitate their personal involvement with the subject at hand. Through creative structuring, we can provide students with the opportunity to "catch the point," to experience an "aha," to capture the pattern of relationships. The task is to help students to discover, partialize, and use ideas.

2. Embracing uncertainty and ambiguity:

Uncertainty and ambiguity generate anxiety. In response, students become dependent on our expertise and preoccupied with fulfilling our expectations. A search for order and structure is a natural initial survival response. Yet, if this search becomes entrenched, natural curiosity and intrinsic learning motivation suffer. Thus, helping students gain comfort with uncertainty and ambiguity is an important teaching task. They need our help to accept that complex social realities do not lend themselves to simplistic formulations. In place of students' wishes for experts' prescriptions, linear causation's, good/right versus bad/wrong dualism, we must help them embrace and negotiate the gaps between theory and practice , the interdependence of time, people and situations, and the areas of gray, competing principles, and ethical dilemmas.

3. Encouraging critical thinking:

Adult learners evolve implicit knowledge frameworks and personal value systems which profoundly influence their judgments, perceptions, and actions. In time, they become internalized, comfortable, and cherished. Critical thinking, however, requires a suspension of pre-conceived judgments, intellectual curiosity, and a healthy edge of skepticism. Assessment and clinical decisions must be rooted in critical thinking,

i.e., logical reasoning and inferences based on available evidence rather than on unwarranted and unexamined assumptions. Thus, challenging (gently of course) imposition of implicit beliefs and values, and lapses in logic and reasoning is an important teaching task. Teaching critical thinking "involves intentionally creating an atmosphere of disequilibrium so that students can change, rework, or reconstruct their thinking processes." (Meyers 1986, p.14). To learn, students should be taught to critically use both inductive and deductive methods of reasoning: to develop generalizations from practice experiences; and to deduce from knowledge and research findings application to the clients' life situations.

4. Applying knowledge:

In teaching social work practice, I have been struck by the fact that learning about a subject is not the same as learning how to use the subject. I have observed that students who had substantial knowledge about professional assessment and interventions did not necessarily "own" these professional processes. Knowledge has to be transformed into thoughtful and spontaneous action. Knowing-in-action is a learned capacity, a competence, and a significant source of professional influence.

5. Generalizing from experience and literature:

I have learned that just as students can have knowledge about skills without knowing how to use them, students can have skills without having knowledge about them. "Knowing how" is not quite enough; professional competence and mastery requires having generalizable knowledge about one's action. Thus, an equally important task is to help students organize and conceptualize their thinking so that it lends itself to transferability. Bruner refers to this as "the active pragmatic ideal of leaping the barrier from learning to thinking." (Bruner 1968, p. 77).

6. Creating a climate for peer learning:

Teaching tasks are more recognizable in a classroom environment in which instructor and peers encourage, even demand of each others, exploration of ideas and welcome divergent perspectives. When students are involved in an active, cooperative educational process, they are more likely to learn, think, and risk. Students learn to communicate their ideas while they are still being formed and shaped. From their conversations, they influence one another's knowledge framework and personal values, while they simultaneously question, refine or change their own. They also learn a critical professional skill — how to work collaboratively.

7. Modeling scholarly and professional behavior:

In reflecting on teaching, I have learned that much important learning is "caught" not "taught" (particularly so with values). We have to represent in action what we are trying to teach. If we are dogmatic, sloppy in our own preparation and thinking, authoritarian in our methods, unengaged, etc., these will be the very behaviors we will in effect teach. Thus, an essential teaching task is to strive for congruence between what we teach and how we teach it.

Teaching Methods and Illustrations

Each of us has a distinctive learning style; some learn primarily through symbols and conceptualizations; others visually, summarizing images and organizing perceptions; and still others by active involvement, i.e., doing. To accommodate distinctive learning styles, I attempt to use various teaching methods.

Discussion method:

Most teachers use the discussion method to actively engage students in the subject. Through structured discussions students have the opportunity to share and test their ideas. For those of us educated and/or trained in group work practice, leading class discussion is relatively comfortable. Many faculty, however, have limited experience, and are not comfortable in the use of discussion. And when they have difficulty in engaging students in meaningful dialogue or in dealing with "class management" issues, they lose faith in the discussion method and retreat to the lecture.

I have learned that class discussions are stimulated by skillfully asked questions. Some types of questions inhibit intellectual exchange. For example, when I ask a question for which I have a specific "right" answer in mind, students quickly learn the object lesson — "compete to show how smart you are". Some gladly join the competition; others withdraw feeling resentful and insecure. A few suggestions:

1. In the first few classes, I have found it helpful to establish the norm of participation by asking questions which invite opinions and have no right or wrong answers, e.g., "What ideas about contracting do you find most difficult to apply to your practice?"

2. Encourage students to talk to each other and build on their respective contributions rather than direct their "answers" to us. Bouncing responses back to students lets them know that we have confidence in their intellectual

abilities and enhances participation.

3. As students become more comfortable about discussion, more discriminating questions requiring facts, inferences, explanations, and evaluative judgments deepen the quality of the conversation. Discerning questions such as, "How would you distinguish and apply contracting and engagement skills with people of different levels of cognitive functioning?" promotes critical thinking and generalizations.

4. Productive class discussions are focused, so in assigning readings I suggest a few questions to be kept in mind. This will provide a preparatory focus for the readings and the ensuing class discussion. Occasionally, student concerns may veer away from course content. In such circumstances there should be explicit recognition that the original line of inquiry is being temporarily laid aside and will be resumed presently.

5. When we ask questions, we must wait for answers. A period of silence can be very helpful. Student responses must be valued and respected. When their reasoning is illogical or inaccurate, it should be courteously challenged to deepen their thinking. Suggesting an alternative interpretation, asking for further evidence, inviting alternative explanations are some ways of to achieve this.

6. Finally, we periodically need to pull together the threads of the discussion by summarizing salient themes. We might also ask students to summarize, e.g., "What one or two ideas are you pulling out from our discussion or what differences are being expressed?"

In a practice class, students were learning the scientific dimension of professional skills. Their academic journals, papers, and class discussions reflected an ability to inventory professional skills. However, and perhaps as a result of my own emphases upon professional discipline in the use of skills, students reduced skills to mechanistic formulations. In response, I structured a class session to focus on the "art" in social work practice.

After several student presentations, I asked the class what skills meant to them. Shirley responded that it was what you did, the offering of concrete assistance. Rose labeled numerous skills (e.g., awareness and the conscious application of skills). I inquired about the relationship between self-reflection and skills. Rose and Mark thought that self-awareness had to be turned into actions. Debby elaborated the theme further, identifying the worker's capacity to control self; to separate self from the client and the helping process. Gabe described the ability to transfer a skill to new situations. I suggested it might be helpful to examine examples of their efforts to help. Mark identified his empathy for an ADC client. When the client shared how her baby had died, Mark responded, "I know you must feel terrible." Even though his affect was totally bland, Diana credited Mark for his "verbalizing the client's feeling." Rose also supported his empathy, suggesting he demonstrated "interest and concern." Since students continued to offer conceptual labels, I asked them to role play the situation. Mark repeated his interaction with a student volunteer. I asked the class members to experience being the client in the situation as Mark responded, "I know you must feel terrible."

This time they "heard" his blandness and a painful silence followed. I asked Mark to go back into the experience, "what did he feel at that moment?" "I felt outraged, horrified — as if the whole roof caved in on her." In reaching for other students' reactions, they identified the difference between Mark's affectual inner response and his detached professional response.

The class lit up with excitement. Jennifer was struck by how the professional effort was experienced as "empty words," while his inner reaction, "a sensitive human response." This led into a discussion of their desire to "say the right thing," the professionally "correct" response, stifling their creativity and humanness. Numerous examples were offered, differentiating the "book" and the "person" skills. Diane identified the difficulties in learning to be a professional: "To be in, but outside of the process; to be involved, but to be detached; to be spontaneous, but disciplined." Bill suggested that it felt "schizy," trying to feel a client's pain, but remaining distant. I asked if others experienced this "schizy" feeling. Numerous examples were offered. They were very nicely helping each other to identify the "art: science" dimension. I reached for Phil who seemed to be working on something. He responded, "You have been helping us to learn conceptual skills — to know what to do — when to do it — and why to do it. But this is only a step — now we have to learn to connect these skills with our own personalities." I responded, "Yes, with your own unique professional style — with the artist in each of you." Carl exclaimed, "This is the crux of the challenge, integrating me with the skills — it sounds impossible." Paul added, "I'm beginning to realize that I have to own these skills — not just learn them — they have to become part of me." Carl likened their learning experience to "An uncut diamond... it possesses natural precious qualities, but it needs to be shaped,

smoothed, and polished." The class was excited by this analogy and ran with it. Time ended our discussion and I suggested several readings on the art: science professional dimension.

Lecture method:

The increased demand for integrated, generalist, and specialized knowledge overloads course curricula. Most faculty feel pressured about covering increasing amounts of material. We learn from experience to become selective about the content to be studied and the way to present it. An obvious advantage of lectures is that condensing information saves time. Well prepared informal and brief lectures also supplement students' understanding from readings and class discussions. Placing the many bits and pieces of what students have been reading, discussing, and experiencing into an organized framework helps them tie together diverse materials. Lectures also provide us with a forum to share our current contributions to knowledge building and express our views on complex professional issues and dilemmas.

Although "monologue is less risky than dialogue," a primary reliance on lecture increases the distance between us and our students and them from the subject matter. Anxious note taking should not be considered a substitute for "processing information by thinking out loud, restating concepts in one's own words, discussing issues with fellow students, or challenging a teacher's assumptions and conclusions." (Meyer 1986, p. 57). A few suggestions:

1. At the outset, I have found it helpful to inform students what I plan to cover and my basic thesis or argument. You can list on the blackboard the major points to be covered. The introduction helps students follow your presentation.

2. The main points you wish to make can be emphasized by repetition and voice modulation. It is also helpful to build explicit bridges between concepts and to occasionally summarize major points.

3. Provide illustrations and examples relevant to students' practice experiences. They activate and personalize concepts, and so to speak, bring them home.

4. Making eye contact, inviting questions, and reaching for non-verbal signals of confusion or even boredom engages students in the presentation.

5. Humor is a social lubricant. It provides a common class reaction, a relaxing moment, and mobilizes interest and attention. Whether showing cartoons, making witty remarks, using puns and ironies, telling a joke, or making self-disparaging quips, humor must be congruent with the instructor's personality.

6. Visual methods such as overhead transparencies, videotapes and hand-outs support verbal presentations.

While my students are receptive to psychological group theory, sociological inquiry generates anxiety. They experience the sociological perspective as opaque and abstract. Yet, if they are to obtain an understanding of the group entity, they must develop familiarity and comfort with such concepts as social structure and culture. A brief lecture involves students with these more abstract constructs and clarifies their practice relevance.

Initially, I suggest that two types of social conditions influence the behavior of people: social structure and culture. I identify social structure as our first learning task and begin by asking students to react to the statement: "Is the whole greater than the sum of its parts?" After cursory discussion, sometimes debate, I ask the class to apply the statement to different types of groups, e.g., people waiting in line to get into a movie theater and people in a movie theater, a class group, and a field work group. From this exercise, they begin to distinguish an aggregate from a group. In comparing these groups, they begin to identify the elaboration of group properties, e.g., patterns of interaction, division of labor, patterns of sentiments, i.e., essentially the concept of social structure. While becoming somewhat more comfortable with these notions, they do not yet fully grasp the ideas. To further their understanding, I ask the class to develop an inventory of single words, describing a group. Usually, they immediately identify numerous descriptive adjectives, e.g., hostile, affectionate, and other "individual" attributes. At this point, I pointedly place a chair in the middle of the classroom, asking them to use single words to describe it. They quickly identify the chair's properties, e.g., texture, materials. By this time, most students begin to catch the point, the sociological group, like the chair, is an abstraction, comprised and defined by certain attributes or properties. Within this perspective of a small group, I ask again, " Is the whole greater than its parts?" By this time, they have captured the above and beyond dimension as the elaboration of a social structure. I then ask them to respecify the components of social structure. I identify illustrative research to deepen their grasp. For example, in the discussion of division of labor, they become acquainted with studies of status and role expectations, evaluations, diversity, ranking, etc.

In introducing the concept of culture, the shared beliefs and orientations which unite members of groups, I suggest that while individuals have their own

standards of human conduct, a collective develops its own notion of how people "should" behave. I identify different kinds of norms: prescribed, proscribed, permitted, preferred, moral, cognitive, and aesthetic. I ask for examples of the various types of norms in the class and then in their groups. They become involved and surprised by the existence, force and impact of group norms. They learn, for example, that most norms are unspoken unless broken. This leads to a presentation of positive and negative sanctions. I close by explaining why groups cannot survive without the elaboration of a social structure and culture; and, by giving them a reading assignment on the subject and asking they to try to apply it to their practice in the field.

With this foundation, students are readied to tackle the more complex relation between a group and its social and physical environments.

Action methods:

The usefulness of brief lectures is revealed in how they affect the quality of students' thinking and communication in class discussion, as well as their capacity for analysis and synthesis in written assignments. Discussion and lecture together form the principle methods of the teaching: learning experience. They can also be supported by action methods.

Role play is probably the most potent action method. If set-up properly, it helps students experience the perspective of others, explore their own reac-tions, their own behaviors and rehearse new behaviors. Being actively invol-ved, facilitates integration of the cognitive and affective aspects of their learning. If role play is unstructured and unplanned, it yields minimal learning, and participants self-conscious and anxious. A few suggestions:

1. To stimulate thinking and learning, the situation being role played should be well structured and challenging. The design, however, should be fairly simple with enough description to make the situation specific and clear.

2. To introduce role play, begin with two-party role plays and build gradually to small group and eventually to class role plays. Dyad and small group role plays mitigates self-consciousness primarily because the audience is limited.

3. As students become accustomed to role playing, invite them to participate more spontaneously. For example, when a student raises a question or refers to a practice experience, the teacher might suggest role playing and have that questioner "brief" the role players to see what might have gone awry and what might be done.

4. Having the players reverse roles helps to deepen the feelings and perceptions of the players.

5. In role plays conducted before an entire class, structure specific student assignments, e.g., identify with client or worker, observe nonverbal behaviors, etc. The assignments assure active involvement of the entire class.

6. In role playing practice interviews, invite students assuming worker roles to comment on their own practice. This step provides the opportunity to be self-evaluative and frees others to be honest and direct in their feedback. The discussion can then be directed to what was observed, what helped and what didn't, what was the impact of what was said, why particular actors reacted as they did, etc.

7. Contrast a role play with an actual case excerpt. For example, a role play is structured in which a prospective client responds to a student's home visit with, "What the hell do you want?" After discussion, the teacher reads (or distributes) the actual case excerpt, inviting comparative analysis and practice generalizations.

Many new field instructors have difficulty with the transition from practitioner or administrator to teacher. A brief class vignette from a "Seminar in Field Instruction" illustrates my use of role play to help field instructors examine a student's learning pattern and improve their own teaching skills.

Jane presented her second year student. She described the student's tendency to make everything bleak, tragic, terrible, overwhelming; and in turn, her own tendency to reassure prematurely. In moving to the supervisory record, several field instructors commented on the student's lack of preparation for the conference. Similarly, the student's reluctance to become involved in the supervisory process was shown in her sudden, abrupt changes of focus, and haste to end the conference, etc.

In response, Jane increasingly taught didactically, though she realized that the student wasn't "listening." Seminar members identified Jane's reactions to the

student's provocative behavior. We recreated an incident where in the midst of a teaching point, the student excused herself to make a telephone call, returned 10 minutes later and gave Jane "permission" to continue. I asked Jane to reexperience in the form of a role soliloquy what she experienced at that moment. In sharing her reactions, she dramatically reenacted her growing anger and efforts to suppress "taboo" feelings by lecturing. Other field instructors supported Jane. They shared their own efforts to be "super-teachers," (one analogized it to being super mom, wife, professional). They also understood her disappointment and self-blame. After examining various student learning patterns and blocks, we returned to Jane and role played constructive use of anger and the importance of holding out expectations for the student.

Conclusion

The relation between teaching and learning remains our central issue and enduring preoccupation. It has been described in various ways and sometimes with much hyperbole. To Hill (1980) the teacher is a mountain climber who is a "confident, exuberant guide on expeditions of shared responsibility into the most exciting and least — understood terrain on earth — the mind itself" (p.48). Based upon the birth of his first child, Ayers (1986) analogizes the teacher to a birth wife in the student's birth as a learner. For those musically inclined, Eisner (1983) compares the complexity and creativity of teaching to orchestrating, and a teacher to an orchestra leader. These analogies can be helpful imageries. However, they confuse expertise with an ability to teach. One might be an excellent mountain climber, birth wife, or conductor yet experience difficulty in teaching others the necessary theory, methods, and skills.

I have reflected on my own teaching in order to specify the complex connections between teaching and learning. One has to maintain a balance between curriculum objectives and student concerns. Choosing between them is often a false choice. Content and process must be woven into a design which permits the mutual support of curriculum objectives and students' active participation in their own learning.

The student's prior educational socialization can create obstacles to their active participation. For example, I have consistently found students' initial stance to be intellectually passive and disengaged. It is as if they expect to be lectured at without their opinions and experiences taken into account. In order to engage their intellects and their emotions, the passivity has to be sensitively and unequivocally challenged. Our excitement and respect for the subject and for teaching is conveyed to the students.

How instructors use their authority is very important and sometimes crucial. At some point a student or a few students is sure to directly or indirectly challenge our authority by such behaviors as coming late, looking bored, asking provocative question, disagreeing with something we said, making a direct complaint, etc. How we deal with testing behaviors will determine the quality of our conversation. If we invite and chase the negative, students are more likely to engage the subject and each other. If we squelch their concerns, they will withdraw.

It is plain and clear that if we are open to different opinions, suggestions, and criticism, students will have to deal with how differences will be dealt with among them. Differences in students' personal backgrounds and life experiences creates tension between them in how to engage the subject (Gitterman 1992). The instructor communicates faith in collaborative learning by providing support and inviting students to deal with the interpersonal obstacles that obstruct their learning from each other as well as the instructor.

A CODA

After an initial review of this manuscript, Sonia Leib Abels, my friend and editor of REFLECTIONS, "suggested" that I further "explain in a personal sense what lead to your changing to a more balanced, or integrated approach to teaching." A straight forward, simple question — so it seemed, but as I stared at the computer monitor I pondered how to sort out a 30 year preoccupation? Sonia wanted me to reflect some more.

So on further reflection — one factor that I discovered early in my career is that students are the best teachers on teaching. Their direct and

indirect feedback has been invaluable in teaching me about the connections between the subject and the learner. Second, some of my own teachers primarily in the masters and doctoral programs modeled for me the integration. Particularly, Professor William Schwartz' teaching of a seminar for new field instructors had a profound impact on my ideas about teaching (and practice as well). His demand for active participation in learning, for intellectual and emotional involvement with the subject, and for clarity about professional, function, methods, and skills continues to resonate. Then of course there have been numerous colleagues, countless conversations about teaching, and generous sharing of materials. I learned from all of them that the instructor's job is to teach (and to learn) and the student's job is to learn (and to teach). When teaching and learning overlap, coincide, and come together it is indeed a shining moment which sustains us until the next shining moment.

Finally, I also attribute my learning to a love for and curiosity about teaching and a chronic striving to avoid mediocrity. Will Rogers words certainly motivate me: "The only good thing about being mediocre is that you are always at your best." □

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SEEING CAMBODIA: A New View of the Research Process

This article describes our research with Cambodian refugee women suffering from psychogenic blindness as a result of war trauma. We describe our process of learning about the client's functional blindness, their trauma and their culture. It is a story fraught with joy and challenge; it is a story of seeing the world in new ways, through the eyes of women blinded by what they had seen.

by Patricia D. Rozee and Gretchen Van Boemel

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This is the story of the hardest, and the most rewarding, research we have ever done. It is a narrative of the process of studying a group to which we do not belong, a country to which we had never been, and a psychological process rarely observed. The research examined trauma-based psychogenic blindness among older Cambodian refugee women, women so physically and emotionally traumatized by the Khmer Rouge takeover of Cambodia that they literally went blind so as not to see the horror of the killing fields.

We discovered the phenomenon in 1984 when Gretchen began to see Asian females referred from the Social Security Administration for assessment of reported vision loss at the eye clinic. Each woman was seeking state disability benefits for blindness. Gretchen was responsible for assessing brain activity by means of visual evoked potentials. The test objectively determines if the brain is receiving visual input from the eyes, even if the individual cannot communicate (as with an infant or comatose patient) or is unwilling to speak accurately (as in the case of the person trying to fake blindness or malinger).

The women reported severe loss of vision, ranging from legal blindness (20/200) to no vision at all. Most were referred with a diagnosis of malingering since all previous eye examinations had been normal. Generally, malingerers know that their reported vision loss is feigned. Some people feign blindness for the primary gain of obtaining money, either through a lawsuit or worker's compensation claim.

Because vision loss is fabricated, and most people are unaware of how the truly blind behave, many malingerers try to show the examiner their level of vision loss by "acting blind." The malingerer might tap the wall, feel the floor while walking, walk into a wall, or carefully trip over a wastebasket. In most instances the person with organic vision loss can ambulate through a room with relative ease. Only in cases of severe organic vision loss does the person need to be guided through an unfamiliar environment.

At first Gretchen, too, thought these women might be malingering, until she found that

like those who are truly blind, none of the Cambodian women displayed behavior typical of malingerers. In addition, Gretchen started to hear the same trauma story told and retold. She learned that her Asian clients were actually Southeast Asian, when one woman told a horrific story of witnessing her husband's death by disembowelment in Cambodia. He had been slain in 1976 by one of Pol Pot's Khmer Rouge soldiers. After she saw her husband die with such cruelty, she cried and cried. When at last she stopped crying, she could no longer see.

Through an interpreter, Gretchen asked the next Southeast Asian woman with similar symptoms if she were from Cambodia. She replied "yes," and reported a gruesome trauma history before the onset of vision loss. The woman sat on the examination table, head bowed, affect withdrawn, and answered questions in the softest voice. In great pain with tears rolling down her face, she reported her life under Pol Pot. She recounted witnessing the death of one person after another, of working twenty hour days, and of eating less than one cup of watery rice per day while her captors ate their fill.

Gretchen started seeing more and more Cambodian women in the clinic. Each one claimed severe vision loss, reported a similar history of trauma before the onset of vision loss, tested normal on the brain evoked potential test, and presented with a typical demeanor. Like the first woman, each shuffled slowly into the clinic, head bowed, totally withdrawn. Each walked as if medicated, as seen in the so-called "Thorazine shuffle," yet none were on psychotropic medications. No matter how hard she tried, the only emotions Gretchen elicited from the women were either fear or extreme sadness.

A pattern of severe trauma prior to the onset of vision loss started to emerge. The women reported being beaten, starved, severely mistreated and had witnessed the death of a loved one immediately prior to the onset of vision loss. It seemed as if there was no way to reach them. And, their numbers kept increasing.

After about one year, Cambodian women accounted for sixty percent of Gretchen's clients with unexplained vision loss. Usually, unexplained vision loss is observed in individuals from all walks of life, and from all ethnic and racial backgrounds. This sudden disproportion of Cambodian refugee women seemed unusual. There were several questions that remained unanswered. Were these women malingerers as was thought by some who had examined them, or was the trauma history the cause of the blindness? Why were women the ones who were affected? If these women believe that they cannot see, but their evoked potentials reveal that they can probably see, should they be denied disability benefits? Finally, how widespread was the problem?

It was at this point that Gretchen contacted me. We were old college friends. I was working in Nashville, Tennessee, at Vanderbilt University.

We discussed the information told to us by the translators that accompanied the Cambodia women to the clinic. There was a consistent background among these clients of severe trauma, beatings, starvation, forced labor, death or disappearance of loved ones, and witness to abuses and sometimes violent deaths of friends and family. Could such trauma be responsible for their functional blindness?

After our discussion, we decided to investigate the disproportionate representation of Cambodian women among the functionally blind. We knew little about psychogenic blindness and even less about the history of Cambodia under Pol Pot, the leader of the

Communist Chinese backed Khmer Rouge forces. We searched the literature for other examples of trauma-based blindness and perhaps to find an explanation. We examined literature on plane crashes, catastrophic floods, earthquakes and other disasters. Nothing. We looked at the psychological literature on the survivors of various wars. A few anecdotal reports were found on blindness among holocaust survivors, WWI veterans, and Vietnamese civilians during the Vietnam War.

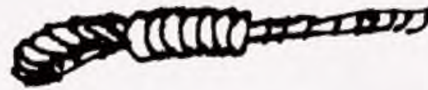
We needed to know more about the trauma background these women revealed through their translators. We designed an interview protocol and set out on our separate journeys.

Gretchen went back to the clinic to systematically explore the women's trauma histories. I went back to the library to try to find a theoretical explanation for the phenomenon, and to study Cambodia during the period 1975-1979.

Although the Khmer Rouge figured prominently in the women's stories, they all reported that the onset of blindness was during the Pol Pot reign, I found surprisingly little information on Cambodia during the Pol Pot years. What I did learn from the few reports submitted mostly by freelance journalists was shocking.

This period in Cambodia's history is known as the "Reign of Terror." Somewhere between one and three million Cambodians were killed by the Khmer Rouge.

Forced to work with little or no food, they were tortured and killed by young Khmer Rouge boys known as "Angka"(they carried automatic weapons). Only one in two Cambodians that tried to escape were successful in making their way to the Thai border—our clients were among them. All of our clients had lived in border refugee camps for years before being allowed into the United States.



Back at the clinic, with interview schedule in hand, Gretchen went ahead with the task of discussing with the women their experiences in Cambodia. Although the stories they revealed were gruesome, the women were more than willing to share them. Even the interpreters wanted to share their stories living under Pol Pot. The minute Gretchen showed that she knew something of Cambodia, usually accompanied by a phrase in Khmer, the language of Cambodia, she was allowed into their world.

She was told of many atrocities. One woman had her fingers cut off for not obeying Angka, another was repeatedly forced to watch while disobedient people were beaten.

One woman reported that the Khmer Rouge soldiers frequently sewed the eyelids of young children shut, so that the child would become absolutely dependent on the Khmer Rouge. Another woman had escaped from the soldiers into the jungle and gave birth to a stillborn child. Soon after, her vision became severely abnormal.

One after another, Gretchen's clients told of the similar atrocities committed against them. In my review of the literature on psychogenic blindness, I found that psychology had found little new to say about the topic since Freud's early notion of "hysteria." Since Freud's theory of hysteria was rooted in childhood psychosexual anxiety, it did not seem to fit our data. Later theorists reported that it was probably due to extreme suggestibility, or even that it was just another example of the "California Syndrome," i.e., trying to get something for nothing from the notoriously generous California welfare system. None of these theories adequately explained the systematic and severe traumas we observed in our clients. We decided that we were dealing with a unique clinical entity that we labeled "war trauma syndrome" or psychogenic blindness caused by the traumatic loss of self, kin and country. From our initial interviews we began to define the syndrome. We discovered that the more time the women had spent in work camps in Cambodia and in the refugee camps in Thailand, the worse their reported visual acuity and general psychological adjustment. The women reported severe depression, feelings of isolation, daily crying, intrusive thoughts and nightmares about the Cambodian soldiers, mental confusion and inability to concentrate, and extreme fear.

Many of our clients were

so fearful that they rarely, if ever, left the house. At this point we realized we had to do more. We wanted to do something about the problem, not simply describe it. We wanted to give something back to these women for what they had given us by simply sharing their trauma stories. We felt that lack of social support, isolation, and inability to resume accustomed social roles allowed the blindness to continue long after the cessation of trauma. I had relocated back to California so we were able to set up two intervention groups at the psychology clinic on my campus: a therapy group, a skills building group (e.g., using public transportation, emergency phone calling and so on); and a control group. We wanted to compare the relative efficacy of the two interventions in improving visual acuity and psychological function compared to the no-intervention control group.

Because we did not speak the Khmer language, we knew this was going to be difficult research. Although we studied Cambodian culture and religious traditions, we learned the social mores the hard way. For example, we had not been able to learn the language, so I applied for and received a small in-house grant to pay translators. We discovered that our male interviewer would not ask questions regarding sexual assault or other personal questions, due to cultural mores prohibiting such discussions between the sexes. So we set out to find Khmer-speaking female social service workers to work with us. I also contacted Cambodian and other student groups to enlist their help in the project. It was about this time that we got our first lesson in Cambodian etiquette. We set an

evening appointment and invited our assistants to join us. One came very late, while another did not show up at all. From that experience we learned that in Cambodia it is considered impolite to say "no" to an honored person or a person in authority. Thus, everyone whom we asked to assist in the project said "yes" even when they had no intention of participating, so as not to offend us!

We learned other harder lessons. Onetime when we arrived to interview a client, the whole family had moved away. They moved out of fear for their lives. When a Khmer Rouge authority asked a person to come with him to help his/her country, the person was never seen again. We were shocked to learn that we might have contributed to the very trauma we sought to alleviate. Once we discovered this, we spent more time building trust with clients. We continually reassured the family of our purpose, and later assigned just one student driver to each woman to reduce the number of strangers with whom she had contact.

The abject fear with which many Cambodian refugees live was evident when we attempted to get a signature on the informed consent form. Since our clients were preliterate, they were unable to read the consent letter.

Although the translator read it to them, they did not believe the benign purpose of the document. Since many had been tricked into signing contracts, they were afraid of what they might be signing away.

We learned the lesson that in Cambodian culture the male head of the household grants permission and needs to do so in order for the women to participate in the study. We often spent a good deal of time trying to express our good intentions to the male of the house. Sometimes the woman would want to participate and he would not allow it.

When it finally was time to begin the groups, the

condition of the women when they arrived at the clinic was heartbreaking. They hung on to the arm of their student driver as they followed her into the elevator to the second floor clinic. Their body language can best be described as a walking fetal position. Hunched and withdrawn, with heads bent down they very slowly shuffled along. We questioned our own ability to help such traumatized individuals. Were we just arrogant privileged white women sticking our values in where we had no business being? It was a time of humility. We saw the enormity of the task we had undertaken.

Each Saturday morning my students would arrive at the homes of the women and drive them to the university. For some of the women, the weekly visits included participating in group therapy sessions. The sessions were run by a Cambodian social worker, named Santa Smith. Santa helped the women to tell their stories and to explore the demons that haunted them. The women learned that they were not alone in their sorrow or feelings of shame. They learned that there were others like them, who had experienced similar things. They learned that they could share with the others and that such interactions could be beneficial. One woman abused by her husband, had never before told anyone of the abusive situation. All of the other women in the group offered the battered woman a place to stay after she told them her experience.

For the other women, their weekly visits included participation in skill building sessions. Conducted by a Cambodian rehabilitation counselor named, Canthi Kans, the women were taught how to use the telephone and dial "911" for emergency assistance.

Acting as mock-operators, the students and Gretchen would speak to the woman who "needed" 911 assistance. The women learned to tell the "operator" that assistance was needed from fire, police, or medical personnel. When not engaged in more serious business, the students took to drawing large objects on the blackboard and pronouncing the English word for it. The women would chime in with the Cambodian word— they wanted us to learn Khmer too!

As the weeks went by we noticed a wonderful thing happening. Now as the women walked into the clinic they stood straight. Some of them walked up the stairs with their student guide, rather than using the elevator. While they sat in the lobby awaiting their group, they chattered among themselves in Khmer. We discovered a love of humor—the women enjoyed teasing each other, and us! They started to like the group sessions, and more important, each other, and us.

They called us "daughter" as a sign of endearment and talked with each other outside group sessions. One woman, who was very uneasy at first, became so excited about coming to group that she would stand on the sidewalk ten minutes or so before her student driver was to come.

After ten weeks the therapy group got wind of the fact that the skills group was learning to dial 911 and insisted on being taught to use the telephone. We showed one woman how to phone home. After she dialed the number we held the phone to her ear. When her brother answered the phone, she got so excited at the sound of his voice she screamed and dropped the phone and all the other women started teasing her until the whole room was in an uproar.

On the last day of group we conducted exit interviews. It was a sad leave-taking, as we had all grown quite fond of each other. With one or two exceptions they walked from the building laughing and smiling with their heads held high.

They had made measurable improvement in visual and psychological function. Sixty percent of the women in the intervention groups showed improved visual acuity and improved psychological well-being compared to no change in the control group. We were funded for only ten weeks of intervention! We learned the lesson of caring. You can move incredible mountains and cross

great distances if you care enough.

We began to talk to the ophthalmologists in Los Angeles who conduct the eye examinations for those applying for blind disability benefits. Previously those that were not physiologically blind, as measured by the brain evoked potential test, were told to go home and rest, and that their condition should improve in a week or so. The assumption, of course, was that they were malingering. We have now been able to demonstrate, rather than malingering, such functional blindness may be trauma based, and though psychogenic, cannot be left untreated. Thus, such patients are now commonly referred to a psychiatrist and become eligible for psychiatric benefits from the state.

The challenge of this research had just begun. Little did we know that we would soon be put in the position of protecting our clients against hoards of reporters eager to see women blinded by the killing fields. We published two scholarly papers about our research (Rozee-Calker & Van Boemel, 1989; Van Boemel & Rozee, 1992). The first article won the Distinguished Publication Award from the Association for Women in Psychology. About this time the New York Times heard about our work through a short article in the Los Angeles Times about a Cambodian conference at which we presented our research. They sent a reporter to talk with us. Our story was picked up by the wire services and soon we were being asked by everyone from the *New Yorker* to the TV program 20/20 to do interviews. Of course they all wanted to interview some of the Cambodian women with whom we had worked.

We initially resisted this idea. We were afraid to compromise the hard won gains in mental health we had seen among our clients. But we wanted the plight of Cambodian refugees to be brought out in public. There is a population of 50,000 Cambodian refugees in our city alone. All of them were in need of some social services and very few were receiving them due to lack of appropriate programs, translators, and transportation. Lack of knowledge about the needs of Cambodian refugees and lack of services in general were also contributing factors. So we compromised and cooperated with the media we thought would have a particularly large effect on public support and fended off the rest.

We selected the healthiest of our clients and allowed a few interviews. We soon learned that most of the reporters had little background in Cambodian culture. We taught many of them such courtesies as taking their shoes off before entering a home, and placing the hands as if in prayer and slightly bowing the head as a sign of respect and greeting.

Most reporters were respectful and caring. Some were incredibly rude and displayed disrespect by walking into people's homes as though they were their own, tracking dirt in on their shoes, rearranging knickknacks and furniture to make room for equipment, and so on. One reporter shaved himself with a battery operated razor while standing over the family's Buddhist altar. Some we turned down would not take no for an answer. They went around us to search out the clients without our knowledge.

We had two goals when we started this research. First, we wanted to demonstrate that even a short intervention could result in positive changes in mental health. Second, we wanted to change the way in which trauma-based psychogenic blindness was handled by ophthalmologists, who are often the first to come in contact with such clients. We accomplished much more. We have spoken to dozens of reporters over the last three or four years. Stories on TV, in magazines and newspapers raised awareness of the holocaust in Cambodian and of its victims. A United States Congress Member used our research to argue against a Khmer Rouge role in the new Cambodia. I was asked to consult on a United Nations document about interventions with war-traumatized individuals. Gretchen has worked as a consultant on Cambodian health benefits with the State of California. We have recently been contacted by a playwright working on a play about Cambodian women and psychogenic blindness.

We are consulting with a Hollywood director making a feature length film on psychogenic blindness.

What started as the curiosity of two psychologists ended up enabling us to have experiences few researchers ever get to have. We were able to influence international, national and statewide public policy; affect public opinion; and provide positive changes in the lives of our clients.

Best of all we gained a depth of knowledge that sometimes only comes by learning it the hard way. We have seen Cambodia through the eyes and minds of women blinded by the experience.

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Footnotes

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THE COLOR and SOUND of DREAMS

You've added color and sound
to my dreams; a longing that lends
to a krait in the monsoon as it twists around
a banyan tree; a future that bends
through some mists unknown: eavesdropping nights
peering through the door; a wish to make sense
and swing it out in rhyme;
a wish to be mime
and let go of my voice; a wish for the lights
of comets far away at elliptical heights.

You're the cries of a crocus in a darkness dense!

by Pranab Chatterjee

Pranab Chatterjee is a Poet, and Professor of Social Work, Mandel School of Applied Social Sciences, Case Western Reserve University

LOOKING AT THE LITE SIDE
"I feed more cats, than I have T-Cells"

Working with young people with AIDS is particularly difficult because they are developmentally unprepared for the chronicity of illness and finality of death. This is the story of my efforts to add laughter and humor to my group work practice with 11 young men with AIDS.

by Normie Kane

Normie Kane is a Social Worker, Pediatric Aids, Pediatric Unit, University of Miami

Due to the pervasiveness of loss, health care professionals who attend to the mental health needs of terminally ill patients have a distinct challenge in maintaining their own emotional well-being. Working with young people with AIDS is particularly difficult because they are developmentally unprepared for the chronicity of illness and finality of death. This is the story of my efforts to add laughter and humor to my group work practice with 11 young men with AIDS.

When I took the outpatient social work position with the Department of Special Immunology at a religiously affiliated hospital in August 1992, I already had seven years of clinical experience working in AIDS. I quickly developed a caseload, did assessments, and provided psychosocial counseling to individuals and couples, usually on a weekly basis. My patient population ranged from the "worried well," who were still employed and highly functional, to those who were coping with the end stages of the illness. My caseload included two heterosexual women; the rest were gay men, ranging in age from 21 to 54 years. Most of them fell into the third decade of life, and as one might expect, a common theme that brought them into therapy was the adjustment to either beginning or ending a significant relationship. Some of them were learning to negotiate safer sex for the first time, while others were dealing with issues of substance abuse.

Many were at the point of disclosing their health status to their families and some were simultaneously coming out of the closet as gay men. This double disclosure was particularly difficult for Hispanic men. As one Colombian man said, translating from his native Spanish, "I don't know how to tell my parents that I have HIV and I'm gay. That's like a knife with two sharps!"

It does not matter what stage of the illness the client is in or what level of acceptance and adaptation the individual has mastered. The emotional common denominator is loss. Even for the asymptomatic person who has moved beyond the crisis and initial shock of learning about his or her HIV seropositivity, there is the anticipatory loss of health and the existential loss of selfhood or consciousness. Of course, the more advanced the illness and

disability, the more profound the losses.

The most common opportunistic infection in people with AIDS is pneumocystis carinii pneumonia (PCP). One of my clients had a single bout with PCP a year earlier, but was currently asymptomatic and working. He was making the very complex decision to take early retirement after 20 years of company service. Simultaneously, he was caring for his terminally ill brother who had just been diagnosed with end stage lung cancer. My client was experiencing a role reversal, in as much as he had anticipated that his brother would someday care for him. He had lost his caretaker. In addition to the loss of his brother, he was losing income, productivity, and social support from his co-workers, two of whom were also HIV positive. His willingness to feel the pain and grieve the loss of his brother in therapy brought up the unresolved grief of his father's death a year earlier. He was able to recognize his previous coping skills and expand them to meet the needs of his current losses.

Other HIV-infected individuals whom I counseled focused on issues of self-worth and learned ways in therapy to more actively participate in the decisions regarding their health care. Instead of being intimidated by the power and authority of the physician, one man learned to assert himself, saying, "Doctor, I have had PCP six times. Can we treat it more aggressively this time?" He worked hard on that behavior change. It allowed him to experience a greater sense of control and some degree of mastery at a time when he felt out of control in the battle against the virus and the unrelenting progression of his illness.

I generally lump together several paperwork tasks which I call "taking care of business." These include making a living will, naming a health care surrogate, assigning power of attorney, and a writing a last will and testament. On rare occasions, an individual will even make prior funeral arrangements to facilitate this process for the family. I had such a patient. David had taken care of everything when his former lover died several years ago and he didn't want his family to go though the same ordeal. From his hospital bed, he told me about the fantasy he had for his funeral. He introduced it to me by saying that it was actually fashioned after ancient funeral rites in Egypt. His body was wrapped in muslin and placed on a wood and straw raft. Four villagers clad in colorful feathered headdresses and loin cloths then escorted the raft out into the middle of the river and let it go into the current.

The village warriors returned to the shore and simultaneously shot flaming arrows skyward. These formed an exquisite and brilliant arc of light over the water before falling to ignite the raft, consuming his body in the flames. The raft continued to burn as it drifted out of sight. There are two levels of symbolism here. One is the elaborate funeral rite of a king. The other is symbolic of the infant Moses being placed in a basket on the River Jordan to drift through the reeds and cattails. As he returned from his reverie, David, who had been in the catering business, ended the session by saying, "And I have already made and frozen the rugalah that will be served at the wake!" What a host!

Early in the fall, I began recruiting from my individual caseload to build the membership of an HIV support group which was held on weekday afternoons. I would offer the comprehensive mental health package of individual and group psychotherapy. Many people

with HIV tend to isolate and withdraw to the point that socialization skills "get rusty." Sometimes, protracted isolation results in a regression of social skills. It appears to me that social withdrawal results in lost confidence in the simplest personal interaction. This requires the individual to relearn the basics of listening to others and becoming interested in their lives and activities. The milieu of group provides an opportunity to re-engage with others and to practice social skills. When I began running the group, I did a needs assessment and learned that the patients wanted to focus on stress management and to learn new coping skills and strategies.

In order to heighten their awareness of stress, I developed a routine of starting group with each person plotting his current level of stress on a grid from 1 to 10. A "tuning in" exercise followed wherein each member shared his perception of his level of stress, along with a description of his current stressors and the specific behaviors he was utilizing for coping. It was common for a group member to report increased stress with a drop in T-cells. I encouraged them to understand that T-cell counts are only one indicator of immune functioning and cited cases of PWAs who were doing relatively well with no T-cells. (T-cells are the white blood cells that help the body fight infection. They are destroyed by the HIV virus. The normal number is around 1,000.)

I described some of my discussions with my social work colleagues who were working on a bereavement study at the University of Miami, Department of Psychiatry. Although unrelated to HIV, the study explored the immune functioning of recent widows and widowers. The loss of the mate and the resulting depression in the subjects resulted in plummeting T-cells. It took most people as long as 18 months for the T-cell count to return to a normal range. I wanted the group to understand both the multiple causes of T-cell depletion, as well as to anticipate the variability of their T-cell counts.

To reduce stress behaviorally, we did progressive muscle relaxation, a variety of meditations, deep breathing exercises, and visualizations. At the close of each group, members were asked to again plot their stress on the grid. Occasionally, a person would come in and leave at the same perceived level of stress, but most often there was a significant drop in scores. I wanted them to see the reduction of their own stress level. Since anxiety is often high in this population, I encouraged them to meditate on a daily basis. I was hopeful that if they disciplined themselves to be still, they would not only feel markedly better, but would also experience a sense of mastery and control in their lives. The inpatient social worker and I discussed the need for another patient support group.

Since my group was held during the day, we decided to schedule a group during the evening to accommodate the needs of those individuals with HIV who were still working. I was engaged at the time with a wonderful mother-son dyad. He was no longer able to drive and his mother drove him to his frequent medical appointments and support groups. When I learned that he was interested in trying the new evening group, I decided to facilitate a group for caretakers at the same time so that both mother and son could attend their respective groups easily. This provided the "one stop shopping" which is so helpful for disabled patients and their families.

By February 1994, I had lost a half dozen patients and had personally witnessed three deaths. Suffice it to say, there is nothing quite so intimate as sharing someone else's death. I was sad and overwhelmed by the magnitude of the losses. I was grieving. I knew that I needed to learn new coping skills to prevent burn-out, and I wanted to enhance my patient's repertoire of coping styles and strategies. I became increasingly aware of my need to balance some of the loss and grief with laughter and humor. I was determined to find the lighter side to all the suffering, sadness, and loss.

I remembered Norman Cousin's benchmark work on the impact of laughter on his own metastasized cancer. I checked out books from the library on humor in psychotherapy. I read Irvin Yalom's Existential Psychotherapy and highlighted passages that reminded me of my clients. And I asked other clinicians what they did to maintain their own balance

while working with the chronic trauma of AIDS. I attended a conference and selected the workshop on humor. In group, I used self-disclosure to model behavior of laughing at myself, showing my willingness to admit mistakes. I told them about the night that I made corn bread, which looked uncharacteristically pale and flat as a fritter. To my chagrin, I realized that I hadn't put any corn meal in my mixing bowl, because I was holding the box in my hand while I read the corn meal recipe!

My group membership grew steadily, and I accepted referrals from other staff members.

Michael was one of these. He was a young man who came into my office, well groomed and neatly dressed, with an AIDS red ribbon pinned to the collar of his Ralph Lauren shirt. Michael was a good looking man with dark, deeply set eyes. I knew that this tall, thin man with the ashen face was a veteran of the AIDS epidemic. Michael told me about the course of his illness and his current symptoms and medications. His lover of eight years had died just six weeks earlier.

Michael was emotionally exhausted from his bereavement combined with the gradual decline of his own health. He told me about his feelings of immeasurable loss, grief, and aloneness.

Then he shifted in his chair, tossed his head, looked directly at me, and announced, "Now I feed more CATS than I have T-cells!" We laughed together and I complemented him on his rich sense of humor. I told him about the PWA I had read about in San Francisco who had one T-cell, which he named Vera, and how he would wake up each morning, imagine her in spike heels, and shout, "Go, Girl, Go!" Michael's wonderful line comparing cats and T-cells together with the Vera vignette became the inspiration for me to organize an expressive art project for my afternoon group. Michael joined two weeks later.

The group was held in the Cardiac Rehab Unit, which was basically a gym. We pulled chairs together to form a circle near the bathroom. At the next group therapy session, I told the members about Michael's cats and Vera, and suggested that we plan an art project which would allow them each to find and express their own humor and experience the "lighter side" of living with a chronic illness. I distributed copies of a cartoon showing two elderly women knitting and chatting.

One is saying, "Agnes, this AIDS business makes me think we should stop sharing needles."

There was a twitter of laugher. I explained that this was an example of AIDS humor, and I was convinced that they too could find examples of humor in their lives, despite living with AIDS. I asked them to think about what they thought was funny in their lives and to share it with the group.

Gabriel shouted, "I got one! About two weeks ago, I was looking for my tennis shoes. I looked everywhere in the house and I still couldn't find them. I looked for 45 minutes and worked up an appetite. When I opened the refrigerator, there were my shoes! Now that's dementia! The virus is in my brain." We were all laughing and I told him that I was hopeful that he could find a magazine picture of an Amana refrigerator with both doors thrown open and that he could also find an ad for Nikes and paste the shoes right next to the milk!

Determined to generate interest, curiosity, and enthusiasm, I scheduled the beginning of the collage two weeks in advance. That way, the members could start bringing in magazines to contribute to the project. It also gave me time to make a

bulletin board to announce the arrival of the activity. I found a 25-year-old orange feather boa in my attic and ironed the velvet ribbons.

The week before the project, I arranged the boa on the bulletin board in a gracefully ascending line of brilliant orange feathers. Then I thought to add my Japanese fold-up fan (the one I use for hot flashes) to the bulletin board, which announced, "Coming Soon... Looking at the Light Side." One man insisted the word be spelled LITE, "like the beer," and I made the correction. Actually, I was trying to expand the membership of the group and I thought that a bulletin board with the high visibility of the orange feathers, combined with their rich, soft texture which invited the viewer to touch them, would help. Since the gym was also used for an HIV exercise program, I knew that the exposure to prospective candidates for the group was high. There was a bulletin board near the circle of chairs and I got permission to use it.

The weekend before the project, I shopped and bought poster board, colored felt squares, glue sticks, colored glue, magic markers, stars, stickers, glitter, stamps, and stencils. I bought two cartoon books from "The Far Side," thinking to invite people to use the cartoons and change the captions to make their own humor.

The first day of the project, I arranged four mats on the floor in a square and heaped the art supplies in the center. Members of the group came in chatting about their T-cell counts and a variety of anti-viral medication combinations and their side effects. As I greeted each member, I told him that I wanted to take photographs of the activity and asked if he would mind my taking his picture. The responses were mostly enthusiastic and included, "No problem," "What a great idea," and "What kind of camera do you have?" To document their agreement to be seen in the pictures, I asked them to sign photo releases. Two of the 11 chose not to be photographed and I assured them that I would honor their wishes. One of them was pasting a photo of his two Dalmatian puppies to the collage. Having a Dalmatian of my own and being a fan of spotted puppies, I was intrigued and asked if I could photograph over his shoulder. The resulting picture illuminated his activity and work, but not his face.

They sat down and began sifting through the materials, looking for pictures and captions to cut out. I listened to the sounds of conversation mixed with the snipping of scissors and the tearing of paper.

The Polaroid pictures were so much fun and a great enhancement to the group work. I watched as the men huddled together, laughing and pointing at the pictures of themselves and each other. They looked for all the world like a group of children in art class. Each week of the project, I put a stack of photo releases next to the sign-in sheet and each week someone new was in the growing set of pictures which I carried around in my lab jacket pocket. Every day for about two weeks, I showed the pictures of the group work to staff and patients, feeling like a one-woman public relations firm. Eventually, the Polaroids became a panel of the collage itself. I was proud of the collage and proud of the group members. These men were seen in colorful T-shirts, smiling, playing, laughing, and "looking at the lite side" of their lives, despite living with a chronic, fatal illness. Now that's something to admire.

Stefano brought in brilliantly colored photographs of the exotic birds and orchids that he raised on a bird farm in Hawaii. He arranged a small piece of driftwood and artificial leaves into the scene, providing a wonderful three-dimensional effect. Another man brought in shells from the beach, pictures of his tropical fish, and his Dalmatian puppies playing tug of war. Together these two people made a poster which they titled "The Gift of Nature."

When I entered the group room during the second week of the project, I was startled to see that my boa bulletin board had been taken down. Just before group started, I learned from the director of the unit that one of the cardiac patients had complained that the boa and fan were "offensive." He reminded me that we were not the only group to use the facility and that we had to be sensitive to their people's values and feelings. (It seemed to me that the values and feelings of my group members were negated and that annoyed me.) "And we don't want the cardiac patient to have another heart attack," he was saying. Silently, I had to question whether this was about patients' rights and feelings, or about the hospital's liability. We spoke briefly about the challenge of working in an AIDS program at a conservative, religiously affiliated hospital. As a gay woman and as a professional, I knew that I was facing institutional homophobia. I anticipated that the group would be angry and knew that their responses would provide bountiful grist for the therapy mill that afternoon.

When group members assembled and asked where the orange feathers had gone, I explained what had happened. "That's homophobia at its worst!" one shouted. Then they were all shouting and interrupting. I leaned forward in my chair and held up my hands to get their attention.

I validated their responses. They wanted to know what I thought and felt, both as a professional and as a lesbian. I acknowledged my frustration as a social worker and explained my professional roles in terms of multiple group systems. I noted my anger as a gay woman as briefly as possible, hoping that by minimizing my responses, I could keep my countertransference in check and thus focus more effectively on the needs of the group. This was a critical moment in group and I was committed to being fully present to guide the group along this emotional roller coaster ride.

Other themes that emerged from that session included how difficult it is to come out of the closet as a gay person, how unwilling most are to hide ever again, and how coming out is a life-long process. I suggested that it was time for the group to let go of the orange feathers and to replace them with their "work in progress" on the bulletin board. At the end of session when we were starting to hang the collage pieces, we were asked to use a different, less visible bulletin board. It was actually a very nice location, right next to one of the large windows, providing both natural and artificial light. The odyssey of the collage was underway.

One afternoon I was going up to the AIDS unit to see David, who had been hospitalized again for PCP. Across the crowded elevator, I heard a young man's voice call my name and ask to join my group. I remember smiling and having that nice feeling of satisfaction from knowing that my work was meeting the needs of some of its members and that I was developing a following. I spoke with him briefly to assess his appropriateness for group and saw that he was eager to begin.

He was visiting a childhood friend on the unit who had AIDS, and two days later he himself was a patient on the unit, diagnosed with PCP. Although he was not a member of the group by attendance, he was a member of the group by intention and by agreement.

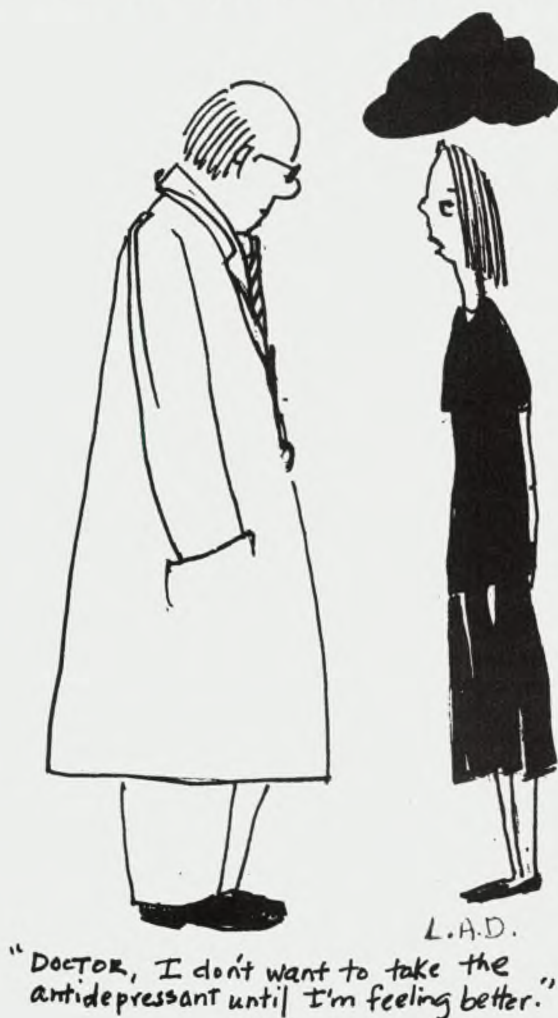
Now I had two group members on the unit and I wanted to make sure they stayed informed, enthusiastic, and connected to the project. I showed them the Polaroid pictures and they were excited to see their friends. I gave both patients a "Far Side" book and asked them to find cartoons for which they could write different captions. David chose two with Carmen Miranda, but by the time I brought back copies for him to make his captions the next day, his health had taken a bad turn and he was too sick to make his cartoon. I showed him a cartoon of a doctor looking down at a hospitalized patient and suggested that he might be saying, "Doctor, I don't want to take the anti-depressant until I'm feeling better." We both laughed. I didn't tell him that a patient had said those very words to me the week before he died. I suspected that the patient's refusal to take his medication was his way of coping with the existential loss of self, and that he wanted to remain fully conscious and in control up until his death.

As the weekly sessions went by, the collage grew. Jorge cut out a cartoon of a dinosaur

skeleton, captioned it, "I lost my appetite!" and told us, "This is how I felt when I left the hospital."

Jorge had been diagnosed with Kaposi's sarcoma (KS) of the intestine. (KS is a type of cancer which some people with AIDS develop and which appears as small pink or purplish patches.) He had undergone chemotherapy, and had lost his shoulder length blond hair. Now he wore a bandanna to cover his bald head. Jorge also selected a picture of a man with tattoos all over his back and provided the caption, "What KS?" He told us that when he was first diagnosed with KS, he imagined getting tattoos all over to cover the lesions, but he had reached a point of acceptance and decided, "It really doesn't matter... the one tattoo I have is enough."

There was a cartoon of two men on a desert island and one is saying to the other, "I'm the first immune system transplant recipient in the world and I've never felt better in my life!" There was a picture of a man in a T-shirt with German words printed on it, with red, green, yellow, and white jelly beans pasted to his belly. Scott explained, "I selected this picture because I was in Germany when I learned I have HIV... and this shows how bad my stomach feels sometimes."



"DOCTOR, I don't want to take the antidepressant until I'm feeling better."

Two of the members had previous membership in Alcoholics Anonymous (AA). This meant that they were coping with the dual diagnosis of AIDS and addiction. They knew all too well that alcohol impairs immune system functioning and that it would be disastrous to drink again. This gave them a double reason to stay sober. Some heavy drinkers stay in the bars until closing time and the last call for drink orders is announced, only to move on to another bar whose liquor license allows for a later last call. The man with two and a half years of continuous sobriety in AA contributed the words "last call" to the collage. He was tickled that his last call had been so long ago. Now the words held a new meaning for him as a "last call" to his spiritual heritage.

Another man had just stopped using alcohol and cocaine when he learned of his HIV status. He had also gone through radiation and chemotherapy for internal and external KS lesions.

I'll never forget his enthusiasm and radiance when he returned from attending Mardi Gras in New Orleans. He smiled widely as he told the group, "When I went to Mardi Gras, I did not have any T-Cells, and now I have ONE. New Orleans must have been good for my immune system!"

The recent movie about AIDS, Philadelphia, is a great source of support and understanding for AIDS patients. The star, Tom Hanks, appears twice

in the collage. In one picture he is wearing a Little Mermaid band-aid across his nose to cover a KS lesion and a fresh blue face mask from the hospital. In the other picture, Hanks is flexing his biceps which sports the AIDS red ribbon as a tattoo. The ribbon is also the site of a scotch-taped attachment of IV tubing, which winds through to yet another location and story in the collage. There is a child's drawing, simply titled "To Uncle" which David contributed to the collage.

During the second week of the art project, I made available a box of rubber gloves and some red nail polish. What a hit! They wasted no time in donning the gloves and proceeded to give themselves and each other manicures. Ralph was the first to add the decorative touch of rings, bracelets, and feathers at the wrists. David held up a glove without red finger tips and announced, "This glove belonged to Bette Davis and she didn't wear polish!" Since latex rubber gloves are worn by doctors and nurses to prevent exposure to the virus, they have become a symbol of the social stigma that AIDS patients often feel. Laughing at the gloves gives them a way to control the self-rejection they often internalize.

During the four-weeks that the group worked together on the collage, the members continued to compare anti-viral medications, side effects, and stories about their doctors. A ripple of laughter filled the room of gay men, when one man realized paradoxically, "We're all IV drug users!" (Risk exposure categories for HIV include homosexual males and IV drug users. The paradox and amusement came from the realization that since they were all currently receiving some form of anti-viral medication by injection, they could classify themselves into an additional risk category.)

One Friday afternoon after lunch, I brought two of my social work colleges to the Cardiac Rehab Unit to see the completed collage. To my surprise, the green panel with the gloves and the IV tubing had been taken down. My stomach muscles tightened, and I knew I was having a visceral response to my perception of the continuing homophobia. Was the homophobia resulting in an assault on the group's collage? I checked with the unit director and learned that the collage had created more of a stir in the hospital than I had realized. He asked me to take the collage down. I protested, "A critical step in the process of the art project is to discuss the meaning the experience had for the group members and to understand that their participation in such a project might generate some new feelings or insight about themselves." I told him that it was necessary for the bulletin board to remain up until Monday, since we would be discussing its meaning and value at that time. I suggested that instead of taking it down, it might be relocated and made arrangements with the medical director of the Special Immunology Unit to transfer the collage to his waiting room, pointing out that it would actually have greater exposure to HIV patients there.

The unit director reluctantly allowed the collage to remain up over the weekend and I agreed not to re-hang the green panel until just before my group met.

On Monday morning one of the vice presidents of the hospital summoned me to her office. She was pleasant while she requested that the collage be taken down. She explained that it was offensive to some of the other patients and offered to come to group to explain the hospital's position. I told her that the collage was going to be transferred at the close of group that day and we agreed for her to come to the last 15 minutes of group. At two o'clock when the patients arrived for group, the glove panel was back up, looking none the worse for its travels. We arranged the chairs and sat in a horse-shoe in front of the collage, which was displayed on the wall. As the group leader, I felt it necessary to set the stage with my perception of the day being special since they would be "giving voice to measured thought" and for the first time sharing the meaning of their work. When I told the group that I had been asked to take the collage down, my voice was lost to the tide of their verbal outrage. That I had already made arrangements for its debut in the doctor's waiting room upstairs could only be considered after the rage had subsided. I told them that a vice president would be coming at the end of group to discuss the issue and to answer any questions they might have.

As the protests subsided, I suggested that they hold their comments until the vice president arrived. Each of the 11 members then took a turn, pointing out his art work and saying a few words about it. Although we heard a lot about "the work in progress," there was a distinct richness and depth in the time set aside for the viewing and contemplation of the art form they had created together.

One man identified a picture of a dozen rabbits crouched in various positions. One rabbit was sitting up on his hind legs. He said, "I liked this picture because I feel like one of these rabbits. I really look like all the rest here, but having HIV makes me feel different, like this one sitting up."

The discussion turned to a theme of hope and we saw several clusters of angels in the collage. Jorge had made a scene with three golden angels together. He captioned them saying, "Why do they want to stay down there anyway? It is so nice up here!" Michael's panel is decorated with a variety of cat food can labels and reads, "I feed more cats than I have T-cells!" I continue to appreciate and marvel at his sense of humor.

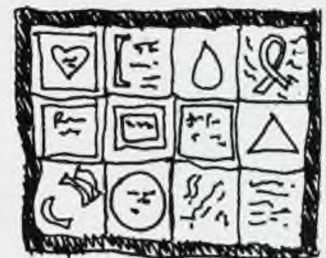
At this point the vice president joined the group and told the story about the offended cardiac patient and how the hospital was obliged to provide a pleasant healing environment for everyone. I thanked her for coming to group and clarifying the hospital's position, and said that it was important for the group to hear that. The group members were far more direct than I in responding to her. Their reactions were diverse and ranged from, "That's OK. The collage will be better in the waiting room," to "That's the worst example of homophobia I've ever seen!" to Michael's eloquent response, in which he recited W.H. Auden from memory as he described his grieving process: "He was the North, South, East, West; My week's work, my Sunday rest. Stop all the dogs from barking when they have a bone, Stop all the babies from crying. Unhang the sun, take down the moon. Pour out the oceans, for it can never be right again."

The relocation of the collage went without incident. It filled one whole wall and seemed to belong there. For the next several days, I enjoyed walking through the waiting room, pleased to see many people reading and enjoying it.

The doctor's office manager explained that the collage could only be there temporarily because the office was scheduled to be painted. The odyssey continued. I asked the nurse manager on the AIDS unit if the collage could be put in the patient lounge. When that failed the only alternative was to ask my supervisor if we could give the collage a home in our office, but he had already ordered some art work and suggested that we take it down and give the pieces away.

I couldn't do it. The collage hadn't had its due. I knew the art was not museum quality, but I advocated for it as if it were. I was hopeful that the message of the collage could continue to inspire people who were fighting for their lives. Not knowing the destiny of the collage, I asked one of the members to photograph it.

These brave young men are living now with AIDS. Despite illness and disability, they are willing to look for the humor and the light side of themselves. Eleven young men shared the art experience together. The collage is the finished product which decorated the walls of the Department of Special Immunology. It was a testimony of their experience, strength, and hope.



Unlike the AIDS Quilt, which is an expression of remembrance by bereaved loved ones, the collage was a celebration of life by those who continue to live with AIDS.

All groups develop a culture and normative behavior. This group was concerned with loss on many levels, the most profound of which was the periodic death of a member. The memorializing of the lost member became part of the group norm. Following each death, I asked the group to share their memories of that person and tell us what they learned from the relationship.

A month after the collage work, one of the participants in

the art project died. Rip's family had flown in from out of town to be with him in his final days. It was gratifying to show the collage to the family, which included photos of their son and brother taken during the construction of the art project. He sat cross-legged with his friends and was passing the glue to someone, obviously enjoying himself. His sister's eyes filled with tears and I heard her say, "Look at him here in his pink shirt. He's smiling... doesn't he look good?" The making of the collage had been both exhilarating and inspirational for the men in the group. It heralds their creativity, individuality, and optimism. It continues to inspire their families and others who know of it by providing comfort and a message of hope.

Some time in May I learned that the grant that funded my social work position did not provide for the continuation of psychosocial care in the second year. I didn't believe it. Surely there was some mistake! It took me several days to move beyond the shock to realize that I had to terminate services with the 46 individuals whom I was seeing for psychosocial counseling. I also had to terminate with the group that made the collage and with the caregiver's group. More loss.

For all of us. It didn't make any sense. I couldn't change it. A few days after I learned that I was being laid off, I made the announcement in group that I would only be employed at the hospital another month. I anticipated their anger but not their tears. The emotional response to the loss was sadness and anger. Some of their services were being eliminated. I guided them into a cognitive response to the event by asking them to evaluate the time that we had spent together, and to consider what they liked best about the group experience and what they had learned about themselves. The review of the work done allowed us to terminate well.

The night after my last day at the hospital, the group members and their partners were guests for dinner at Jorge's house. It was a delicious Mexican dinner. One of the members of my caregiver's group had written a letter to the County Commissioners, protesting the lack of funding for my position and stating how disruptive the termination of psychosocial services was for the PWAs and their families. Everyone signed it. It was a tribute to my work. But more importantly, they became organized, pro-active, and empowered by this letter. I told them how much my work with them had meant to me, and that I was committed to providing continuity of care and treatment for them. I held up a key and told them that I had rented space from another therapist and in one week would be providing group services again at a new location.

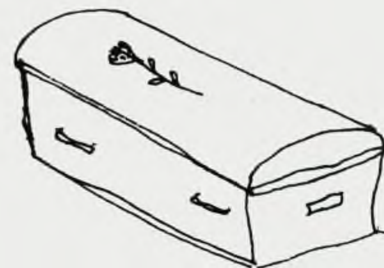
As a social worker, I am constantly amazed by the long-acting effects of some of my interventions. Two months later I learned that one of the former group members had been hospitalized. Jorge had traveled to California to see his family, but returned quite ill and was readmitted to the hospital. When I went to see him on the unit, he was weak and disoriented, but he recognized me. I told him I was glad to see him and gave him a hug. He recited a Hail Mary in Spanish and trailed off with his eyes closed. His health deteriorated and he was transferred to the Intensive Care Unit. I called every day for a week, hearing the operator's crisp words, "His condition is listed as stable." When he was out of the woods and back on the AIDS unit, I went to see him again.

As I approached room 8141, I remembered having attended two deaths with other patients in that same room and wondered if Jorge would also die there. Although I had confirmed the patient's name on the door before entering, I was surprised at my difficulty in recognizing the young man sitting up in the bed looking at me. When I first met Jorge, his beard and hair were blond. He had lost his hair because of chemotherapy and had worn a bandanna all summer. Now his beard and hair had grown in dark brown. He wore rimless spectacles which I had never seen before and his face was slightly swollen. He looked thinner and considerably older than his 33 years. When I went around to the other side of the bed and looked down at the small, worn, stuffed koala bear, I knew this was Jorge. I lifted my eyes to his face, spoke his name softly and put my arms around him. He knew who I was, but asked where he was. We spoke about the changes he was going

through. When he told me that he was afraid, I recalled the work he had done on the collage. "Remember your angels, Jorge? Your three golden angels were together saying, "Why do they want to stay down there any way? It's so nice up here!" My intervention was able to assist him in recalling his own belief system and words of comfort from an earlier, healthier time. This dynamic illustrated how our own answers and truths can come from ourselves. He thanked me and I could feel the slight pressure of a squeeze from both his hands in mine.

I walked around the bed to straighten his pillows, saw a clay sculpture on the night stand, picked up the piece, and examined it. It was a left hand holding an infant, strapped in with a piece of adhesive tape. A gold chain with a crucifix was wrapped around it. "This must be the Baby Jesus. Tell me about it." After taking the gold cross and chain off, Jorge told me that it was a gift from one of his sisters. As he unfastened the tape, I thought how much it looked like swaddling clothes. He took the infant in his right hand, saying "This is Baby Jesus, and this is the left hand of God. My sister went to Italy and saw the Pope. She told the Pope that her brother was very sick and the Pope blessed me." As Jorge placed the infant back into the hand of God, he said, "This is me. I am the Christ child. And I am in the hand of God." I heard myself say, "Yes, Jorge, you are in the hand of God." We sat in silence for a time, just smiling at each other, our hands touching.

He was fully present and looked both radiant and peaceful. I was aware of a slight vibration in my body and breathed deeply to calm myself. I wondered if the vibrations were a form of spiritual energy. I certainly sensed that we were resonating. He thanked me for everything I had done for him and I thanked him for letting me know how fine he was. I told him I'd miss him. Then I leaned over, gave him a hug, kissed his forehead, and said good-bye. As I left the room, I knew I had experienced a profound and transcendent moment with a young man named Jorge. I had been witness to the renewal of his faith, and that in turn had strengthened and deepened my own. Jorge's mother arrived from California the next day and I learned from his sister that he had died in her arms. In order to cope effectively with the losses that life presents, it is helpful to remember earlier losses and build on those previous strengths. My mother, who was a clinical social worker, had explained to me as a young child that our emotions were like a pendulum, swinging equally to the left and to the right. One swing of the pendulum reflects sadness, despair, and losses in life, while the opposite reflects the capacity for excitement, laughter and joy. Just as the recipe for corn bread requires the ingredient of corn meal, the recipe for emotional well-being is dependent on the inclusion of humor in life. The "lite side" requires humor. I've learned that it is sometimes hard work to find the "lite side." Looking back at the odyssey of the collage through the hospital, I know that it is simply a paper trail of external trappings, because once the "lite side" is fully integrated, it resides internally, becoming part of the human core. It cannot be removed. □



SEX, AIDS, SOCIAL WORK AND ME

The narrative tells of my career-long effort to encourage and facilitate professional helpers — especially social workers — to deal directly and comfortably with sexual concerns. It describes and explains my experiences seeking to infuse content on sexuality, sexual oppression, HIV and AIDS into social work education and practice

by Harvey L. Gochros

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Beginning: Teaching sexuality

One advantage of being a social worker for more than forty years is the opportunity to view the slow discernable ebb and flow of social values and perspectives that dramatically impact our work and clients' lives. Such observations belie the assumption that social values always change for the better. They don't, but they do change. This has been especially apparent in the convoluted evolution of society's sexual attitudes as well as in my social work practice.

In the early 1960s my work focused on problems related to sexuality. I have always been fascinated by human sexual behavior. It is primitive, animalistic and physical, yet in its diverse manifestations greatly influenced by complex cultural codes. Like most people, I kept my interest to myself — it was improper, even while working on my MSW, to discuss the various manifestations of this fascinating taboo subject. In those days, sexuality was neither discussed in social work programs, nor in the larger community.

I finally got a chance to bring my sexual curiosity to work when I became chief of psychiatric social work in a midwestern medical school, circa mid 1960s I was assigned the task of "humanizing" medical students on their psychiatry rotation by teaching about the impact of family, work, and environment on behavior and mental status. Part of the assignment was to teach medical students how to interview for a social history.

The students easily discussed medical history, family history, and work history but many of them panicked when their interview outline turned to the patient's sexual history. After a few months of listening to their taped interviews, it was easy to discern when the medical student came to the topic of sex in their social history outline. There would be a noticeable pause, and then a sudden audible elevation of both pitch and speed as they rushed through obligatory questions about masturbation and homosexual behavior (often asked in the same question!) Their patients obviously picked up their interrogators' anxiety for they quickly denied any such sexual quirks.

Here, at last, was an opportunity to give voice to my interest in human sexual problems. In discussion with the psychiatric teaching staff I brought up the obvious void in the medical students' training, noting that there wasn't a single lecture on common sexual concerns in the medical curriculum. The psychiatric staff hinted at their own discomfort with the topic by acknowledging the void, and suggesting that this delicate subject be best handled by a social worker.

Their reaction — and the sexual vacuum in the students' training — challenged my earlier belief that if a client had a sexual problem it should be brought to their worldly-wise physician.

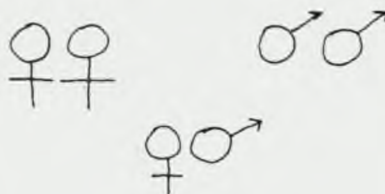
So I initiated what became a career-long effort to encourage and facilitate professional helpers — especially social workers, who were no better prepared in their education then medical students, to deal directly and comfortably with sexual concerns.

A Life Long Career

A couple of years after initiating a seminar on sexuality for the medical students, I was invited to join the faculty of the same university's school of social work, teaching casework and group work.

In discussions with the school's dean I mentioned my interest in teaching a course for social work students with the content similar to what I had been teaching the medical students. The dean expressed discomfort, noting that we were in the middle of the "bible belt." I defended the course by pointing out that in his classic *Sexual Behavior of the Human Male*, Kinsey stated that social workers were among the few professions that treated sexual problems. The Dean relented with the condition that the word "sex" not appear in the course title. He suggested I call my course "Family Relationships." I argued that many of the sex-related concerns that came to the social worker's attention were not experienced in the context of families. He replied that he didn't care what I taught in the course as long as I kept sex out of the title!

There were scary moments teaching sex in the late 60's. I had been convinced by fellow sex educators (not social workers) that the use of sexually explicit films would enhance my teaching effectiveness. It is one thing to talk abstractly about attitudes towards coitus, oral sex, masturbation and homosexuality. It's quite another thing to watch real people doing such things — on a movie screen in front of you.



While I agreed philosophically with this visual approach to the sex education of professionals, I was unsure how the students, faculty and administration would receive this experience — I was still teaching in a state school in the middle of the "bible belt." I even had a minister's and rabbi's wife in the class! When I sought my dean's support, he said he believed in academic freedom, "but be careful, you're on your own." My pedagogical convictions won out. When the day came to show the film, I again announced, with quivering voice, the explicit nature of the film's content. As soon as I turned on the projector, the minister's and the rabbi's wife rose in unison. I panicked — this was the end of my career. But no, they simply got up to move to seats with a better viewing angle. That was the last time I worried about community reactions to dealing honestly and directly with sexual issues. It was also my first lesson that both sexually open and sexually oppressed people can be found in any region or population.

It was interesting to observe faculty's reactions to the course's popularity. Many thought it frivolous and not worthy of a place in the school's curriculum. This was the 1960's when educators believed that the sole emphasis in social work and social work education should be overcoming racism and poverty. Sex was okay for Woodstock types, but there were far more urgent areas for the social work curriculum.

I felt then as I do now that sexual matters can cause as much pain for many people, rich or poor, young or old, black or white — as poverty, racism and sexism. Indeed, sexual oppression (a term I later developed as a focus for the course) intimately connects with racism, classism, sexism, looksism, ageism, etc.

It was during this period that I decided to articulate a social work perspective on sexual matters. This was the era of Masters and Johnson's emergence. I was concerned that professional sexual interests were narrowly defined and focused on sexual dysfunction. It was safe and socially acceptable to try to "fix" the sexual disorders ("frigidity," "anorgasmia," "impotence," "premature ejaculation," etc.) of married, heterosexual, white, young adult middle-class Americans. This narrow focus reflected sexual discrimination in practice. Yet students and workers wanted to jump on Masters' and Johnson's new band-wagon. I called them sexual plumbers.

A Social Work Perspective

My evolving concern was different. Experiences and attributes shape how social scientists view the world. Significantly, the two most influential writers on sex in this century, Alfred Kinsey and William Masters were white, middle aged men. These characteristics — and others — color a "sex expert's" perspective. Every discipline offers a unique world view. The experts popularized sexual perspectives framed by their professional training and subsequent work. Thus, Kinsey, a biologist focused on counting discrete sexual behaviors. This preoccupation led inevitably to his readers viewing numbers and frequencies as clues to normalcy and sexual well-being.

William Masters was an obstetrician-gynecologist. His profession lead him and his followers to see sexual "health" in terms of physical functioning: if the body does its job (and if the mind lets it) then all is well. These observations raised the question: What was — or should be — social work's perspective on sexual well-being?

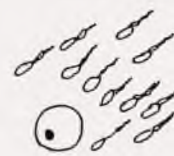
As a social worker I believed the sexual focus in education and practice should be compatible with the basic purposes and values of the profession. Specifically, the interplay and consequences of the individual's sexual expression as it touches the limits and sanctions of their social and cultural environment.

I recalled the Family Service Society of America's (FSSA) definition of social work as a profession whose major concerns were the restoration, maintenance and enhancement of social functioning. Certainly, I considered sexuality a major component of "social functioning," As social workers we were not to be overly concerned with enforcing "normalcy". Our focus in sexuality, had to be broader than improving the sexual mechanics of married, young, affluent, healthy, white, heterosexual couples.

Social workers, I believed, had a primary responsibility to oppressed groups. And, I found, that most of these groups experience part of their oppression through society's repressive attitudes and actions regarding their social-sexual functioning.

I chose to focus on the sexual needs, rights and problems of those populations whose sexuality was ignored or suppressed by society including many professional helpers. As I talked to practicing social workers my list of the sexually oppressed grew: the old and the young; the physically and mentally disabled; gays, lesbians and bisexuals; members of ethnic minorities; victims of sexual assault; and virtually anyone who is a resident of any institution.

I soon became aware that my emphasis on oppressed groups in my teaching and writing needed a focus — a conceptual framework that would lead to understanding the reasons for the oppression of the sexual expression of these diverse groups. Was there some unifying concept, I wondered, that would clarify why some people were given conditional societal support for their sexuality while others sexual needs were ignored or oppressed?



Reproductive Bias

In the early 1970's I stumbled across a theme that helped explain the oppression and sexual biases inherent in many religions' view of "sin"; local and state laws on victimless sexual "crimes"; concepts of sexual "pathology"; and the general public's ideas about good and bad sex. That central concept was the "reproductive

bias." The more I thought about it, discussed it, taught and wrote about it, the more it made sense.

The reproductive bias suggests that the only sexual behaviors considered healthy, normal, moral and generally acceptable (all subjective terms) approximate what it takes to bring about a socially approved pregnancy. The more remote the sexual acts — and actors — are from those associated with socially approved pregnancies, the more they were considered deviant, immoral, pathological and perhaps illegal.

Thus, in mainstream American culture the "sexual elite" were those whose sexuality approximated what it takes to create a socially approved pregnancy. Generally they were white, healthy, able-bodied, affluent, heterosexuals of child-bearing years. On the other hand, just about every one else were among the sexually oppressed.

However, even the elite were affected by this bias: if they are in the reproductive elite, they should want sex and be good at it. An example of the effects and pervasiveness of this bias is the widespread concern about "premature ejaculation." Premature to what? A mature ejaculation involves ejaculation at the right time and place. For what? The right time and place to favor fertilization.

Similarly, two other common sexual behaviors: masturbation and homosexuality receive various degrees of condemnation simply because their expression cannot lead to pregnancy, socially approved or not.

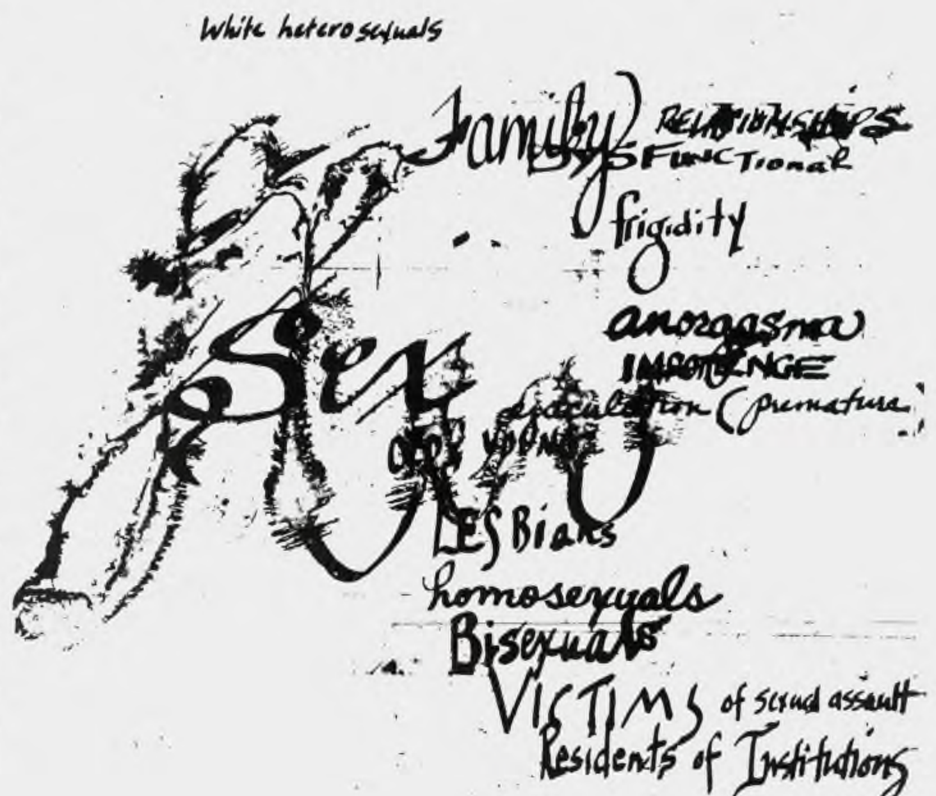
This conceptualization provided a core for my subsequent publications and teachings. When I later got an article called The Sexually Oppressed published in *Social Work* I felt validated. Now here was a social work perspective on sexuality.

As my awareness of the pervasiveness of sexual oppression grew, I became eager to encourage other social workers to be more assertive in working with the sexual concerns of this population.

Legitimizing Social Work Practice with the Sexually Oppressed

Although my hopes to get social workers to become sexual activists now seems grandiose, to some extent it worked. Over the decade of the 1970s I slowly (and haphazardly) evolved a strategy to achieve this goal. In essence, my efforts were directed to legitimizing social work's assertive involvement in dealing with what I called sexual oppression. In retrospect my evolving "strategy" had five components:

First: Publish articles in major social work publications that would identify and justify social workers' areas of interest in sexual matters. My first "success" in this effort was an article in *Social Work* entitled, Social Work's Sexual Blinders. Other hortative articles, and my first book, *Human Sexuality and Social Work* followed. Perhaps the major milestone was a request for me to write the first article on sexuality to appear in the 1977 edition of NASW's *Encyclopedia of Social Work*, (subsequent editions include



articles on sexuality).

Second: Provide a rationale as well as a conceptual framework for social work's focus on sexual oppression. Indeed, my second article in *Social Work* and second book were called *The Sexually Oppressed.*

Third: Identify the need for more better education for social work students on sexuality.

I quoted Kinsey's statements about the extensive and important role of social workers in dealing with sexual matters. I also wrote articles for the *Social Work Education Reporter* (1970) and *The Journal of Social Work Education* (1974) outlining approaches to social work education in human sexual problems. During this period I also facilitated Council on Social Work Education, Annual Program Meeting workshops for social work educators interested in introducing sexual content into the curricula.

Fourth: Serve as a "hired gun" for motivated faculty. As an increasing number of faculty became committed to introducing content on sexual matters in their schools, I was invited to speak to students and faculty. As a visiting "expert" I could get away with proselytizing their faculty to accept sexuality not as a frivolous diversion (as many saw it), but as a basic component of students' education.

Fifth: Get governmental acknowledgement of the legitimacy and importance of social work education in human sexuality. From 1975 to 1980 I received an NIMH grant to further develop a social work approach to common sexual problems and a format to present it to students. Each year a different group of social work educators interested in teaching about social work practice with sexual problems were brought together to Hawaii to enhance their teaching skills in this area. This "Social Work Program for the Study of Sex" served to enhance the participants' skills and legitimized — by its federal funding — the need to teach this content.

There have been some developments in social work that have been encouraging. For example, in 1979 the California legislature passed a bill requiring social workers to show evidence that they had completed a ten hour course in human sexuality to be licensed to practice. This was the first content area mandated by the legislature.

Indeed, my teaching career over the last thirty years has allowed me to see evolving academic attitudes about the place of sexuality in the social work curriculum. While many in the 1960's and 70's may have overplayed the joys of sex and sexual emancipation: "if it feels good, do it," androgyny, the quest for the perfect sexual encounter and the ultimate orgasm; the 1980's and 1990's swung the pendulum back to the dark side of sex.

To the extent that schools of social work still teach sex (and I am inclined to think there are fewer and fewer that do), the focus has shifted largely to the evils and dangers of sex: rape, incest, harassment, and of course, AIDS.

I do not diminish the seriousness of these areas — I have worked with them all — but the existence of these problems and hazards do not negate the importance, and the potential joys of a responsible sexual life. My more recent teaching and publications have attempted to challenge the anti-sex beliefs that have accompanied our awareness of sex-related issues — especially AIDS. In, The Risks of Abstinence, *Social Work*, I argued that while certain sexual behaviors are risky, abstinence has its risks too, and is a wasted recommendation for most people of any age who are already sexually active.

In a more recent article in *Social Work* I explored the sexuality of gay men who are already HIV positive. I pointed out that there is much that keeps these men from continuing their sexual lives. Yet these men still have sexual needs; indeed, based on its benefits, responsible, safe sexual activities for this population should be encouraged.

These articles provided a conceptual bridge that led from dealing in my teaching with sexual oppression and distress to the sexual aspects of AIDS. (There is no more sexually oppressed group then people infected with HIV.)

I must admit that when I first heard about this alleged "gay cancer" I dismissed it and thought it was anti-sex propaganda and that eventually it would go away. It was interfering with my crusade to free the sexually oppressed.

AIDS seemed just another vehicle to pull sexuality back into a moral snake pit.

But it wouldn't go away. So bit by bit I allowed the subject to creep into my sex classes, spoke with the local pioneers working with AIDS (especially the social workers attached to our local general hospital's "AIDS Ward.") Ultimately I accepted a position on the AIDS service agency board (later became president), was appointed to our Governor's advisory committee on AIDS, and seven years ago initiated a graduate course on "AIDS and the Human Condition" in conjunction with the School of Public Health, which attracts more and more students every year.

My recent publications have argued for a sane, reasonable approach to human sexuality in the context of AIDS.

But most important, in 1986 I started to facilitate the state's first support group for HIV infected men. Facilitating this group taught me about the issues that these men were facing: stigma, physical and psychic pain and a multitude of losses. I soon recognized the wisdom of the oft- repeated saying: "it's not what happens to you, but what you tell yourself about it that matters."

In addition to individual differences in how men and their lovers, families and friends deal with the disease's progress, there are significant cultural differences in the way people deal with sex and death.

Leading the group also allowed me to track this epidemic. Over the years the very definition of AIDS changed, the life expectancy increased at the same time the likelihood of surviving steadily decreased. I have seen medications go in and out of style. I have also seen the characteristics of those infected change. In the early days (roughly 1986 - 90), most of the support group members hadn't really known that their sexual behavior could lead to their death. At worst, all they thought they would need was an antibiotic fix. (note: In Hawaii approximately 85% of those infected with HIV were infected from man-to-man sex as contrasted with roughly 60% of the mainland states.) This population would probably not become infected if they were living today. Slowly that group is being replaced by a population aware of the risk but somehow denied or overlooked it. That group is more likely to suffer from guilt and stigma than those that died before them.

I have made good use of my experiences with this group in teaching social work practice courses. As I noted elsewhere: "AIDS is quintessential social work." What better example do we have to teach students how to overcome the taboos that frequently keep us from openly, honestly and empathetically exploring clients' (and our own) beliefs and feelings about the two biggest taboos: sex and death.

Even beyond these two taboos are the sub-categories — even more taboo — homosexuality and suicide. For example, it is our work with persons with AIDS that has made social workers deal candidly with the idea that suicide can be rational and be understood and even supported by social workers.

I rarely teach a sex course now. I offer an occasional sex workshop and do an occasional book review on sex-related topics. I decided several years ago to focus my efforts on AIDS for "the duration," — however long that lasts.

I used to be shocked when some of my support group members "thanked" AIDS. But I am impressed with how much it has taught me about the human condition, sex, love, death, fatigue and endurance. It has also fueled my frustration with the way particular moral biases infused America's public health response to AIDS. I am angry that national egotism keeps us from learning how to save countless lives by tapping the experiences of other societies which are less influenced by the belligerence of religious fanatics.

In the Netherlands, for example, prostitution is legal but carefully guided and regulated by the state. The age of consent is 12. But honest, explicit sex education is compulsory and includes detailed information about safer-sex practices, as do frequent, detailed safer-sex commercials on television. And yet according to WHO statistics, the Netherlands has the lowest incidence of AIDS among Western nations. It has the lowest rate of teen-age pregnancy in the West and the lowest incidence of abortions in the world! "Just say no" isn't enough and generally doesn't —

and needn't — work; it only brings misery and death.

It was much more fun working with sex than with AIDS. I don't like having clients die. I have never had real "burn-out"... whatever that is. But I did go through a period, after mourning the deaths of dozens of men who went through my group, in which my emotions were drained out of me. I kept on meeting with the group and I guess I kept on saying the right things, but I didn't let myself really care. Finally I stopped, got my act together and now I lead the group again — with more emotional moderation.

When I facilitate the group now, I think about all those things concerning group process that I would in any group. But there are other thoughts that race through my head: I wonder when will this nightmare end? Will it be in time to save any of the men sitting in front of me? What were each of these men like before they were infected? How did their lives before infection mold the way they have responded to the virus? And what keeps them going?"

At other times I think about how AIDS has brought homosexuality into the spotlight and earned greater acceptance for gays and lesbians, and I wonder how will gays and lesbians be treated if a day dawns when HIV becomes just a frightening memory, and all people can love without fear.

In my most sober moments I wonder whether I and other "sex is good" sex educators of the 1960s and 1970s unwittingly contributed to this epidemic.

I hope not. ☐

SEEDS OF FAITH (to lori)

skinny as a scarecrow
with stuffing half-spilled
you fell into my classroom
a frightened lost bird
your gorgeous older sister
dazzling queen of golden dreams
your stiff impeccable father
impossible to please
squeezed you in the corner
brittle—bleeding with loneliness
starving for a drop of nectar

but you couldn't even stay after class
too strangled with self-consciousness
to let us(even after six semesters)
a few minutes alone to talk
yet in your spiral notebooks
heart-to heart we met
discovering in the words between us
ideas more real than reality
wrestling with identity
struggling to unravel
(in humanity and your own mind)
a little more of the mystery
beneath your searching words i confessed
"you could be a psychologist"

now I get your letter
about your dissertation
and wonder as that sly magician
truth
(always dropping hints never proof)
in your life gratefully
i seemed to alter history
(and if in you
then who knows who else)

we touch each others souls so invisibly
never knowing what kind word or act
might stir the sleeping bud to blossom
might ignite the dormant flame
to keep the fire burning
and blossoms ever blossoming
in others invisible far away waiting
crushed in some parched empty corner
starving for a drop of nectar

by Ron Hertz

Ron Hertz is a Poet and Teacher at Newbury Park High School, CA

A COMPLETED PUZZLE

A puzzle was completed by individuals engaging in various combinations of social, professional, caring and helping behavior. The actors were unaware of their involvement in a larger picture; unaware of their connections to each other.

by Nancy Oliver

Nancy Oliver, Ph.D. is Associate Professor, Department of Nursing, California State University Long Beach, CA

I sat and watched the workers as they engaged in their daily activities. The setting was a busy medical-surgical unit in a large medical complex where I had been conducting a naturalistic study of nurses at work. The study focus was on nurses' days at work and the meaning it had for the nurses as they engaged in their daily activities. Using the methodology of grounded theory, the data were interactively collected and analyzed and a substantive model of nurse behavior was developed. The account of observations presented here was serendipitous and not part of the study data.

My nursing background played an important part in developing my relationships with the nurses. They became accustomed to my presence and admonished me when I was absent. I became an accepted part of the environment in my role of nurse researcher, as I engaged in my ethnographic study of nurses at work.

After twenty- four weeks of participant observation and formal and informal interviewing, the routines had become familiar. I recognized the patterns that emerged as the schedules were acted out and the data collection and analysis continued.

Occasionally I felt like a privileged observer watching a movie in which the characters had little awareness of each other's activities and their related effects. On one such occasion, I had the opportunity to witness a picture develop from a series of seemingly unrelated and uncoordinated activities. This account was not included in the study data. However, it was a profound experience and it is a story that I do not forget.

Elizabeth's Puzzle

Elizabeth was a 72 year old woman who had experienced a stroke and was unable to speak. She had limited movement of her arms and hands and was unable to participate in her daily care. Her morning routine included being fed, bathed, dressed, placed in a wheelchair and moved to the corridor for "a change in environment." On this particular day she was set up in the busy corridor with an overbed table in front of her. Her nurse placed a picture puzzle, consisting of eight large pieces and a frame, on the table and encouraged Elizabeth to "work on the puzzle." The sturdy cardboard pieces were easy for Elizabeth to hold and the nurse started the puzzle by placing a corner piece

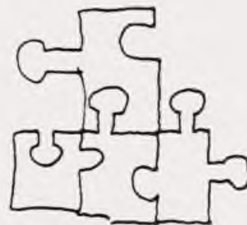
in the frame. She then placed a piece in Elizabeth's hand and encouraged her "... to try to make the puzzle." Elizabeth gave no indication of either understanding the directions or having any interest in the activity. After a short time a housekeeper was passing by and spoke to Elizabeth, acknowledging that a puzzle was in progress. "Elizabeth, you are doing a puzzle... great. Let me help a little," as she picked up a piece and put it in place. Elizabeth received a pat on the shoulder as the housekeeper moved on.

And, she continued to sit with the same piece in her hand, staring ahead.

Elizabeth was familiar to the unit staff and when the ward secretary came back from her coffee break and walked past, she stopped and spoke. "Elizabeth, you are doing a puzzle. What a good thing... I love to do puzzles too." And, she added another piece before continuing on.

Involvement in Elizabeth's puzzle making also included the student nurse who had cared for her on the previous day. "Look how good you are doing today... making this puzzle. Here let me help you with that piece." as she gently moved Elizabeth's hand to fit the piece in place. Before the student left she put another puzzle piece into Elizabeth's hand. And Elizabeth continued to sit in her wheelchair, puzzle piece in hand, staring ahead.

Her primary nurse was pleased to see Elizabeth's progress with the puzzle when she checked on her before going on her break. She assisted Elizabeth with the piece she was holding and put the remaining piece in her hand with a big grin and a hug. Just then, the social worker was coming down the hall to visit Elizabeth. The nurse stopped long enough to share Elizabeth's accomplishments with the social worker. The social worker was equally impressed by Elizabeth's abilities and helped her with... the last piece of the puzzle!



The report of Elizabeth's progress was shared among staff and documented in records.

When her daughter visited that evening she, too, learned about her mother's activities. Everyone agreed it was an important step in her recovery process.

As I reflect on this scenario I continue to wonder why I feel it is important. Perhaps it is an intuition based on years of nursing experience that tells me that somehow Elizabeth's story is to be shared, so that others will have the opportunity to reflect on the meaning of "the larger picture."

A puzzle was completed by individuals engaging in various combinations of social, professional, caring and helping behavior. The actors were unaware of their involvement in a larger picture; unaware of their connections to each other. Each individual activity provided Elizabeth with another opportunity to connect with people. These activities and connections gave definition to Elizabeth's morning. To analyze each person's involvement and individual meaning would be reductionist and the holism would be lost. It is the recognition of the larger picture that is important.

Different Perceptions of Elizabeth's Story

The meaning that individuals assign to this event may reflect different philosophical perspectives, educational backgrounds, spiritual beliefs, or life experiences. There are many possible interpretations. I have created several different explanations to illustrate how individuals from different disciplines might respond to the completed puzzle. To consider the consequences of the different interpretations is important.

"Elizabeth completed the puzzle. Soon she will be able to feed herself" predicts her nurse. "Elizabeth was able to complete the puzzle... she has increased fine motor coordination in her hands" explains the physical therapist.

"Let's begin the discharge planning" suggests her physician.

The social worker had already contacted the rehabilitation unit.

Her daughter's response was, "I knew she could do it; she is a very strong lady."

"Her cognitive and psychomotor abilities are coming along. You see, hand and eye

coordination and manual dexterity are skills needed to complete a puzzle; and it is evident that there was interest and motivation to complete this activity," concludes the psychologist.

"For Elizabeth to complete the puzzle is indeed miraculous," says her spiritual leader.

We can never know what this meant to Elizabeth. It may have been meaningless or intensely emotional; humorous or frustrating; boring or entertaining; all or none of the above, or more.

We know that it did occur, and Elizabeth was there.

Different Responses to the Larger Picture

Explanations about the series of events that led to the completion of a puzzle, the larger picture, may be either simple or complicated. I have, again created a series of possible responses, for consideration.

"An example of an isolated incident that has no grounding in reality."

"A spontaneous and meaningless incident."

"A glimpse of a reality that very few are aware of."

"An act designed by a higher power to give Elizabeth the opportunity to enjoy her morning."

"An opportunity to look beyond what we think we see and to consider larger pictures."

These responses also reflect a variety of perspectives. Another important area that will affect the definition is the context in which the event occurred. Although Elizabeth was a patient in a hospital, the puzzle was not completed as a result of therapeutic interventions. The activities of the actors involved were social and caring behaviors. When simple activities such as these are connected together, experiences are created... there is a larger picture. □

EXCERPTS FROM A QUALITATIVE RESEARCH JOURNAL: One Narrative Exemplar in a Search for Praxis

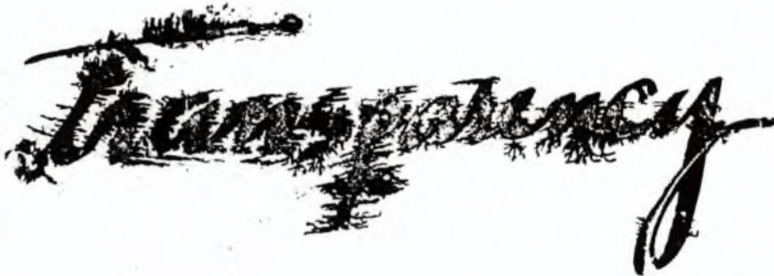
This narrative is a personal story culled from a journal kept throughout a ten week graduate course in qualitative research. Here the "practice of change" centers on transforming the ways in which one understands the melding of theory and practice that resonate with one's own position in the world. The multiple identities of the author interface with a crisscross of personal experiences, academic literature, news items, and reflective analysis to produce both in content and in form a tapestry reflective of what it might mean to "do" qualitative research.

by
Susanne Elizabeth Glynn

Susanne Elizabeth Glynn, Ph.D, is Assitant Professor, School of Social Work University of Illinois, Urbana, Ill

Introduction

I am currently teaching graduate courses in social work at a large university in the Midwest. The journey here began several years ago when, after spending fifteen years as a social work practitioner in various areas of mental health, my increasing desire to pursue an academic teaching and research career led me to begin doctoral studies. I was already a middle-aged woman, unused to the intellectual rigors in which I soon found myself immersed. I quickly concluded that my brain had been in the refrigerator for many years. Still, I found irresistible the challenge of ideas new to me. I began to examine what it might mean to "do social science" and signed up for courses in qualitative research. During one of those ten week classes, I kept a personal journal in an effort to ground theory in life experience and to chronicle my attempts to better understand and develop paradigms and practices commensurate with the values of social work. I wanted to exercise a "practice of change" by reflecting on the ways one meaningfully melds theory and practice into something akin to Paolo Freire's* notion of praxis. The following excerpts, reconstructed and reworked from the journal, are meant to convey the content and process of my germinal efforts.



"Transparency"

I embark on the second leg of this journal with a feeling of having been drawn into the Laurel Richardson (1988) article "Writing Sociology". I wonder if there is a comparable article on writing social work. While I'm not a sociologist, this fact didn't seem to delimit my grasp of

* Paolo Freire in his 1970 *Pedagogy of the oppressed*. (New York: Herder and Herder) develops this notion. See also Richard Bernstein's 1983 *Beyond objectivism and relativism: Science, hermeneutics, and praxis*. (Philadelphia: University of Pennsylvania Press).

many lucid points, though most of the references were unfamiliar. The introduction was a concise summary of relevant issues for postmodernist writing. She says (p. 5) that "researchers face 'a crisis of representation'" because "there is no such thing as a 'neutral language". She argues that "language is not simply 'transparent,' reflecting a social reality that is 'objectively' out there. Rather, language is a constitutive force, creating a particular view of reality" (p. 5).

When I work to connect these phrases with my muddled ideas about truth and social science research, I am reminded of one of C. Wright Mills (1959)'s comments and his wry call for all of us to remain eternally skeptical of the power of social science research. "To tell them that they can know social reality only by depending upon a necessarily bureaucratic kind of research is to place a taboo, in the name of Science, upon efforts to become independent...and substantive thinkers" (p. 189). In spite of the resonant veracity of Richardson's words, there remains a part of me that still clings to the search for transparency, believes in the "window pane theory". Perhaps her article represents an integrated text (articulate and documented) of my own internal dialogue. It evokes a sense of foolishness to witness the labeling of an old, comfortable, familiar part of my life as seriously misled: "the logic of inquiry is a seriously misleading conception of research" (Nelson, 1987, quoted in Richardson, p. 204) and "blind to the actual practices of science" (Richardson, 1988, p. 11). What fascinates me is that this same part of me (the one schooled in the logic of inquiry and windowpane theory) is the one seduced by the logic of Richardson's carefully presented argument: paradoxically seduced with "rational" argument for its own demise. *Is this my same old artificially constructed dichotomy of heart and mind, emotion and intellect?*

Richardson's discussion of metaphor in the social sciences intrigues me. "Imminent in these metaphors, Derrida* argues, are philosophical and value commitments so entrenched and familiar that they can do their partisan work in the guise of neutrality, passing as literal" (Richardson, 1988, p. 125). I enter this subject at the more immediate level of its relevance to my dissertation topic: (involuntarily) infertile women. The metaphors of fertility/infertility are fraught with values and power politics. *What values might be parading as neutral givens in this arena and how can I design and conduct research to expose them?* I have my own troubles figuring out which metaphors are relevant, *but how could I begin to incorporate a metaphorical deconstructive process into the research itself?*

Bazerman's (1987) article on codifying the social scientific style of writing makes the point early that there is no single, correct, absolute way of writing science, and "any model of scientific writing embeds rhetorical assumptions" (p. 125). Beginning with the February 1929 *Psychological Bulletin's* issuance of the first "Instructions in Regard to Preparation of Manuscript" (a stylesheet of merely six and a half pages) and culminating in the 1983 third edition of the *APA Publication Manual* (comprised of approximately two hundred oversized pages of rules), Bazerman traces the history of the *American Psychological Association's Publication Manual.* This guide the author maintains now "symbolizes and instrumentally realizes the influence and power of the official [scientific] style" and "conveys the impression that writing is primarily a matter of applying established rules" (p. 126). His graphic use of a familiar and powerful manifesto for scientific writing is very effective. Particularly engaging was Bazerman's descriptions of early authors who "believed that psychological phenomena were internal, subjective events and that the measured data were only external indicators of what was going on inside" (p. 131). The "philosophical thrust of the discourse" was initially paramount (and clearly these early authors weren't self deluded

* Jacques Derrida, contemporary French philosopher and deconstructionist who stresses the primacy of the written over the spoken text.

about the correspondence between some sort of absolute reality and their "scientific" data), but a divorce between philosophical and empirical work was on the horizon.

Bazerman proceeds to outline a gradual historical transition in the APA manuals to a more descriptive mode wherein the scientific writer nonetheless remained an active problem-solver and the implied audience varied and wide. Analyzing a classic article by J. B. Watson and R. Raynor (1920), Bazerman suggests that the readers are invited to participate, to make choices between Watson's interpretations and the Freudian straw dog he constructs. "The choice rests on the audience's response to a first-person account of a single incident: in essence, a short story" (p. 136). Developmentally, the period in which Watson's work was written saw the increasing objectification of the research subject. The rise in behaviorism between the two world wars produced a narrowed rhetoric consistent with behaviorist assumptions, an evolution consistent with the contemporaneous popularity of logical positivism. No longer "a reasoner about the mind", the quintessential writer of science becomes "a doer of experiments, maker of calculations, and presenter of results" (p. 139). Engagement of the audience in a measured and persuasive argument is diminished; the readers become passive recipients of "the results". Bazerman's work opens a whole can of worms: investigative versus descriptive reporting in science and the role of the audience, the reader of "scientific writing". *Is the trend away from audience involvement/consideration a precursor or a result of "rhetorical diminution of methods", whose main function Bazerman claims is to "protect the researcher's results" rather than to "help the reader conceptualize the event that produced the results" (p. 138)? Which came first, the unreadable and unreachable language of science or the religious fervor with which the social sciences have narrowed the realm of acceptable methodology in their efforts to emulate the hard sciences? Food for thought in light of the plethora of books popularizing science: what is their purpose?*

Five years ago today my then-23-year-old brother died and I am feeling a need to reflect and write. Springtime is forever tainted. This year I was very preoccupied with exams; "it" had not preyed on my mind as in years past. Yesterday I spoke at length with one of my sisters, both of us keenly aware of the impending anniversary; yet this morning I awoke and did not even think of "it" until noon. I felt instantly pleased (the dark place, the aching loss ebbs ever so slightly as time passes) and guilty (Is my lack of awareness a reflection of loss of love?). Driving to the university, basking in my precious solitary time while listening to music in the car, I was suddenly and ferociously attacked by waves of grief. I wailed until I wondered if it would stop and felt powerless to control this flood of emotion. What I had seen the day before as a fairly well healed scar opened afresh. Some day I want to try to write a story, my version of my truth about my brother. But are there any relevant "facts"?

He had dropped out of college twice. P. was interested in music in a family where little value was placed on the arts. He had been depressed and was on medication...and maybe smoking dope, drinking as well. The baby of the family, he was again living at home, unemployed but pressured by conflicting messages of independence/dependence. Our parents were out of the country at a conference and returned very late. They had to hail a cab home in the rain when P. didn't appear at the airport. As the cabbie waited, they found him with the dog in the family car. My mother thought he was sleeping: "He looked so peaceful." The coroner's final ruling: suicide by carbon monoxide poisoning.

Or try another version... My youngest brother was remarkably gifted and physically fit. He was a lover of mountains, forest, solitude and pursued his passions for any and all kinds of music and people with

wonderful zest. He was tender and very, very funny. It was impossible to be in his presence without feeling an envelope of warmth. Variously described as deeply sensitive, a risk-taker, a dare devil, a flaunter of convention, he went the day before to get his passport for an upcoming trip to Australia and made plans to spend the summer out West with the love of his life. He left no note. The car keys were turned off and the gas tank was half full. No drugs were found in his body save the prescribed amount of anti-depressant. He left the dishes undone and the house lights on. Seen by a neighbor in a local bar around midnight playing pinball, he waved. He had plans to housepaint the next day and his friend was pissed off when P. didn't show up for work. *Did he listen to music in the car with the garage door closed? Did he flirt with death and then decide to turn off the ignition? Did he realize the carbon monoxide already in the air would go on affixing itself to his blood molecules, an eternal unbroken bond?*

There are other versions, other stories. I have given up searching for THE truth, but it is very hard to get over the notion that there ought to be one and that it ought to be possible to locate it. The wish for transparency rests, I think, on another faulty assumption: truth denotes meaning. If I could know "the truth", I would know what his death means. Wrong again. And while I write fresh from reopened wounds, I am confident that this too is fleeting and I will soon return to a more peaceful calm where it is his life that is meaningful and the perspective moves back into another focus. Tonight I just miss him....

My parents are here visiting this weekend for their 46th anniversary. This is a month of anniversaries with Mother's Day thrown in for good measure. The pain is etched on their faces. My father, a radiologist himself, submitted to one of the newer radiological devices, the MRI, to "prove" he has a spinal cord tumor. He is being very "scientific" about his own diagnosis/prognosis, matching images with both subjective and "objective" symptom measures.

We talk about my plans to do qualitative research and he is more attentive than I had anticipated. While trying to engage him in questions about the paradigmatic status of science, I remain careful to use the correct language, to phrase myself in nonconfrontive, understandable rhetoric. Successful in that he doesn't say I am "out of it" or ridicule me, I realize that it has advanced my cause not at all. I am not sure it is possible for either of us to take the other seriously in an intellectual discussion; we cannot get outside the relationship.

I think that I've gone too far with the personal stuff and want to try anchoring myself in some readings. I read the extracts from Theodore Sizer's book Horace's Compromise. Sizer and some colleagues studied American high schools in the late 1970's and early 80's firsthand, visiting schools in fifteen states. An historian by training, Sizer also spent two years as a secondary school principal and teacher, trying to understand the culture of the American High School. Sizer argues that experienced adults can reflect on their own learning, that they know (more or less) how to learn for themselves. Children, on the other hand, "know neither how to learn very efficiently nor are aware of how to reflect on their own knowing" (p. 3). To convey "the essential feel" of high schools, Sizer creates a series of word pictures and composite characters, blending real people and places, and locates his narrative somewhere between "precise journalism and nonfiction fiction" (p. 8). The overall flavor of the chapters I read was pleasing to me. Just why I'm not sure, but I think the closer approximation to fiction brought life to the characters and foregrounded the place of the humanities in teaching. On the other hand, his discussion of the gender issue was troubling. His gross understatement that "sometimes gender is significant" (p. 38) and his list of examples (summed up in one tidy paragraph!) force me to imagine, to try to conjure up situations where gender is not significant.

Peshkin (1988)'s article, "Understanding Complexity: A Gift of Qualitative Inquiry" is a clever little, neatly packaged piece. I resonated with his comments about "those who

turn to qualitative inquiry" as reflective of an attraction "more to a form of investigation that, by considering the extraordinary variability of things, is replete with — and does not shrink from exploring — AMBIGUITY" (p. 418): ambiguity and (equally important to me) ambivalence His conclusion is marvelous: "I suggest that qualitative inquiry resists standardization. It is, therefore, idiosyncratic in regard to its ends, its means, and the forms it uses to presents its findings. Such idiosyncrasy is consonant with the complexity of the social world we choose to study" (p. 423). A few trim sentences right to the point.

The White-Hood (1988) paper on the lived experience of the adolescent was an exemplar of phenomenological writing Ugh! I actually read this dreadful article twice and found it just as awful the second time 'round. *What was the rationale for selection of this article?* Have I missed something? This seems an excellent example of an idea gone sour, of what NOT to do. I have this image of an older woman, a "mature student" as they say, having spent at least the past ten years out of mainstream academia. She enrolls in a course on phenomenological writing. Something clicks for her. (So far, this could be me...) It is as if she has license to air uncensored any thought, any feeling that comes into her head: no hard edges, no challenge to the complexities of mind. Her metaphors are ill chosen: "For me, it [adolescence?] is a petal that captivates my very being and pulls on my heart" (p.2). The tenor makes me extremely uncomfortable, reminding me of the 1960's Esalen nude group therapy. In her opening acknowledgement, she pays tribute to the instructor in her course on phenomenological writing. Mouthing platitudes and clichés, she willingly unclothes herself and gushes adulations to her guru. As her mentor, I would be so embarrassed. I must talk about this in class... *What AM I participating in when I read this? It strikes me as a phony touchy-feely session: sad and empty. One can sense the depth of emotion, the power that makes "the birds sing now...I know for I have heard the chirps...I have seen the rhythm...and I have felt the flutter" (p. xx), but she fails miserably to teach us her song. Is it a song worth learning— no variation in rhythm, no subtlety, mindless bubble gum music, background noise? Just praying I don't write such drivel.*

I'm not terribly pleased with myself. Maybe I went overboard in class re White-Hood. Was I too mocking? I would have been more comfortable with a different audience, one with energy to defend White-Hood. It felt too easy to tear her up. *Is it possible that her technique (to write AS an adolescent to convey a sense of adolescence) was deliberate???* Now THAT would be something!

I also felt a bit stupid about the Sizer article. I didn't know that he was a big shot, though I sensed his authorial voice. Also, while I had been bothered by his remarks about gender, I really didn't have his number on sexism. I passed right over it and forgave him what little I did notice. Why? It seems to be related to his ability to write, to "build authority into the text". There seems a foreboding caution lodged here: if one risks narrative, one must also maintain vigilance in the effort to keep the door open to multiple interpretations.

Hurry, hurry. Class is almost over and I am still hungry with anticipation for things to come. The exemplars only whet my appetite. The menu is too large to choose from and I'm afraid I'll pick the wrong items. I listen to others quiz the waitperson and wonder if their meals will be tastier than mine. Patience. *Try to remember you will be hungry again tomorrow; you can order anew. Resist succumbing to your gluttonous temptations to order everything on the menu, only to find yourself too sated to appreciate the complexities of each distinct dish.*

Okay. Mulkay's (1985) article is a tidbit I want to order. He writes of the word and the world, explorations in the form of sociological analysis. What emerges is predicated on his desire to acknowledge and counter the detached, self-contained qualities of written text. It's a very deft effort at multiple voices, reminding me of "double chairing" in Gestalt psychotherapy. Have the client identify a feeling and sit in one chair. Conjure up its opposite. Then switch chairs to situate

oneself in the polar feeling, each character built around diametric feelings. The result is a sort of living, evolving dialectic at work. Mulkay practices this tactic in his writing, but throws in a third force: Author, Reader, plus the Book itself. He uses this triad to move gracefully from one perspective to another. On an experiential level, this may be akin to the human propensity for continuity, for our life stories to flow, one to another. It captures our wish for dialogue and conversation rather than an internal monologue and hints at the interactive, interpersonal foundation for all knowledge. There are some deep issues here for me. The experimental form of this piece prompts me to entertain some new fantasies relating to my recurrent and troubling methodological questions. These questions dance around how to account for perspectives in time, especially the comparison of retrospective accounts with contemporary or anticipatory ones. In reporting in-depth accounts taken from qualitative research, perhaps one way to convey temporal vantage points would be to create a conversation between several "selves".

The chapter from Haug (1987) must go on my plate too. I devour it and want a second helping. It holds, I think, the most promise for my dissertation material because it comes closest to investigating the mind-body problem in a cultural-historical-political context. The best gems include her statement that "it is not simply some lack of information or technical facility that bars our route to fulfillment, but in some mysterious way, it is we ourselves, our bodies, our relationship to our bodies, and, again, ourselves as whole persons in relation to the world that demand to be taken into account in relation to questions of human happiness, up to and including happiness in the sexual domain" (p. 34). How often I seem to read about people whose bodies are only seen from the outside perspective and how critical it will be for me (in my study of infertility) to savor, collar, and make accessible the blend of vistas from both inside and outside the body.

Haug too calls for "more than a little disrespect for all norms and values if we are to enter the world as conscious participants"(p.38). What must be integral to any study I do is a systematic uncovering, a self relfectiveness that examines the traditional use of language, labor, and assumed thinking and behavior. Haug maintains that "identities are not formed through imitation, nor through any simple reproduction of predetermined patterns"(p. 185). They are constructed through a process whereby we analyze each life situation according to the values we enjoy and the goals we entertain. We "wrest cultural meaning and pleasure from life" through an evaluative but conflictual process that pits dominant cultural values against our own efforts at oppositional interpretations. The end result is some sort of compromise that skirts determinism on both sides, engages the human capacity for action, and employs our dual desires for meaning and self-fulfillment. Thus, she says, "experience may be seen as lived practice in the memory of a self-constructed identity" (p. 42).

There is too much here and I am only regurgitating. Smaller bits are needed and more time to digest it all. Still, I am drawn to the technique of the investigation of self through the use of third person narratives, along with the rationale for it. We make "our memories the objects as well as the instruments of our research, the very constructed-ness of the social, and thus of ourselves within it" (p. 49). In spite of all the goodies I find in the fragments of Haug's work, the major deficit can't go unmentioned: WHERE WHERE WHERE are the exemplars? Their virtual absence nearly drove me mad. I need for Haug to tether these abstract notions to examples from her work so I can perform a sort of validity check on my own head work. I'll simply have to read the whole book.

White-Hood redux. I can't seem to leave this one alone. I'm quite certain White-Hood's paper is not an adept critique of the traditional, "male-oriented" voice of positivist scientific writing, but an unintended parody of such. It strikes me that "Saturday Night Live" could make it a smashing success. Maybe some of my vehemence stems from concern that her shoddiness will tragically endanger other "feminine voices".

I've done the last readings for this course. I'm feeling disappointed but unsure just why. I kept waiting for something big and found instead what seemed common and old hat, full of a lot of overused political language. I wanted something more exciting. Now what does all this say about my own situatedness?

I have some ideas, but alas no answers. I think I feel pretty saturated with the basic, starting-point material. I do not mean to suggest an adequate command of even the most fundamental principles of qualitative data analysis. Still, I feel restless to be somewhere else. Perhaps it's a simple lack of energy, of motivation to press on after working night and day for months before my exams. Now I want to sit on my riding mower and smell the grass amidst the white noise of the motor and the bump-bump of the ride, revel in my daughters' small talk and why-why-why-ness of this very moment in time. I want to be at every baseball game for my eight year old and wonder life's great issues, laughing quietly with my 19 year old son. I am aching for a few long, lazy evenings alone in the dusk with my husband. I search out time now to live, not holding out for the future or examining the distant past. Yet I am plagued with ambivalence because I wanted to give more to this course than I possess, and suddenly fear I may have squandered something precious. I have been too lazy while the clock continues ticking.

And then there is my data. What am I to do with it? The first stage, picking through it, a cultivated illusion of openness, was fun. Now I am paralyzed and wondering a new what constitutes grounded theory. All the "grounded" structures, themes, and categories seems ultimately traceable to my own idiosyncratic assumptions about the world. Frankly, I am moving in circles.

I just finished a series of articles in *The New Yorker* (Malcolm, 19897), on the Jeffrey MacDonald trial. MacDonald, an army doctor in 1970 when his wife and two young daughters were murdered, was tried and eventually convicted of their murders and is now serving a life sentence for these convictions. Joe McGinness, author of a book about the case called *Fatal Vision*, made an out-of-court settlement with MacDonald in 1987, after MacDonald brought suit against McGinness for essentially failing to "act in good faith." MacDonald had been led to believe by McGinness that the book would support his innocence; instead, it painted him as a psychopathic killer. Lasting six weeks and ending in a hung jury, the New Yorker articles suggest, save one lone juror who refused to consider the issues, the jury would have voted in favor of MacDonald. The jury remained totally convinced of MacDonald's guilt, but argued his right for redress in McGinness's failure to inform him of the negative image McGinness planned to present. Relevant here is the relationship between McGinness and MacDonald and the question of McGinness' obligation/ responsibility (legal? moral? ethical?) to portray MacDonald in a way that met with MacDonald's approval. *In short, who controls the product of the research? Who "wins" when there are very disparate versions of the truth?* While derived from a journalistic perspective, the issues raised seem extremely alive to my own present dilemmas.

The course ends this week and I talked at length today before class to one of my grad student cohorts about many of my concerns. We are in much the same place intellectually, academically, and in terms of our conceptualizations of research and its progress. Yet I see us as quite dissimilar emotionally. She has far greater capacity to incorporate "the broader picture" and seems able to separate her frustrations from the push to perform. She is able to experience the same angst as

I and find a way to move on. I envy her that and keep probing her for the keys that will speedily unlock this quality in me.

This will be my last entry. I am pressed for time and with unfinished work. Partly this is a cop-out because I am reluctant to conclude this journal. And yet at the same time, my profound awe of both my professor's brain and literary talents inhibits my writing of the final course paper.

I was taken by her phrase "writing against the grain", which symbolizes many doors opening in my introduction to this vast new world of alternate ways of knowing. The readings have spurred me to a fresh diet of discovery, a measured effort to mix thinking and being, research and practice. All of this adds in some small way to my understanding of the relationship between deficits in our current social science models and their limited ways of approaching the mysteries of social life. My vaguely felt suspicions — that we succeed not well enough in our social science efforts to examine human behavior and advance social programs commensurate with that understanding — have been confirmed. So for me, the lesson fans beyond simply learning to write against the grain, but is inextricably interwoven with thinking, observing, and feeling in novel, neoteric and diverse directions which continue to shape and extend avenues for practicing personal and social change.

After-words

Having decided to submit these doctored journal fragments for publication, it seems to me that some of the key ingredients of that decision are foretold in these pages. Now, and even then, I believe that "science" and "research" mediated through our human experience and language, give us at best, as Richardson points out, "a particular view of reality." I believed then as I do now that we must remind ourselves of C. Wright Mill's admonition to avoid succumbing to a view of social reality that depends on a bureaucratic kind of research and strive to become independent and substantive thinkers. I struggled then, as I struggle now, with where and how meaning is made and I find enduring resonance to Peshkin's view that those interested in qualitative inquiry must not shrink from exploring ambiguity. My own addition of the need to recognize ambivalence (our own as well as that we witness in others) remains salient. In fact, I think it is perhaps key to my own idiosyncratic qualitative inquiry. Ambivalence captured my response to the White-Hood paper; I was revolted and intrigued by its ambiguous mix of flavor and content. I was ambivalent about my own ambivalence toward it. Did I scrutinize carefully enough the multiple interpretations of my gut-level reaction? Was it poor scholarship that bothered me or was it something "more persona,l" a dark reflection of my own fears in making my own writing public?

As I read through these entries again, I am amused by my own comments on Mulkay's work. I thought he was successfully experimenting with ways to represent the human desire for continuity in our life stories and our inextricable entrenchment in the social. While then these issues found direct accent in my dissertation work, I have found them since to reverberate in all arenas of my life. I wanted to make "sense" of my brother's death, but I also felt acutely the need for the meaning I made of his death to remain consonant with the meaning I experienced of his life, as well as meld with those made by significant others who knew us both. The fact that I chose to do my dissertation work with infertile women cannot, nor should not, be separate from my own experience with infertility. My own (at times) insufferable emotional intensity and fascination to investigating "multiple realities" must surely have deep roots in my own early life social interactions.

To paraphrase Haug, it is something mysterious about US (our bodies, our relationship to our bodies, and ourselves as whole persons in relation to the world) that demands notice in relation to all questions of human happiness and knowledge. And just as we must take seriously the need for more than a little disrespect for all norms and values and make a self-conscious effort at oppositional interpretations if we are to enter the world as conscious participants, we — no, I mean

"I"— must take seriously the need to forge my inimitable identities. In doing so, I must continue to listen closely and reflect carefully on the concrete situatedness of all my thinking and being. How is who I am and what I know tethered to my lived experience and my "real" and vicarious conversations with others? In the end, as I ask myself "who owns this piece of writing" and what is its truth? I pretend no definitive answer and concede that these days, on most days, that feels pretty comfortable. ☐

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THE TRANSFORMATION OF A SOCIAL WORK PROGRAM: A Narrative of Liberation

This article provides a narrative account of the experience of three faculty members at a program that sought to transform a problem-oriented, deficit-focused social work curriculum into one based on key social work values, client strengths, and principles of empowerment. These three faculty describe the impact the process of transformation had on them, and they analyze a two and one-half year process of curriculum review and renewal. Several themes are included: a change in leadership, increased student involvement, a new emphasis on values, curriculum transformation, and some of the conflicts which arose. The authors conclude with some observations about the process and recommendations for others who might wish to transform a curriculum, and in so doing to liberate their spirits, and to rekindle or rediscover the origins of their professional commitments.

by Clay T. Graybeal, Vernon L. Moore and Marcia B. Cohen

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November 1993 - Inspiration

"I knew that I couldn't do it. To me, that was a fact."

Clay: The student sat across from me in my office, describing her experience in the first few weeks of class.

"When you described the assignment, I panicked. It was so different from anything I'd ever experienced....I just knew I could not do it."

The course assignment was for students to review the learning objectives stated on the syllabus, to add a list of personal objectives, and then to create and describe a project which would demonstrate to themselves and others how they had achieved their objectives.

"For two weeks, I wondered what to do. I actually thought I might have to leave the school. This was too different. I wanted you to tell me what to do. But then, if you had given in to me...told me what to do...I never would have learned what I could do. You told me that you had complete confidence not only that I could do it, but that I would do it. I struggled, I waited, and then I began to get ideas. And the ideas that came to me never would have come if I wasn't encouraged and supported to engage in my own struggle, to be uncertain."

Introduction

We would like to dedicate this paper to that student who helped us to realize that it has all been worthwhile, and who inspired us to begin to chronicle our experience. What follows is a narrative of the experience of the three authors as they participated in the process of both planned and serendipitous curricular revision, renewal, and transformation. The events are described in chronological order, in an attempt to convey the hard work, excitement, collaboration, struggle, and confusion which infused the process, and personal, professional, and programmatic liberation that ensued.

The Context

The University of New England School of Social Work has offered a Master's program

since 1988. The initial curricular design provided a generalist foundation year and two advanced year concentrations: clinical social work practice and practice management. The ecological model, systems theory, and problem-oriented practice were general organizing frameworks for the foundation curriculum. In the advanced year, the clinical concentration had a primary emphasis on object relations and self-psychology, while practice management was a loose blend of supervision, staff development, and management theory.

During the next three years, many students complained of the narrow focus of the clinical track, and few students opted for the management concentration. The practice management sequence was never seen as very appealing, and both students and faculty expressed ongoing confusion as to its exact purpose. Many students expressed a desire for a more generalist advanced year, but as defined, the practice management sequence did not fit that need. Neither of the concentrations prepared graduates for positions in the local job market which would require a combination of micro, mezzo, and macro skills. There was a perceived need, but no clear vision about what would fill the gap.

January 1992

Marcia: "I felt that a lot of things needed changing in our curriculum, but wasn't sure what kind of support there would be. I got together with a colleague, and we submitted a proposal to the faculty, recommending the development of a new concentration, to be called "Integrated Practice." Starting with the work of Parsons et al., we decided to define Integrated Practice as a framework focusing on social problems as targets for intervention using differential micro, meso, and macro practice skills.

Central tenets of this model included the practitioner's ability to intervene in systems across the continuum (individual, family, organization, community, society), integrated multiple levels of intervention, and focus on the strengths of clients and their naturally occurring resources." (Weick, 1983; Parsons, Hernandez, & Jorgensen, 1988).

March 1992

The faculty voted to support the concept of the new concentration, though discussion was quite limited. At that time, the chair of the curriculum committee, who was the main architect of the clinical concentration, was conspicuously silent during the process. When it came time to develop the content of the new concentration, Clay, a self-described "recovering psychiatric social worker" with a background in inpatient and outpatient mental health, surprised himself and expressed an interest in working on developing it.

Clay: "I perceived the Integrated Practice concentration to be an opportunity to explore the possibilities of focusing work on the contextual sources of problems, and exploring new ways of accessing natural client wisdom and environmental resources.

Over the course of my career, my clinical experience and theoretical orientation had evolved from problem solving to family systems to solution-oriented models. More and more I had become convinced that work with clients was easy, and that the real challenge was surviving in organizations. I also noted other themes which seemed to naturally emerge from the work of Ruth Parsons et al (1988), in particular, an emphasis on social workers as educators and leaders. The most important changes I had seen in organizations resulted when social workers provided leadership, role modeling, and education. I got very excited and began to construct a syllabus for the first course."

April 1992 - New Faculty

Vernon: "In April I interviewed for a job at the University of New England, and was particularly attracted to the description and development of the new concentration. At that time I inferred that much of this development had already occurred and that students and faculty were all 'on board.' I was offered the position, and accepted it."

Clay: "I think we wanted and tried to be as open and honest with Vernon as possible. But at the same time there was a major conflict within the school. We were not all at the same place.

Far from it. There was a rift between the school director and the faculty which appeared irreparable. This conflict had a lengthy and complex history, and as such defied simple explanations or solutions. During this spring, students were engaged in intense advocacy, including confrontation, letter writing, and meetings with the Dean of the college. Things were coming to a head."

"The denouement came at a large public forum, attended by all the faculty and approximately sixty students. What happened in that meeting was for me, critical to all that followed. It is a fact that I would not have continued to work at this University had that meeting not occurred."

"During the meeting the Director read a statement noting among other things that the elected student representatives did not represent the student body. At that point, a defining moment in my life, I stood and interrupted. I said I would no longer participate in a process that attacked students. When I sat down there was a deafening applause. One by one, other faculty stood, affirmed my statement, and added their own piece. Students hugged me as I left. I spent the day in a daze, not knowing if I had just ended my career, or been a part of important change. I felt so good I didn't care."

Later during the year the program director resigned and recruitment for a new director was initiated.

May 1992
Curricular Reform

Clay: "I was experiencing difficulty finding a book or books which would speak to the emerging philosophy and provide a framework. In a telephone call, Vernon recommended *The Structural Model of Direct Practice in Social Work* (Wood & Middleman, 1989). Their work was a revelation to me. My only prior experience of 'structural' was in structural family therapy. The structural model was elegant in its simplicity, and offered a framework within which to organize all social work activities. I was drawn to a key concept of the model which is the conscious choice to look for what is lacking in the environment prior to looking for deficits in the individual."

This emphasis provided a deliberate difference from the ecological model, and family systems theory, each of which seemed to minimize the consideration of power. Another key concept of the structural model was the delineation of a hierarchy of roles: conferee, broker, mediator, and advocate. The principle of least contest recommends that social work relationships start at the role of conferee, and not move on to more adversarial roles(from brokerage, to mediation, to advocacy) until exhausting the possibilities of previous roles. This approach facilitates the development of relationships with clients based on equality, mutuality, collaboration, and respect, and minimizes power and expert status (Wood & Middleman, 1989).

Summer 1992
Director Search

Marcia: "I had chaired the Faculty Search Committee that Spring so the Dean asked me to coordinate the Director Search as well.

Early on we received an application from Stephen Rose, someone whose work I long admired and who had influenced by my own research and practice. At first I cautioned myself not to get my hopes up, it was just too good to be true! When we finally spoke, Steve was candid about his interest in the position, his desire to be a part of transforming the School, providing vision and leadership. Other search committee members, faculty, and students, responded much as I did to Steve's powerful intellect, radical approach to social work practice, and charismatic presence. We wanted someone strong who could help us move forward. At the same time, we wanted someone who believed in collaboration, mutuality, and shared decision-making. Steve had all those qualities and was interested in joining us. By August, he had been hired, with a starting date of January, 1993. In a summer meeting, he expressed enthusiasm for the new concentration and offered to send us materials that would aid in its development. My feeling of profound weariness from the previous year's combat with the former director and the exhausting faculty/director search finally lifted. Vernon, Steve, and a third new faculty

member had been hired. We were finally moving forward!"

Fall 1992

In the fall, the new Integrated Practice concentration began with nine students. Clay and Vernon took primary responsibility for developing and delivering this curriculum. The first course established a student-centered learning process. Early on, it was clear that a new energy and excitement pervaded the class. The process was highly collaborative, creative, and evolving.

In the first few weeks of the course, Steve, who was not yet on campus, forwarded a collection of articles focused on empowerment, mutuality, and collaboration, including Saleebey's new work: *The Strengths Perspective in Social Work Practice* (1992). The pieces were coming together. The new emphasis on empowerment through strengths provided a philosophical base, the structural model a framework for planning interventions, and the solution-focused model a number of ways to operationalize these ideas with a non-pathologizing health focus. Clay was ecstatic. Vernon was not. Vernon: "I came to UNE under the assumption that the students generally were interested and enthusiastic about social work as an integrated multi-level activity. I was teaching the advanced year research course, Evaluation of Practice, (which included both integrated and clinical students), and my experience was far from affirming."

"I taught two sections, and in both approximately 80% of the students were in the clinical concentration, and 20% in the integrated. A number of the students explicitly told me that they weren't happy with and didn't intend to practice from an integrated or strengths perspective. Before I had recovered from my initial shock, they proceeded to inform me that they weren't particularly happy with my appointment because my approach to social work wasn't clinical. Furthermore, they informed me, in class, that they felt betrayed, and they felt the clinical faculty was betrayed by my being hired. In the classroom, whenever I would discuss the need for social workers to engage in evaluation of practice, students would respond with comments such as, 'You can't evaluate clinical work,' 'I'm not concerned with evaluating the larger environment, other service providers, my agency, or my practice.' 'I'm going to be a therapist.' 'You can't introduce evaluation into the therapeutic container,' or 'What you're talking about isn't social work.' Although I was amazed by the students' lack of interest in integrated practice or the strengths perspective, I was even more concerned that they didn't want to engage in evaluation of practice. Furthermore, the fact that they perceived my hiring as a betrayal was very unsettling. I was hurt and offended by the tone and content of what students said to me. I felt uncertain about how to address the situation since I wasn't sure about the level of support my colleagues would be able too or willing to give me. I reasoned that the students had a longer history with the School since I had only been there a few weeks. I spoke with the acting director and some faculty about the difficulties I was experiencing but did not share the impact of the difficulties. I had just left a community practice arena where I was required to engage in political battles everyday for four years and I did not want to start off my new position in a contest where I did not exactly what the sides were. I decided to alter my preferred teaching approach in the one section of Evaluation of Practice, enjoy the relationship I had with my other section of this course, and my Social Policy class, take time to learn the territory, and try to keep my sense of humor. As I often say in similar situations, I may be from Oklahoma, but I'm not stupid. I didn't know what to do with this information. I was totally unprepared for this."

Meanwhile, in Clay's Integrated Social Work Practice class, the students were so enthusiastic about the structural model and the strengths perspective that they came together to recommend that this content should be provided to everyone in the foundation year. This recommendation was brought to the full faculty when curriculum review began in the early spring semester.

January 1993

Upon Steve's arrival, a new mission statement was drafted which stressed the fundamental social work values of individual and collective self-

determination, human dignity, diversity, and social justice. It explicitly addressed oppression and its impact as primary targets of social work intervention. This mission statement was adopted through a unanimous vote of the faculty and student representatives, who now became participants and voting members at faculty meetings (thereafter to be called school meetings).

It became clear that the new mission statement had implications for curricular reform and renewal. Task groups were set up to review and revise the foundation year, which had been organized somewhat loosely around both normative developmental theory and ecosystemic practice principles. The foundation curriculum had been criticized in the initial accreditation document as lacking an overall coherent structure. In the advanced year, the Integrated concentration appeared to flow naturally from the mission statement, while the Clinical concentration did not. Due to the tremendous task that lay ahead, it was decided that we would revamp the foundation year for the fall of 1993, and work on the advanced year, especially the Clinical concentration, for the fall of 1994.

Some changes couldn't wait. The discussion of values which drove the adoption of the new mission statement led to new conversations about many of our course offerings as well as school policies. For example, the faculty voted to eliminate Psychopathology as a course offering, and to replace it with a new course called Advanced Psychosocial Assessment. This course would provide content on psychopathology, but place it within a broader based social work perspective, including the strengths perspective, a biopsychosociospiritual framework, and a critical examination of the history and development of the DSM and its implications for social work practice (Graybeal, Rubinstein, & Rose, 1995).

February 1993

At a February school meeting, Clay, Vernon, and Marcia invited Integrated Practice students to the school meeting to share their recommendation that the structural model and the strengths perspective should be introduced in the first year for all students, and should provide the foundation for both advanced concentrations. Vernon and Clay also introduced a draft proposal for a new curricular structure for the advanced year, which would provide a range of options for students to select from, including courses which focused on practice with individuals, couples, families, groups, organizations, and communities.

Backlash

It was about this time that significant conflicts arose within the faculty, and a backlash from the community shocked everyone into the realization that such broad and fundamental changes would not come about smoothly. First, some faculty were very upset about the changes. The structural model, it was suggested, "blamed the environment" for individual problems.

Next, the strengths perspective was attacked for being a naive, simplistic, and incomplete model. In response, it was pointed out that Saleeby (1992) had stated that the strengths perspective was more accurately a philosophy, and could not be said to be operationalized adequately to constitute a model of practice.

Apparently, this was an inadequate response. Next, several internal school communications, intended only for faculty discussion, were distributed in the practice community, particularly among the members of the local clinical society and a "Committee on Psychoanalysis." After that, we began to hear rumblings from some students and field instructors that the University of New England School of Social Work was "destroying clinical social work." Students reported that they had been told (by unidentified sources) that without the old course in psychopathology, they would not qualify for the state licensing exam (which was inaccurate), and that they would not be able to get jobs. An internal memo drafted by Steve, entitled "Thoughts on Licensing," that outlined some perceived shortcomings of the state licensing structure, was apparently distributed statewide to members of the clinical society, without permission of the author, and prior to faculty discussion, though no one would claim or accept responsibility

for taking this action. This resulted in a barrage of phone calls from irate clinical social workers to the University President and Board of Trustees.

Vernon: "We moved quickly from what I perceived as a collegial and collaborative process to a siege mentality. Our excitement about a values driven curriculum was transformed overnight into a fear about where the next attack would come from. Perhaps, in retrospect, been anticipated. We were challenging values deeply held by several students and practitioners within the school and community. We knew values did not change easily, if at all. We were surprised by the intensity of the conflict and the manner in which people engaged in the conflict. Though we often teach that change brings about disruption and unrest, we had proceeded, naively, full of enthusiasm, and unexpectant of any such negative reactions."

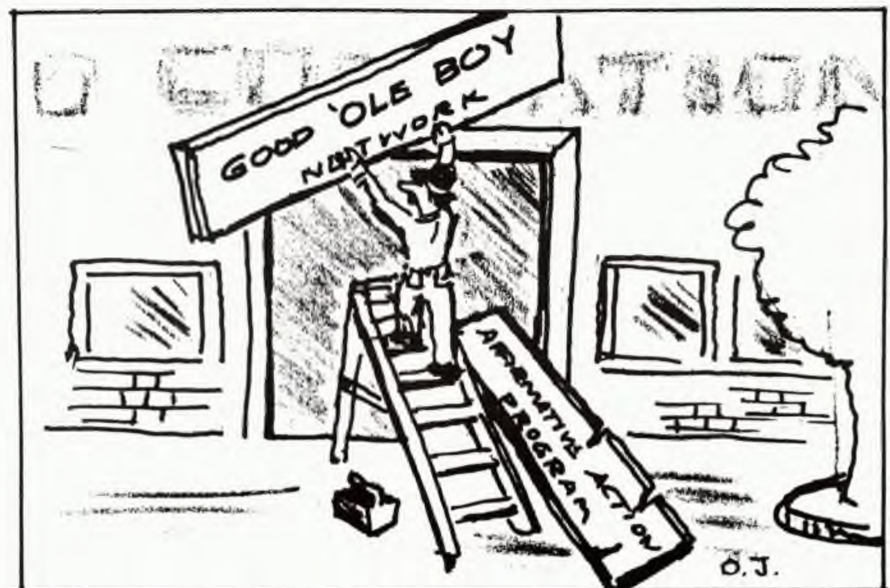
Spring 1993 - The Revised Foundation

Surprised but undaunted, our work continued. Separate task groups set about reviewing and revising the foundation Human Behavior and the Social Environment (HBSE), Social Policy, Practice, Research, and Field practice. The policy task group set about the task of expanding foundation policy from one course to two and infusing the course with critical structuralist theory and a political economy framework. Similarly, the HBSE group transformed the theoretical underpinnings of that sequence from normative developmental theory to oppression theory, self-in-relation theory, and a sustained focus on issues of race, ethnicity, class, gender, and sexual orientation. This prompted the architect of the original clinical concentration to state publicly that the foundation no longer supported "clinical" social work.

Clay: "I attempted to engage this faculty member in a discussion of what constituted 'clinical'. He replied that clinical was founded on normative developmental theory and required an emphasis on assessment, diagnosis, and treatment. I asked whether family therapy which views problems systemically was clinical. He assented. I asked whether feminist, solution-focused, or narrative models, some of which eschew diagnosis were clinical. He agreed that they were. How then, did his definition include them? He replied by repeating his original statement. The conversation progressed no further."

Other courses were reorganized and their fit with the new foundation strengthened. Normative developmental theory and normative family theory became the focus of critical evaluation rather than having a priori acceptance. Feminist ideas about human development, families, research, and practice were introduced. Central to all of these developments was a perspective that saw the students as sources of strength and contribution, of power and validity. Learning became a social constructivist and formative experience.

The primary locus of faculty debate and disagreement about the new foundation curriculum was in the Foundation Practice task group. The practice task group was split down the middle between two faculty members who ascribed to a traditional, problem-focused conceptualization of practice, and Marcia and Vernon who were committed to a strengths-based practice curriculum. After



several months of disagreement, dialogue, and debate, a new foundation curriculum was crafted and approved at a school meeting. The new practice curriculum incorporated Saleebey's, et al Strengths Perspective, Wood and Middleman's Structural Social Work Approach, and Shulman's Interactional Model (1992).

Shulman's text provided continuity with the "old" foundation practice curriculum, which helped the two factions achieve a beginning compromise. Since the new edition included content on oppression and social work practice, this material was compatible with the rest of the foundation.

Fall 1993

To help kick off the new foundation curriculum, and highlight the emphasis on empowerment, strengths, and collaborative relationships, Dennis Saleebey was invited to speak to field instructors and incoming students on his work on the strengths perspective.

Students generally enjoyed hearing Saleebey and responded well to most of the foundation courses. Responses to the revised practice course, however, were mixed. Many students worried that they were not being adequately prepared for "clinical" practice, (the apparent definition of "clinical" being DSM-based psychodynamic psychotherapy aimed at treating pathology). Indeed, the practice foundation did not have as its objective preparing students for psychodynamic work focused on the individual as locus of the problem and focus of intervention. This intrigued some students while distressing others. One faculty member chose to teach much the same content taught prior to the revisions.

The knowledge that there was disagreement among faculty about the curriculum changes further fueled some students' anxiety and conviction that they were being denied crucial content.

A Tale of Two Classrooms

Responses varied by class section as well as by individual.

Marcia: "I taught two sections of foundation practice that year. One class included many critics of the new curriculum, would-be clinicians who acknowledged the importance of looking at strengths but appeared more interested in delving into deficits.

These were, for the most part, bright students with critical thinking skills and considerable experience in social work. Their criticism was generally serious, thoughtful, and challenging, but sometimes it was hard to hear or respond to.

For example, one student stated: 'If clients who sought help are so full of strengths, they would not need help. If we are merely to emphasize strengths and follow clients' wishes, we don't need to attain an MSW degree for that purpose.

This kind of response suggested to me that I wasn't being understood. I felt under attack at times. It was hard not to respond defensively or become over zealous in the face of these attacks. I was also disappointed that a number of those students who more fully embraced the strengths perspective in their written work chose to stay out of the fray of the classroom discussion.

My other section of foundation practice was quite different. Most of the students in this group were either new to the field and lacking preconceptions about what they were 'supposed' to be learning, or seasoned practitioners, already committed to empowerment-oriented work. These students were not uncritical, but they generally welcomed a practice approach characterized by mutuality and respect which sought to actively reduce oppression by building on client strengths."

This class presented less of a challenge than the first. They were an exciting group to work with. Their openness to the content enriched my own presentation of it. I did not need to become defensive or overzealous with this class as I did with the other. Their understanding of the skills of strengths-based social work practice grew as the year progressed. Some encountered conflicting practice models in their internships and attempted to do some teaching in their agencies, while others found their classroom learning reinforced in the field."

November 1993

Vernon: "About this time I went on some field visits, and experienced some interesting

interchanges with field instructors. Some were enthusiastic about the changes they had heard about, while others openly attacked me or the school."

Clay: "Yes, I had the same experience. One field instructor, in the middle of a field visit, blurted out: 'So I guess nobody believes in medical illness anymore at UNE!'"

Vernon: "I found it difficult at times to respond. I wanted to confront the challenges but knew I had to be 'political' in my responses. I felt we were in the middle of exciting, progressive change. Some of the attacks seemed disconnected from what we were actually talking about, as if someone was portraying the process differently, as if someone was actively fanning discontent in the community."

Intrigued by these responses, the authors initiated a survey of students and field instructors to chronicle the various reactions to the curricular reform taking place (Graybeal, Moore, & Cohen, 1994). Specifically, respondents were asked what their initial and subsequent responses were to the adoption of the strengths perspective as a philosophical framework for the program.

Many student responses were both insightful and affirming: "I don't see people in little boxes of pathology anymore." and "I feel like we, as students and future practitioners, are making available a new, and healthier approach to social work practice."

On the other hand, some expressed concerns about what the changes would mean for the future of the school, themselves, and the profession: "I feel the strengths perspective is a good concept but it doesn't dig deeply enough into client issues. I am concerned about the direction and future reputation of the school." and "If this means clinical is 'out' I think it's a shame and doesn't meet a lot of students talents and interests."

We were curious about the perception that the strengths perspective was somehow inherently antithetical to clinical social work, yet we heard this theme over and over. Gradually it became clear there was a conflation by a vocal minority of students of clinical social work and psychodynamic psychotherapy.

From the field instructors, most comments were affirmative: "Social work has relied too heavily on the medical model of pathology, disease, and deficits," while others echoed perceptions voiced by students: "If people just had strengths, they probably wouldn't have much need for services."

When the findings of our survey were presented at the Council on Social Work Education Annual Program Meeting in Atlanta, it was clear from audience response that many other academics were toiling in settings which were heavily dependent on deficit and pathology driven or narrow clinical models, and there was an outpouring of support and interest. We experienced tremendous validation for our efforts. Additional validation came as a part of our faculty search process. Our faculty search advertisement for a feminist practitioner familiar with self-in-relation theory brought forth a wealth of progressive, creative, and exciting candidates to contribute to our process.

Implications for the Advanced Curriculum

Through the late fall and into the winter, an Advanced Curriculum Committee struggled to determine how to construct the advanced year. Would we continue with two concentrations based on interventive methods, Integrated Social Work Practice and Clinical Social Work Practice, or would we organize by fields of practice (e.g. Health/Mental Health and Domestic Violence)?

After considerable debate, it was decided to continue with two concentrations, clinical and integrated. Each would be enhanced by field of practice electives.

By affirming our two concentrations, Integrated Social Work Practice, and Clinical Social Work Practice, it was understood that the Clinical Concentration would require extensive revision to meet the task of operationalizing the mission statement the way that the Integrated Concentration did, and finding practice models which fit the expressed value base. It was imperative that the Clinical Concentration would build on and extend foundation content and philosophy. Suggested practice models included solution-focused (Walter & Peller, 1992), family-centered social work (Hartman & Laird, 1983),

feminist therapy (Morell, C., 1987; Walters, Carter, Papp, & Silverstein, 1988), narrative models (White & Epston, 1990), and other collaborative innovations (Friedman, 1993). Each would be examined through a lens of social constructivism (Dean & Fleck-Henderson, 1992; Scott, 1989), critical thinking (Witkin & Gottschalk, 1988), and progressive social work values.

Psychodynamic theory would no longer be the standard against which other models were measured, or the standpoint for perception of professionalism. Rather, it would represent one "story" about the construction of reality, and would be examined critically, as would all models and methods. Students would experience being the subject of their learning, modelling a practice where clients are the subject of the social work relationship and the premise for collaborative partnership.

Conclusion-Present

Unfortunately, at the time we made this decision, the chief proponent of the psychodynamic perspective issued a position paper on what constituted clinical practice (essentially re-affirming the former curriculum in its entirety: normative developmental theory, assessment, diagnosis, treatment), and then absented himself from the curriculum committee. His unexplained absence meant the curricular debate had to proceed without his voice.

The newly constituted concentration was introduced in the Fall of 1994. We continue to learn a great deal about the nature of change, and the varieties of experience it engenders. We are continuing to write about our experience. Details of the transformation of the advanced curriculum will have to wait for a future installment.

We now come to the present. And this brings us back to the student who inspired us to write this narrative in the beginning. Here's a transcript of the voice of this student who, prior to her participation in the new curriculum, knew that she was incapable of expressing herself effectively:

"My experience with this new theme has been profound. Readings, lectures, and speakers have left me inspired, excited, hopeful, and relieved. The relief comes from finding a perspective that is comprised of all that I have ever believed social work was — and so much more... The strengths perspective is a profoundly different way of looking at human troubles and I believe that this is either not understood or it is misunderstood among its critics.

They do not understand that pathology is not a given...strengths are the foundation from which work is done."

In the rediscovery of the "social" aspect of social work lies the awareness that knowledge is a social construction, and that knowing resides in the person in relation to history and context. We, social work educators, students, clients, and consumers, are all subjects in the process of generating both knowledge and knowing. Our experience, as chronicled here, has liberated our process of knowing. We feel that our experience of rediscovery is plausible for others if there is a commitment to the process of dialogue. This commitment requires that administrators be committed to providing structure and allowing time for the process and that faculty make themselves available and engage in the process. We are convinced that a process of collaborative dialogue that seeks to construct ideas previously unanticipated or not considered can lead to qualitative transformation within individuals and within the curriculum.

We would like to echo the voice of this student, and to say that we too are inspired, excited, hopeful, and relieved. Our relief comes from having rediscovered and reconstructed together the roots of our calling to the profession. Our inspiration comes from dialogue (Freire, 1970) and collaboration with students and faculty, as well as from the writings and communications of like-minded colleagues around the country. Our hopefulness emanates from the belief that the process we have co-created, one of empowerment and liberation, grounded in mutuality and commitment to our values, will persevere. Finally, embodying constructivist experience, our excitement focuses on the future, and where we will go next. □

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THE REVELATION OF SELF-DETERMINATION

by Chauncey A. Alexander

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Reflection, [fr. LL reflexion-, reflexio act of bending back. 4: something produced by reflecting; a: an image given back by a reflecting surface b: an effect produced by an influence*

What "influence" reflected a single-incident image from 55 years of social work learning and practice, a neural pathway among billions to a single case incident? Why not last month's hassle before Orange County's Board of Supervisors (California) to obtain more funds for indigent medical services and community clinics? Perhaps the 1969 NASW Delegate Assembly conflicts — for financial accountability, for ethnic minority and student representation, for new direction in the profession — a landmark in the profession's history.

Why not reflect on career missions, the expose of patient conditions in mental hospitals and what happened? Maybe the incidents of change in the cardiovascular field, or community organization events. Or, the penetrating feelings that emerged from unsuccessful ventures.

Perhaps reflections of significant interpersonal relationships would be more appropriate, with with social work pioneers as Harriet Bartlett, Max Silverstein, Whitney Young, Corinne Wolfe, Bertha Reynolds — so many others known and unknown, hundreds of incidents telling of great work gone untold.

Could it be personal conditioning to begin at beginnings? Pride of success? Or hope to substantiate some social work conception or principle, a pride of authorship?

I was happy to be released from years of factory work, from shoveling clay to operating engine lathes, to make it through high school and college. I reveled in the excitement of beginning work in the California State Relief Administration in Los Angeles. Every day escalated my excitement of discovery in this new chaos of clients' reactions to their disasters, of sorting the pressures of administrative demands.

Fortunately, I had two strong women social work supervisors that guided my enthusiasm. They moved me into social work courses at the University of Southern California (U.S.C.), and inducted me into professional association life, which became a lifetime parallel career. After a year's stint as an employee counselor at wartime Lockheed Aircraft, the fervor of learning to be a social worker in a state mental hospital brought me to a summer field work placement.

This is the "reflection" which, for me, was a breakthrough, a glimpse at the power of self-discipline, and the

* *From Webster's New Collegiate Dictionary, Barnes and Noble: New Jersey, (1994, p. 1206).*

strength of the idea of "self- determination."

As a first year social work student at U. S. C. in summer field work placement at the Family Service Association of Los Angeles, I anxiously waited for my first official client, Mrs. Carter, 33 years-old, the mother of two sons, 9 and 11.

Startled by the telephone ring while reading about the Family Service Agency, my apprehension escalated with the words in my ear, "Mrs. Carter, your client, is in the waiting room." What would she be like, what would she want, and would I know how to answer her requests?

I felt increasingly awkward as I strode down the hall to the lobby, trying to look at ease, but flushed of face with a thumping heart. As I greeted Mrs. Carter, introduced myself and led her to the office, I couldn't miss her hesitant manner and smeared mascara that told me she had been crying. A small hat held on precariously to a field of uncombed hair. Her lipstick was awry, her dress wrinkled and her shoes scuffed. Her application said 33, but I thought she looked much older; although she might be pretty with some attention to looks.

I told her I was a social worker in training, awkwardly describing the agency's services while cribbing from the brochure on my desk. She listened patiently, but appeared distracted until I reached the point of asking how we could help her.

"I'd like you to place my two sons in a foster home for a while. Just until I can get on my feet and have them back with me." Panicking because I didn't know much about foster homes and what Family Service could do in placing children, I asked her why she wanted to do that.

As she twisted a handkerchief in her hands, she told me she had been out of work for several weeks, had been unable to pay rent, and she and her boys had been living in their car the last two weeks. They now had no money for groceries. She was desperate!

When I said she sounded desperate, her tension softened. However, when I asked why would she want to be separated from her children, she responded with just a flash of irritation. "I don't want to be. Of course, I want my boys with me." Then, in what seemed to me to be an accusatory tone, she said, "When I lost my job before, Family Service helped me to place them in a foster home so I could get where I could take care of them. And I did. So I came here."

How had that happened before? She had lived in Kansas City, Missouri, when her husband left her and the two small boys. She managed to find clerical work, but after two years she lost her job. Cornered by her lack of finances, she finally sought Family Service. When she had asked for help before, the social worker had been very kind, suggesting temporary foster home placement until she was "on her feet." That had taken some 13 months, but she had finally recovered her children. It all sounded logical to me.

"That must have been difficult for you and for them. That's a long time to be separated." I hoped she recognized my empathy. But, I was chagrined when she answered defensively.

"Well, the second time I was able to get them back after only 10 months." She and the boys, now 9 and 11, had come to California two years ago. She had steady work as a clerk until five weeks ago, had used all her savings, and was now hoping Family Service would help her.

I asked how she had felt about having to place her children again and received a weary repetition of feeling badly about giving them up, but she knew it was necessary. In a pressured tone, she tried to make me understand. I didn't know where to go. Should we start working on finding a foster home, I wondered? I would have to leave her and find out what the agency did in such situations. I felt ignorant that I did not know, and would have to break off our exploration and start again when I came back.

My mind flashed for an answer to my current class with Dr. Jessie Taft, she had come from the University of Pennsylvania to teach a summer course. In our discussions, we the students had been trying to solve the problems of a case she had given us, telling about our diagnoses and just what we would plan for the clients After questioning us for a considerable period on what we would do and say, apparently we were missing the point. She said, "What

makes you think you have the power to make all these plans for this client? If you believe in self-determination for people, and recognize its power, then you must be sure that the plans come from the persons themselves and not from you." She continued, "No matter what you do, clients will handle it in their own way, and the result can be negative or positive for them, dependent upon the degree to which they have been free to utilize what resources you have had to offer."

This was Mrs. Carter's plan, wasn't it? She had come to us with it. And, here I was questioning it. Or, was I testing her commitment to it? I felt very shaky about what to do next.

I took a chance! Somehow I felt I had Jessie Taft on my side "But, what would you really prefer to do?" She looked at me as though she didn't comprehend that question and that I must be stupid for not recognizing her request.

"Mrs. Carter! Perhaps there are some alternatives we could consider, since you have only talked about one, foster care." Was that an expression of fear that crossed her face? She slumped in her chair, shuffled her feet and finally looked up at me. What could I expect? Plaintively, she said, "I want to have my children with me and take care of them. And, if I can just have them placed in a good foster home for a while, I can probably take care of them eventually."

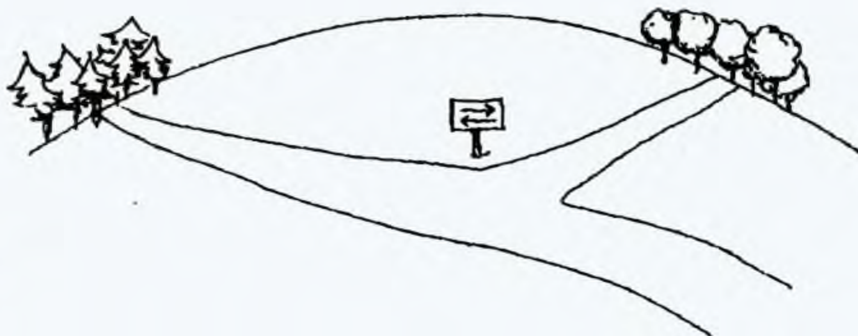
"Is that what you really want?" I asked her, feeling as though I was repetitious and a roadblock to her plans. I had to wonder, was she trying to get rid of her boys, or possibly just wanting relief from all of the pressure and responsibility. I could feel how that might be important. A look of irritation flashed across her face, then melted into a look of hopelessness as her shoulders drooped further. A little frightened by her look of helplessness, I scrambled to figure out what to say next "The Family Service Agency is here to help you, Mrs. Carter." It sounded quite formal the way it came out. "I'm trying to be sure about what you would like best so I can suggest ways the agency can help you." That look of puzzlement combined with weariness came again as she said, "Placing my boys in a foster home will help me have them with me eventually. I am sure I can get a job sooner or later and then we can be together. It has always worked out before."

"Mrs. Carter, if that is what you really want, we will try to help you. But, if what you really want is to have your children with you right now, then our agency will work with you on that to figure out how to do it."

She stared at me. And stared! And stared! What had I said, or done? I didn't know what do or say next, as I tried to keep from wriggling in my chair. Her wide-eyed stare came at me for at least four minutes, just looking at me. It seemed like I had created a catastrophe, and I knew I didn't know how to correct it. Then, she burst out crying. She cried and cried, for several minutes, while time lost all meaning for me. What had I done?

After an eon of time she gradually stopped, wiped her eyes and looking straight at me and said, "No one ever told me that before!" I repeated it. "Mrs. Carter, if you want to keep your children with you why don't we plan to see if we can do that."

We worked on how much money she would need for rent to get a place to stay for at least two weeks. Then, there was the cost of feeding three for the next ten days. We considered where the best possibilities for jobs might be, and estimated gas money to get around. We talked about preparing for school for the children, and what they would need. Checking with my



supervisor, I arranged for Mrs. Carter to receive money to carry her for ten days, and set another appointment time, giving her a phone number in case she ran into more problems.

In eight days she called, made an appointment and returned to the office. Her clothes were clean and pressed, hair combed and shiny, makeup on neatly. She was attractive, and she walked with a brisk air as we went down the hall to my office. She was a different person! She had found a small apartment where the landlady would keep an eye on her children for a couple of hours after school. She had used part of the gas money to get a tire fixed on her old car. She had the radiator fixed, too, with a small down payment and agreement for future payments.

She starts a job tomorrow. Not a good job, but one to tide her over to something better. Her children would start school next Monday. We worked out expenses to take her to the first payday. She looked me straight in the eyes as we shook hands on her leaving.

That experience is etched in a vivid "reflection" in my mind. It revealed to me the power of a transaction based on helping the other person, or family, or community obtain their own capacity for handling their own problems. For me, it acquired a special lifetime tagline: "Give self-determination a chance!" ☐

THE ROLE OF NARRATIVE IN HISTORY: Individual Bias or Collective Truth?

by Leslie Lehninger

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People have always told their histories in conversation.

Throughout the ages, history has been passed on by word of mouth. Fathers to sons, mothers to daughters, grandparents to grandchildren, village elders to younger generations, gossips to eager ears; all in their own way tell of past events, interpret them, give them meaning, keep the collective memory alive. Even in our age of general literacy and pervasive media communication, 'the real and secret history of humankind' is told in conversation, and most people still form their basic understanding of their own past through conversations with others. (Grele, 1975, vi)

Grele's compelling and poetic words in the preface to a book on oral history raise important questions. What is "the collective memory?" as opposed to an individual's "own past?" What is humankind's "real" history? How do we know it when we hear or see it? Which interpretations are the most useful in understanding our own and collective past? Dependent upon the perspective of literary critics and clinicians in the helping professions, narrative interpretations may or may not be of interest. But to historians, they strike at the core of the historical enterprise, and undergird the debate about the role of narrative in understanding history. To understand the uses and role of narrative in history, then, one needs first to appreciate the nature of this debate.

Scholars in many disciplines use narratives in their work; and probably agree with the historian Paul Roth's definition: "narratives are stories, a telling that something happened" (1988, p.1). History can be seen as essentially the telling of stories. Yet while individuals in fields such as psychology and clinical social work focus on personal narratives as endeavors to fashion identity and understand the world (see, e.g. Reissman, 1993), historians add another dimension — explanation of the nature and outcomes of events. As Roth notes, "a narrative explanation ... presents an account of the linkages among events as a process leading to the outcome one seeks to explain" (1988, p. 1). The notion of explanation, as described by Roth, implies that there exist "true" accounts of what actually happened in the past, which is the historian's job to uncover.

Here is the major dilemma faced by historians in their use of narratives — is there such a thing as "true" history, and if so, how can we deal with the great variety of individual narratives of events? If narratives are the product of individual imagination, how can they represent truth? Or, which are "true" and which are not?

Until fairly recently, historians believed in the

existence of a "Universal History," or a single, great, true story about humankind waiting to be discovered (Mink, 1987). Universal history assumed that human nature was the same across time and culture. By the nineteenth century, however, recognition of the diversity of individual cultures and the growth of nationalism brought the decline of the overt sense of universal history. Mink argues, however, that while this decline allowed people to see that there were many stories in history, and different stories about the same events, the implicit idea of universal history remains. It exists in the conviction that the past really "did happen" in a particular way, even though we may never capture what "actually happened."

Thus historians (and the general public) continue to refer to "known facts" and "true accounts" about the past. The idea of true accounts makes it difficult to deal with the multiple versions of history represented in diverse narratives.

Some historians handle the situation by simply rejecting the usefulness of narratives in history. Others, like William Cronon (1992, 1972), rely heavily on the narrative approach, even though often a frustrating process. In the conclusion of a study of historians' narratives about the effects and the meaning of the 1930s Dust Bowl in the Great Plains, Cronon notes that it is possible "to narrate the same evidence in radically different ways." This suggests a vision of history as "an endless struggle among competing narratives." Yet he reassures the reader (and himself) that his goal throughout "has been to acknowledge the immense power of narrative while still defending the past [as a real thing] to which our storytelling must somehow conform lest it ceases being history altogether" (p. 1370-1372).

What is the immense power of narrative which compels Cronon and other historians to use it, despite their ambivalence? There are at least three important attributes that the narrative approach brings to history: 1) it allows historians to learn about how people have understood their lives and the events around them; 2) it offers a way of organizing and giving meaning to a particular history; and 3) it presents pluralistic pictures of the human experience.

Reissman (1993) notes that narratives reveal how people interpret their experiences. Historians use narratives, for example, to see "not just what people did, but what they wanted to do, what they believed they were doing," and what they thought about what they did (Portelli, 1991, p. 50). As Mink (1987, p. 194) suggests, "the significance of past actions must ... first ... be understood in terms of their agents' own beliefs." Studies like Banks' *First Person America* (1980), a selection of life histories collected by The Federal Writers' Project during the Depression, indicate the ways in which people thought about and responded to the crisis of unemployment and poverty. Works like Linda Gordon's *Heroes of Their Own Lives: The Politics and History of Family Violence* (1988), and Beverly Stadum's *Poor Women and Their Families: Hard Working Charity Cases* (1992), use the narratives in case histories to describe how clients felt about the social service system, and how they attempted to shape it to their own ends. Gordon and Stadum's accounts illustrate the particular relevance of the narrative approach to social welfare history. In my own study of professionalization in social work (Leighninger, 1987), I used interviews with social workers to explore the meaning of professionalism in their careers.

Narratives also offer a way of organizing history. Historians not only use the narratives of other people, but also construct their own narratives as a way of presenting history. As Cronon (1992, p. 1349) explains, a narrative plot (with beginning, middle, and end) can be used to bring order and meaning to an "overwhelmingly crowded and disordered chronological reality." Nicholas Lehman (1992), in his poignant chronicle of the great Black migration to America's metropolitan North in the mid-twentieth century, draws on the narrative of one particular migrant from the South, Ruby Lee Daniels of Clarksdale, Mississippi, to tie together his story of the causes and effects of this vast movement in African American history.

Finally, narratives provide much of the "meat" of the new social history, and history "from the bottom up." This

history present stories of ordinary people rather than Presidents, business tycoons, and other elites, and concentrates on their contributions to larger historical processes. It calls attention to the experiences of women and people of color — groups often excluded from formal sources of power and authority. Most individuals in this social history do not leave behind formal documentation of their lives, so their histories must be gleaned through narratives, oral histories, letters, and other informal sources. However, it is important to note one caveat — the use of narrative form does not in itself guarantee a pluralistic understanding of history. Narratives — either those used by historians or those constructed by historians as they present an historical story — can leave things out. An historical narrative about the cultivation of the plains states, for example, can ignore the roles of women and American Indians. Yet individual narratives remain one of the most potent sources of understanding of the lives of ordinary people — of a multitude of backgrounds — in our society.

Debates about the incompatibility of multiple narratives and a single historical "truth" will no doubt continue. Yet, the usefulness of narratives in understanding and presenting the meaning of historical events will continue to compel many historians to use the narrative approach. □

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FILM REVIEW

Hoop Dreams

By Mary Ann Jimenez

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Hoop Dreams reminds us that everyone's life is a narrative; our own stories are full of all the approximations of life offered by fiction—tenderness, passion, disappointment and triumph. This fine documentary is the story of two teen age boys from the West Side of Chicago swept up in a dream of basketball glory, along with their parents, their coaches and the audience. The film chronicles the coming of age of Arthur Agee and William Gates, young African American teenagers recruited from local courts to enhance the winning basketball records of a suburban, largely white Catholic high school. The filmakers began to follow these two junior high school students when they were recruited for the affluent St. Joseph's high school basketball team. Arthur Agee and William Gates both demonstrate a stunning basketball ability, and the first part of the movie is designed to narrow our vision to the basketball narrative — will they or won't they become high school stars and eventually make it to the NBA? Life in an unforgiving white suburban high school soon surprises the boys and, it seems, the filmakers.

As the story takes a turn into the minefield of ethnic exploration with the paternalism demonstrated by the coaches at the high school and various school officials, the film reveals the jagged fit between the protagonists' expectations and those of the school. While observing this conflict, we are brought face to face with the unpleasant aspects of the role of organized sports in American culture, especially in relation to marginalized and oppressed young men, as the stakes are demonstrated to be far higher on all sides than the mere matter of winning or losing. The school and especially the coaches seem deliberately blind to the struggles and compromises Arthur, William and their families are forced to make to continue at St. Joseph's.

The parents experience many of the life-altering crisis that families on Chicago's West Side often endure. These include job loss, welfare indignities, drug problems and spine-stiffening chills, both from shutting off the heat when one family cannot pay their power bills, to the intransigence of St. Joseph's in expelling Arthur during his sophomore year because he could no longer pay the tuition demanded. As Arthur moves to the local public high school and William suffers injuries that interrupt his ascending star in high school basketball, the filmakers may have wished to turn away from their subjects and assume the story finished. They deserve credit for continuing to film (over 250 hours, over the course of 5 years) their story, for its richest texture comes in the last third of the movie, when Arthur and William

redefine the meaning of success and begin to commit themselves to their own goals. Both end up in college playing basketball, but the arc of the lives no longer reaches solely toward the NBA.

Inevitably the audience wonders at the cost of the transplantation of inner city teenagers to the suburban high school for the purpose of enhancing that school's basketball record. The costs are measured in terms of the self respect, pride and ethnic integrity of Arthur and William and their families; this is the price, the film seems to be saying, of upward mobility through the narrow world of sports. The filmakers underscore the rank counterfeit quality of the NBA dream for most young men, no matter how talented.

The two mothers, as a kind of Greek chorus in the film, offer their own perspectives on these larger issues and remind the audience of what is significant in the narrative. That their roles are truly the heroic ones, the film leaves no doubt. Alone among family members, they seem to be able to put the NBA dream in perspective; whereas this and other fallen dreams seems to have embittered or ennervated many of the men (father, brothers, friends) in the film. It is the women who remind us that self respect is more important than success and does not depend on it. They cry out about the human cost of inequality; one mother shows us her cold and dark mid-winter Chicago apartment and asks" and they expect people to live like this?" Their hope and belief in their sons is what reminds the audience of their real worth, far more than the hungry, covetous looks of the college basketball scouts who watch the teenagers play.

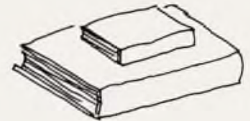
The two best scenes in the movie revolve around the parents. In one Arthur's mother, Sheila, has completed a course in nurse's training and has taken an exam whose outcome she is nervously waiting. As she is informed that she scored number one in her class on the exam, her incredulity, rapidly succeeded by exultant joy and thankfulness make this the most moving scene in the film. Sheila has had a very hard time during Arthur's high school year, her marriage, her job, her source of income has been jeopardized, her son has nearly failed school, yet she saved a piece of her resilience and strength for herself and we are stripped of the role of the observer and swept up without reserve in her triumph.

The other moving scene occurs toward the film's end, when Arthur has already been accepted to a junior college away from home on a basketball scholarship. He and his father, Bo, play a pickup game on the local court and the good-natured teasing and competition between them brim over with unresolved conflicts, as the anguish Arthur feels toward his sometimes absent father intersects with his father's need to brag about his own would-be

NBA career. The painful intimacy and tension of this scene vividly reminds the audience of the power of documentary — with few words an entire relationship is laid bare. The sense is of a singular private moments inadvertently revealed to us; no created narrative could evoke a similar response.

Hoop Dreams demonstrates that documentary films, tenderly and economically told, can have a compelling cinematic quality without the contrivances and cynicism of many contemporary "slice of life" films like *Pulp Fiction* . This is ultimately the power of the film: it portrays the tensions, conflicts and joyful vibrancy of life in urban America in a way that no movie with similar themes has ever done. As a window into a world of fierce resistance to dehumanization, *Hoop Dreams* is a narrative truly and deeply felt. □

BOOK REVIEW



Micheal White and David Epston

Narrative Means to Therapeutic Ends,
New York, W. W. Norton & Co. 1990, pp.229

By Paul Abels, Ph.D.

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The work of Michael White and David Epston offer the practitioner an innovative andpromising approach to helping people reshape their lives. White, from Australia, and Epston from New Zealand are social workers whose writings, until recently, were generally unavailable to readers of U.S. journals. Published widely in their own countries, during the past two years they have been highlighted at conferences and workshops in the United States. Their approach, enthusiastically greeted, receives more than mild acclaim. The Family Networker, in an issue last year devoted to" Narratives The Third Wave," feature the work of Epston and White.

The book is a work in progress, it moves us along the paths they took as they evolved a new partnership and a new approach to helping. While it does not cover their most recent turns, their emerging theoretical formulations supported by numerous examples furnish the reader with a sufficiently clear picture of what they are attempting. Practitioners interested in reviewing their tapes and their expanding literature and/or taking one of their workshops certainly would be able to explore these methods for their own practice. What they will discover are thoughtful and respectful helping approaches. The authors wondrous concern for people comes through in every client contact explored, and in the explanations which support their examples.

Their major premise is that the client must maintain control of his/her life, and that the therapist must be most careful of her/his own controlling interventions. Their theoretical base, derived from the work of Foucault emphasizes freedom, autonomy and the dangers inherent in hierarchial psychological control by expert actors and systems. This base which frames the form and content of helping most symbolizes their techniques.

Their first efforts as they work with the client, individual and family is to externalize the problem; and a mutually acceptable definition of that problem . This is an effort to identify a major thread in the client's(s) life which hinders growth and shapes his/her life's direction.

They explore this external factor, which is outside the person, but connected, in that it tries to run that person's life for its own reasons. A hallmark of this effort is the reminder, "The person is not the problem, the problem is the problem." How simple an idea, yet how transforming. As the initial interview proceeds, this culprit problem emerges from the conversation with the client, is named, and is recurrently brought into consciousness by the therapists who begin to refer to that factor as

the problem that tries to control the client and the family. The effort is to help everyone see how the problem effects their lives, and create approaches that end the problem's control.

As the interview proceeds and the designated problem examined, the client is asked to tell about the times s/he was able to overcome the problem, trick it, and control it. These "exceptions" become an important factor in helping the client realize that s/he has the power and the strength to undertake a plan, a storied therapy, that evolves as the meeting draws to a close. The fact that the person was able to come for help is given as an example that s/he was able to defeat the efforts of the problem to keep them from opposing the problem. The parents too, are asked how they have been influenced by the problem, in turn influence the problem, and identify the exceptions when they had been able to overcome it. Thus, we see the strength perspective in the approach used to help people empower themselves.

Often families and the individual members are given assignments and tasks which act as rites of passage. Success often leads to a celebration, a major breakthrough, a diploma or a letter of acclaim from other clients as well as the therapists. Experiences with other clients (with their permission) are brought into the session; the client might get a letter from another client telling how s/he overcame a similar problem, ways of tricking and controlling that powerful force, or warnings not to let down their guard.

It is within the framework of "rites of passage" that an attempt is made to connect client and community. White and Epston propose a different conception of "termination-as-loss" metaphor, identifying this phase as built in to therapies oriented toward western culture and practice as the "therapies of isolation". In contrast they use the reincorporation metaphor — rejoining the person with others in a familiar social world. They argue that the therapist is at a relative disadvantage in creating second-order change; they do not have the ties to the family's community and community norms that reinforce the changes. They are at the beginning of forming practice techniques that reframe the helpers' method and obligation to end the division of individual therapy(family) and community.

Listing these techniques out of context without full explanation and case material might lead the reader to think of these various helping efforts as a bag of gimmicks. They are well thought out approaches related to theoretical concepts taken from various scholarly fields, particularly anthropology, Epston's formative discipline. That orientation led Epston to realize the concept of "rites of passage" which he utilizes at points in the helping process.

An additional approach that supports their efforts are letters the therapists write to clients and related others, following each session. These are not merely a summary of the session, or a reminder of what needs to be done, but a sensitive appraisal and reflection which the therapist believes will aid those involved in better understanding and dealing with the issues.

It adds to the content of the session, and serves to reframe the reasons the person found him/herself in the particular situation. Thus, a woman who had been abused might be helped to understand how such abuse over the years chipped away her self esteem and added to her feeling of powerlessness. The letter might include the steps she could continue to take for self-growth. She was not to blame. These letters are expressive concerns for the client, which the clients recognize as such, some holding onto the letters and re-reading them over the years.

White and Epston have also begun to use reflective teams and the subsequent give in take among client, therapist and team that method promotes. This fits the authors' belief in helping the client gain power by helping them obtain information, and seeing that they and the team can often differ, thus minimizing the control that might naturally be attributed to an all-powerful therapist.

While their approaches have not been subject to vigorous evaluative research, analysis of their case material and viewing them at work, leads this reviewer to believe that their approach has strong helping potential. A worker seeking to use their approach would be well served to experiment tentatively with the ideas, trying them out and

reflecting carefully at each step.

For the benefit of those who would like to further examine the works by Epston and White, Dulwich Center Publications has published their collected papers and additional material.

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