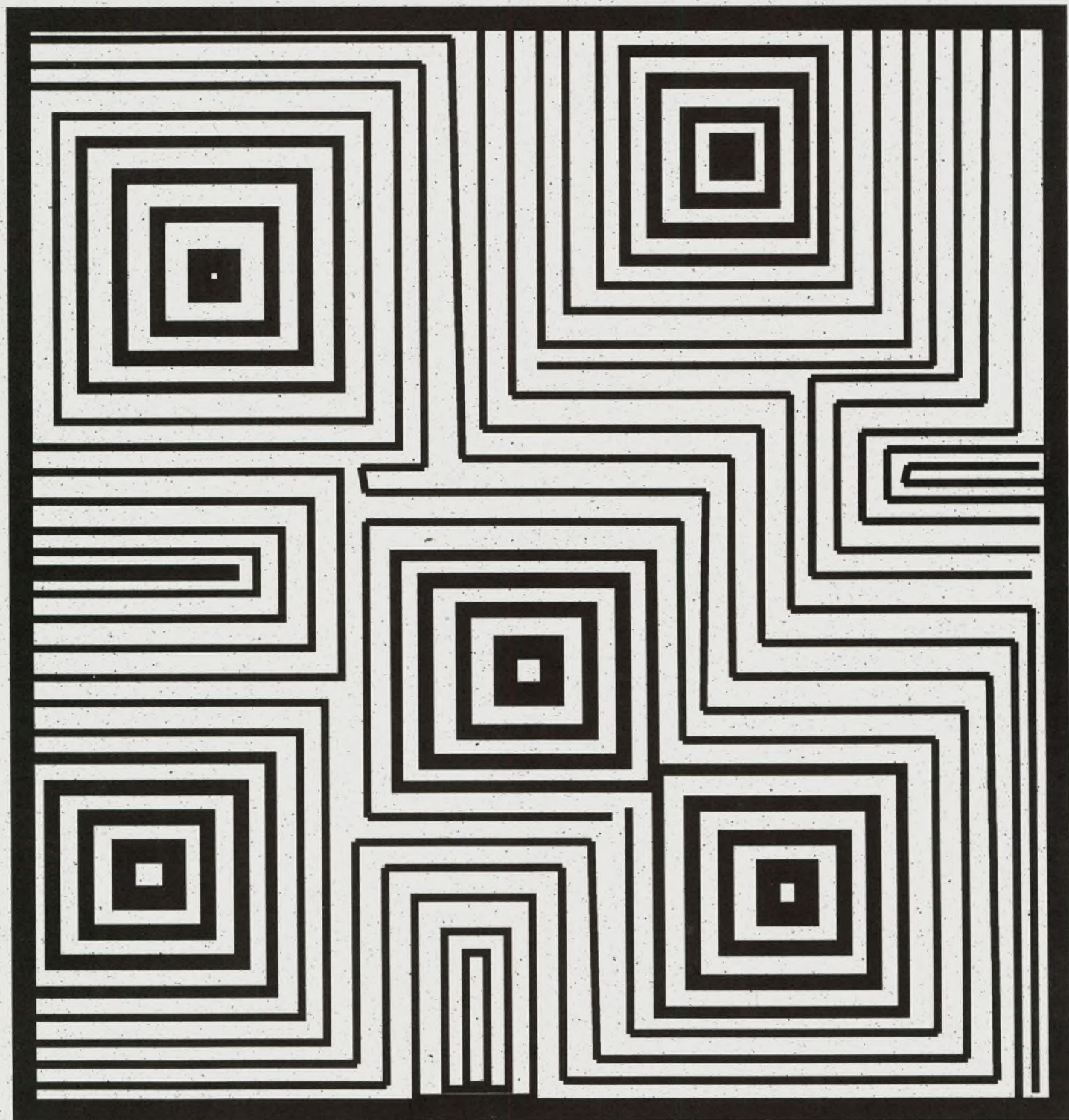


REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING



Volume 1, Number 3

Summer 1995

A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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

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

THE NARRATIVE STRUCTURE . A narrative is a story worth telling. Narratives are personal stories that give readers a fresh perspective about the practice of change. Written in a temporal sequence, narratives recount the helping process. Narratives are explored within a contextual frame and supply a rich textual description of the experience: They 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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1. Authors are expected to use the most recent APA publication format.
2. The manuscript length depends upon the temporal sequence of the event.
3. Include on separate page a brief abstract written in the same style as the narrative.
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COVER CONCEPT: Each narrative begins with an individual, the center or smallest square. Each is different in shape and density but similar in form. The expanding outlines are not exactly parallel squares nor do they all connect but they begin to form other shapes, images colors. They reverberate outward to organically fill the space in between and link all to a larger picture. The solid border is strength, wholeness, continuity.

There is a rippling out from the centers much like the rippling out of ideas as when stories are shared. When repeated in different contexts and applications, narratives gain new dimension and usefulness. They contribute to the dynamic of the whole community. What happens within communities cannot occur without individuals, likewise, the individual loses connectedness without the activity within the group.

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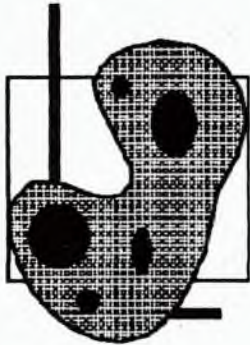
TABLE OF CONTENTS

	<u>Page</u>
EDITORIAL: From Story to Policy ?	Sonia Leib Abels 1
NOTES AND MAIL	3
NARRATIVES	
Locating the Outsider Within: Studying Childless Women in India	Catherine Kohler Riessman 5
Two Eggs Over Medium A Narrative About Billy	Robert G. Madden 15
Barbara A Story of Loss and Gain	Joan Beder 20
They've Started Dropping Bombs: A Boys' Group Confronts War	Andy Malekoff 27
Narratives Of A Novice Educator The Development of a Social Work Teacher	John A. Kayser 33
BRIEF REFLECTIONS	
An Interview with Mitchel Ginsberg	Joshua Miller 44
WRITING NARRATIVES	
Personal Narratives Do Not Come Easily To The Professionally Trained Self	Roberta Wells Imre 64
CRITICAL REVIEWS: ARTS, BOOKS, MEDIA	
Television: Deconstructing the O.J. Simpson Trial	Mary Ann Jimenz 68
E.R. Why is it One of the Top Rated Shows in the Country?	Barbara St. Clair 70
Book Review: <i>Story Revisions: Narrative Therapy in the Postmodern World</i> by Alan Parry and Robert E. Doan	Paul Abels 73
CALL FOR NARRATIVES	75



FROM STORY TO POLICY?

By **Sonia Leib Abels**



A prominent theme of the past week's news (7/2/95) was the connection between personal experience and public policy. Daniel Schor, NPR's (National Public Radio) leading news analyzer explored this relationship using Texas' Governor George Bush and South Carolina's Senator Jesse Helms. Bush decided to eliminate treatment programs for drugs because he had stopped drinking without anyone's help by will power alone. If he could do it everyone else could, hence, no need for treatment programs. Bush's values of self reliance and use of economic resources appear to have informed his decision. Jesse Helms proposed to use the money from AIDS research, because of the "disgusting, abnormal things they do" to invest in heart research. Helms values on Gays and Lesbians and his heart trouble factored that decision. Schor linked Bush's and Helms' policy

decisions to their personal experiences. He wrapped this up with "they ought to give science a chance." Meaning their decisions ought to be informed by empirical findings.

Practitioners in professional education are taught and expected to use research knowledge as the basis for practice decisions; certainly different than the personal and political values used by Bush and Helms. But not quite.

Aaron Rosen's (1994) scholarly investigation of knowledge used by practitioners demonstrated that "Value based assertions were the most frequently used-rational to inform clinical or direct practice." (p.568) Initially the investigators found it puzzling that "only a negligible use of personal experiences" (p.571) served as the base for practice decisions. Rosen explained this result as an artifact of his research design. There was a six week training program Systematic Planned Practice (SPP) for workers that focused on concepts and procedure "where the importance of good supporting rational for all treatment decisions were stressed and theory and empirical evidence were viewed as preferred when available, to reliance on personal experiences only." (p. 571). In his view this emphasis discouraged workers from using their own experiences.

Katherine Dunlap's (1993) history of research in social work

education (1915-1991) optimistically noted that there was emerging evidence (scholarly writings) that practitioners did use knowledge based reasoning. She summarized the research with a set of significant recommendations for "radical" change in the research curriculum and in the teaching of research. In this editors view the recommendations contradict the optimism and tend to support Rosen's findings.

There is cumulative evidence that the preparation of professionals to use knowledge (research) to inform practice appears to be unsuccessful. The profession has a long history of calls and frequent reform efforts to integrate scientific research and practice. Dissatisfaction with the scientific paradigm and the professions inability to reach the objective of persuading helping professionals to use knowledge for decision making has strengthened interest in other perspectives. The voices of "Postmodernism," a paradigm for inquiry and ways of reasoning about practice, have multiplied and increased in volume.

Recently a dean of a school of social work said that the journal symbolized a paradigmatic shift. While it might be wonderful to think so, I believe rather than a shift, which suggests displacement, it is a recognition that narrative inquiry is a parallel form of reasoning that can strengthen the

integration between practice and science. Bruner (1986) claims there are two fundamental modes of reasoning "each providing distinct ways of ordering experience, of constructing reality. The two though complimentary are irreducible to one another." The narrative process examines connections between events over time, and formal science and logic seek generalizable truth as best as it can be known. Each approach has its own operating principles and differ significantly in methodology and procedures for verification. Narratives began with the beginning of human life and relationships; the scientific method came much later.

Imre's (1995) article on Postmodernism (in this issue) states the scientific mode in human services shuts out narrative modes of reasoning and reduces the professional's ability to engage in narrative inquiry.

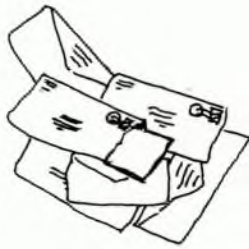
Rosen, as noted earlier, suggested that practitioners in his study did not use their own personal practice experience as a guide to decisions because of the training program (SPP) and an awareness of the researchers expectations. The same explanation may account for the reasons social workers in general do not use their own practice experience to guide decisions. Narrative inquiry, which would contribute to knowledge based reasoning, is not a central approach used within the research curriculum. Historically (with some exceptions) practice experiences are considered inappropriate modes of

reasoning, and outside the realm of professional knowledge. Much of the research attention has been on development of knowledge to understand and explain human behavior: (such as doctoral dissertations, and masters thesis). Many submissions to this journal focus on understanding and explaining human behavior. This fits social work's overemphasis on assessment.

If we accept the significance of narratives in the construction of human experience; and consider the natural affinity between narrative reasoning and social work practice; then the discipline of narrative inquiry ought to become a central part of professional education. It may be the means to achieve the integration of research and practice. □

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Letters to the Editor

In response to Cloward and Piven's "The Declining Significance of Class?" *REFLECTIONS*, Vol. 1#1, January 1995.

OTHER TOOLS WHEN TUMULT IS NOT NECESSARY

Reading *REFLECTIONS* brought a sense of comfort. As if sitting with colleagues in my living room around the fire, I listened to their experiences. Sometimes, during a change agent's career, it is important for the long haul to ponder the words of those who have walked the same path and look back in trying to gain a perspective.

Without question civil disobedience and protest in support of civil rights and welfare rights form the foundation of my professional self. So, with collegial curiosity I turned to Cloward and Piven's "The Declining Significance of Class?" first. I wanted to read their narrative because I have used their works in my classes, I have debated Dick in my student days in Ann Arbor, I have heard both speak to large audiences, and I walked the picket line implementing tactics shaped by their theory on the role of tumult.

My experiences suggest that theories and research on the development of the welfare state

shed light on what I have seen over the last twenty-five years. Indeed, during events leading to the formation and implementation of policy affecting the rights of disabled citizens, welfare families, and people without health insurance, I felt I understood the process as it unfolded. Occasionally, I believe I knew what to say and do because of some of the theories and research on the welfare state. And, armed with the confidence yielded by these experiences, I have tried to pass on what I have learned to students whom I encourage as macro practitioners of the future.

Each policy domain focuses the interests of a particular set of stakeholders on a population a risk within an historical context for resource mobilization, action by the state, and the work of institutional layers between individual citizens and those at the center of government. Many of our states are larger than nation states on the European continent. Although the US may lag behind other nations with respect to universalism, social citizenship rights and services, the work of Weberians postulating variations of *state autonomy/centrism* (Amenta, et al., 1987; Amenta and Carruthers, 198 Evans, et al., 1985; Skocpol, 1985; Skocpol and Amenta, 1986) suggests, for

example, that well placed bureaucrats (or professors on sabbatical) may influence the substantive rights and delivery structure. While on sabbatical with the Iowa Department of Human Services, I witnessed *state centric* interventions on behalf of disabled citizens' rights and the service necessary to realize those rights. The results are substantial and tumult or popular protest were not necessary.



Just a few years ago, I participated in a meeting on welfare reform. A relatively small group approximately twenty people representing the two houses of a state legislature, state agency staff appointed by the governor (or hired by appointees of a Republican governor), labor, the private sector, and the universities were discussing the form and shape

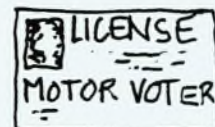
of welfare reform initiatives and the state wavier request. On one hand, agency staff and the private sector reps were proposing policy elements in accord with the asset-based model (Sherraden, 1991). Others, including a member of the house with a Bachelor in Social Work degree argued in favor of economic development and job creation elements because persistent poverty explained why some welfare mothers and families received income assistance for more than the average two years. David Elwood, then a Harvard professor but now an advisor on welfare reform to the President, also participated. He was explaining his proposals on child support when a private sector person espoused positions premised on the culture of poverty, blamed individuals for their own poverty and endorsed the asset-based model, however, Elwood said nothing. Compelled to balance the record with respect to individual versus structural explanations poverty, I asked Elwood to explain the research on temporary and persistent poverty, on the so-called cycle of poverty and the equivocal disparate findings. The resulting legislation has both an asset-based element and job creation and economic development component. This experience conforms to the theory and research on *corporatism* and more advanced welfare state regimes (Esping-Andersen, 1990; Pampel and Adams, 1994; Western, 1991; Wilensky and Turner, 1987).

Finally, I have seen a task force on health care reform

loaded with state agency staff, providers and hospitals, and insurance company representatives and analysts block meaningful reform. In fact this collection blocked even the mention of public sector models like the single-payer plan during the initial negotiations. As a serious observer and participant in the process, I felt certain I was watching *corporate liberalism* (Domhoff, 1986-87) and/or *hegemonic competition* (Quadagno, 1984) in action.

So, for me theories and research on the welfare state do offer counsel. Tumult may not always work but it may not always be necessary. There are institutional layers between the masses and the elites. Depending on the time and place, the context, and the concatenation of stakeholder interests, practitioners are not without explanatory tools. I appreciate the work of Piven and Cloward, but there are other models and intervention strategies that may work. To be sure, we have to commit ourselves to the long haul but I believe we can stem the tide of retrenchment and affect change. □

Steve Aigner, Ph.D
Social Work Program,
Department of Sociology
Iowa State University



LOCATING THE OUTSIDER WITHIN: Studying Childless Women in India

My title—the idea of an outsider within—comes from Patricia Hill Collins (1991). Like the African American women in the U.S. that Collins describes, childless women in India are outsiders within Indian society. But there is another outsider in my text. I am a white, American woman who is studying the accounts of South Indian women in a developing country. Both outsider's voices are present in this paper: my personal narrative (represented in my field notes and thoughts since returning from India 1 year ago), and a narrative about the experience of the childless women I interviewed.

**By Catherine Kohler
Riessman**

Catherine Kohler Riessman, Ph.D. is Professor and Director of the doctoral program in Social Work and Sociology, School of Social Work, Boston University

My title—the idea of an outsider within—comes from Patricia Hill Collins (1991). Like the African American women in the U.S. that Collins describes, childless women in India are outsiders within Indian society. But there is another outsider in my text. I am a white, American woman who is studying the accounts of South Indian women in a developing country. Both outsider's voices are present in this paper: my personal narrative (represented in my field notes and thoughts since returning from India 1 year ago), and a narrative about the experience of the childless women I interviewed (represented in transcripts of audio recordings of our conversations, which I have just begun to systematically analyze).

My theme is simple: many of us strive to create a space for an absent subject in our research, in my case a space for young South Indian women to speak out about the meaning of childbearing, and what happens to them socially and emotionally, when they cannot, or chose not to. However liberatory a goal, "giving voice" to our subjects' experience happens because of our privilege. We are inevitably

outsiders in the world of an "other," especially when she differs from us in class, ethnicity, and nationality. But we can act to alter inequality in the research relationship. Beliefs about our solidarity with the women we study as feminist researchers—especially when it crosses the borders of culture and class—is not enough (Riessman, 1987). In this paper, I describe how I tried to give subjects control—not always consciously and sometimes after the fact. I also briefly present the substantive results of the effort.

I went to India on a Fulbright. The very existence of national privilege allowed the research to be done: the US government (with a small contribution from the Indian govt.) supports a number of US scholars to go there, and a few Indian scholars to come here. We can teach and research them, but few of them can teach and research us.

Everyone asks "why India?" for a study of infertility, given the perception of the population problem. There were personal reasons, and theoretical ones too. I went first in 1986, shortly after my mother's death, feeling like a motherless child,

and India offered peace and solace. I wanted to return. In another way, it seemed an ideal site to study infertility because motherhood is compulsory—her sacred duty. An Indian woman benefits from having children: they improve her status and secure a position in the family. In arranged marriages a child cements an often fragile bond between spouses. Given the cultural context, I wondered what happens when a woman doesn't conceive. How is the situation defined and managed? How do women account for being childless? How does the cultural context influence the actions women can take? An exercise in applied sociology, the project explores the relationship between meaning and action. Ways of seeing a reproductive health issue, like infertility, are closely linked to possibilities of resolution (Gusfield, 1981). I saw the research supported by the Fulbright as the first phase of a comparative study of childlessness, in cultural contexts that see and solve the problem differently.

So I entered the field (literally and figuratively) with my intellectual interests at the center, personal concerns at the margins. My career and scholarly work dictated the project (with a little help from my mother, to be sure). To the substantive topic of infertility I, if anything, brought critical eyes, developed over the years as I watched friends in the US who, with the encouragement of fertility specialists, went to unbelievable lengths (in my view) to have a biological child

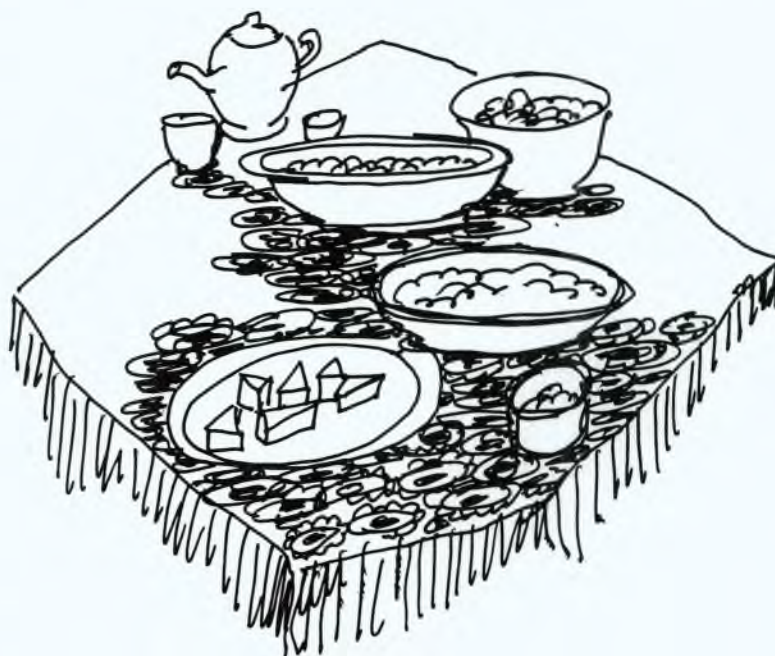
(hormones, IVF, and the like). I remember a discussion with a colleague before I left, who gently suggested I might need to develop some empathy for the desperation of infertile women, that is, for my subjects.

The research changed as I was changed by India. I began the project positioned as the distant observer who would "collect data" to "produce findings." I was an outsider in other ways: not knowing infertility myself (I have children); not speaking the language well (I did study it beforehand); not being a specialist in Indian studies (I read volumes before I left). Throughout the project, I wrestled with the contradictory pulls of privilege and marginality. As I teach my students in research classes, it is important to locate ourselves in our "scientific stories," because positionality influences what we see.

India, and the women I interviewed there, pushed me to relinquish the safety of distance. I was drawn into stories and lives as I talked to women in the infertility clinic of a government hospital, and others in their homes in towns and villages. For a period of time, I lived in a remote fishing village, helping women with preparations for a wedding and going out with the men at dawn to the sea. The focus of the research shifted too, as I learned from my subjects and the setting.

THE RESEARCH CONTEXT

I chose to study one state in South India—Kerala, near the tip of the continent on the west coast—for several reasons. First, the state has had outstanding success in limiting population



growth (average family size in Kerala is 2 children, the smallest in all of India). In such a context, the angle of vision can be shifted to the problem in some families of infertility. Second, Kerala offers a model for India and the developing world in the availability of primary health care, which can prevent infertility, and in the education of women, which expands possible coping strategies in the face of it. Finally, Kerala has a low level of medical technology compared to India's major cities, and even neighboring states. In vitro fertilization and other specialized methods of assisted reproduction are unavailable in Kerala (though they are coming). For purposes of the research, the absence of high technology medical "solutions" was desirable for theoretical reasons, given that my ultimate goal is comparative. I also chose Kerala for other reasons—it is lush and beautiful and lacks the grinding poverty and pollution of other parts of India. I could see myself living there for six months (although it turned out to be difficult in some unexpected ways).

Because the study was about meaning—the explanatory models women develop to explain their childlessness, and the consequences of being childless for their lives—I chose an interpretive approach, and qualitative methods. The interview schedule (developed together with a research assistant, Liza, who is a Keralite) began with a few closed-ended questions about demographic and family information, and then moved to open-ended ones. To

cite a few examples, we asked: "What do you think are the reasons you do not have a child?" Here we encouraged women to give extended accounts of their understandings (religious, medical, and familial). There was a question, borrowed from Arthur Greil's (1991) work: "Do you ever ask yourself, why has this happened to me? How do you answer?" We asked how women were managing child-bearing difficulties, and probed for their experiences with medical treatments, ritual healing, and thoughts about adoption. Finally, there was a question and a series of probes about the reactions of others: husband, his family, her family, the neighbors. The semistructured nature of the interviews was well suited to my study issue, and they yielded the lengthy accounts of meaning and action that I was seeking.

Although the questions produced the accounts I was looking for, I was unprepared for the process of the interviews. First, there was the task of locating childless women. The original plan in my Fulbright proposal was to select women applying for adoption, but I quickly abandoned that idea when I saw the class bias in adoption agency records—families were uniformly well-to-do, and in Kerala typically Christian. (Subsequently, I learned that Indians have deep resistance to adoption.)

I eventually located two sponsors—two men who were well known in their respective communities, and who knew all the households. Chandran was

a fisherman and political activist I had met on a previous trip to India, and we had corresponded in the interim. I found him again on the beach one day as he was bringing in his boat. After greeting me enthusiastically, he took me to his village for lunch, I eventually lived there with his sister and her family, and he agreed to help me find informants—childless women to interview. These women were from rural fishing villages in Trivandrum district, at the extreme southern part of Kerala state. The other sponsor, James, located women in an urban/suburban area of Ernakulam, in the middle of the state. James had a stall on the main road where people came to get help with completing documents, and I met him through an intermediary—a local medical doctor who was the father of my Malayalam teacher. The two sponsors posed the first dilemma I faced: using male community leaders to lead me to women. I would have preferred women community leaders who could sponsor the project. I learned, however, that even in Kerala, where women enjoy higher status than anywhere in India, men have the power in the public sphere.

A third source of informants was the Infertility Clinic of a government hospital. Women (some alone, others with husbands) lined up one morning a week to be seen by gynecologists. Although I was initially reluctant to approach women in this setting—they were, after all, coming for medical care, not to help a

foreigner with her research—the clinic director's enthusiasm and my early experiences in the clinic ultimately overcame my resistance. The women wanted to talk, but doctors were expected to medically evaluate 50-60 patients in a 2 hour clinic session; they could not inquire about the life worlds of the women (Mishler, 1984). Liza and I provided something useful: inquiry about the fertility search, and supportive listening as women related the pressures they faced from family and community. It seemed a fair exchange.

Looking at the sample as a whole, I obtained roughly equal numbers of cases from the village sponsors and from the medical source. The religious distribution of the final sample of 31 closely reflects the population of the 2 districts in Kerala: mostly Hindu, some Christians, and a few Muslims. About a third of the women had family incomes below the poverty line, more had moderate incomes, and less than a third were in the upper-income group.

Ethical conundrums continued during field work. I remember one of the early interviews, with Asha, a fisherman's wife, married 10 years and without children, who lived in a thatched roof house on the edge of a waterway. The village sponsor led us to her house, on a path that criss crossed a grove of coconut palms and tapioca fields. As we were welcomed by barking dogs, he introduced my research assistant and me—"Dr. Catherine from America" (it was hopeless in

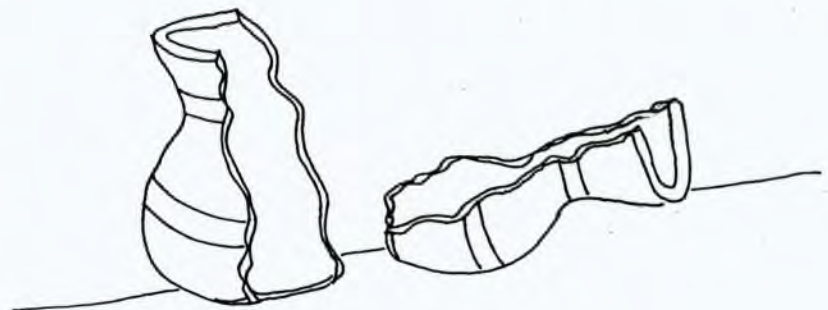
Kerala to try and use my last name, which was unpronounceable for Malayalis). The village sponsor had explained I was a doctor from America studying childless women, but the difference between a medical doctor and a Ph.D. was lost on Asha, and on other village women. Not infrequently, women asked my advice about sex, asked if I had a medicine to give them, asked if I would return to examine them. I became acutely aware of the position that research occupies in a developing country. It is illusive, meaningless even.

Asha had prepared for our visit: she wore a relatively expensive saree, and she served us tea, tapioca root, bananas. After we had eaten, the formal interview began, on the marital bed—the only piece of furniture in their one room hut. In Malayalam, Liza explained the study, asked permission to audiotape the conversation, and then she moved through the questions on our interview schedule. At points, Liza would stop and summarize what had been said in English for me, and I would suggest further areas to be probed. Although I had studied Malayalam for a year

before the trip, my language skills remained rudimentary—a great disappointment for me in the project.

Obtaining privacy for the interview and the woman's permission deviated from what I was used to in the U.S. Having sat on Human Subjects committees, I value confidentiality and a good informed consent form, and had worked to develop one for the study. Such forms are rarely used in India, and my research assistant resisted using ours (she would quickly explain the purpose of the study, but skip statements about the informants right to refuse to answer a question, and other protections). Nor could I get her to obtain the informant's signature on the form (all the women were literate). It was simply unthinkable for a village woman to refuse to talk to a foreigner of high status. To do so would violate a norm in Indian society, strengthened by years of colonial rule—acquiescing to superior authority. A consent form presupposes the notion of individual rights, and non-deference.

What did Asha, and the other 30 women we interviewed, make of the research process?



It's hard to know, but I have some ideas. A visit from an outsider, a foreigner — Dr. Catherine from America (the "richest country in the world")—and a well educated Malayali—my research assistant Liza—marked Asha's status in the community. Childless women are typically subjects of scorn in their villages. By our visit, however, the tables shifted momentarily. Neighbors peered in her door as we ate, attended to Asha with deference when, after the 2 hr. interview, she walked us back to the main road. Privilege permeated the interaction—her's at having us there, mine at the chance to be there—made possible by my nationality as a U.S. citizen and my level of education, assets that she would never possess.

I had little to give back to the women, in exchange for the time, food, and confidences they gave me. But I did offer a fleeting opportunity to tell their stories, and several women said they felt "relieved" afterwards, as if the burden of silence about an unspeakable topic had been momentarily lifted from their shoulders. They could represent themselves, and to someone who did not carry the harsh judgements they often faced in their communities.

At the end of the interview, I asked each woman if I could photograph her. Most agreed, and we mailed her a copy of the photograph. (See Behar, 1993, on photographing a subject). People were curious about what I planned to do with the tapes and the photographs. I explained that I would be

returning to America to analyze the replies of all the women, and a photograph would help me remember each person. One woman asked whether she would appear on T.V. (Her question is reasonable: America beams sit-coms, soaps, and the Oprah Winfrey Show down on India with a cable channel—Star TV—and the programs claim a substantial following.) The idea of a scholarly product—journal articles, lectures—remained a mystery to most of my informants.

Because of a continuing sense that I was exploiting the women by studying them, I made several attempts over the course of the project toward greater reciprocity. I returned to several homes at the women's request to visit and have tea. And I decided midway through the study to pay each respondent in the community sample Rupees (Rs) 100 (the hospital refused to let me pay the clinic patients for their participation). I had initially rejected the idea of payment—it felt like the rich American tipping, or like rewarding a servant—but then I discovered my 2 male sponsors expected money for their role in locating women willing to be interviewed. Giving money in exchange for service is expected in India. How could I pay the men and not the women? Especially when I heard in the interviews of their financial hardship affording the medicines doctors prescribed for infertility. The village women were grateful for Rs 100, but the urban professional women scoffed my offer, and told me to

give money to a beggar who might need it.

Paying informants was a gesture, but inequality and the underlying social relations of the research relationship persisted. Dr. Catherine—the outsider, the American—eventually left India, the developing country, transcripts in hand. Her career would see the benefits of the research, but what about the women's lives?

While in India, I began the process of analyzing the translated transcripts of the interviews (only 1/4 were conducted in English), and the process has continued since my return. Using the grounded theory method (Charmaz, 1990; Glaser and Strauss, 1967), I look for thematic similarities across interviews, and dimensions and contrasts within a thematic category. A more formal analysis of narrative structure is beginning for the small group of women I was able to interview in English (all professionals). I am consciously working against the western tendency to essentialize the "other" (Said, 1989). I keep the picture I took of each woman before me as I work with her text. It helps me recall our time together and avoid the tendency to objectify the subject. Yet one goal of the analysis is to interpret across subjects—to generalize about women's interpretations, and the meanings of their childlessness in the context of expectations for women in Kerala. I constantly struggle with the goal of generalizing, on the one hand and, on the other, attending to context and meaning for

individual lives.

REASONS FOR BEING CHILDLESS

Preliminary analysis of the interviews indicates that the reasons for women's childlessness are remarkably diverse, and in ways I did not anticipate. I had begun the study with a focus on infertility, unwittingly embracing a medical definition of the study issue. The subjects taught me that the important issue is not medical, but social—not having a child.



The Gulf wives: Infertility by circumstance

Some women suffered the personal pain and social stigma of being childless, but the problem was not infertility. These women were rarely together with their husbands. Because of high unemployment in Kerala, men migrate to the Gulf states or other places in search of jobs. We interviewed a 24 year old Muslim woman with little education who's husband worked in the Gulf "for a company" (she didn't know which one or what he did there). During the six years since their marriage, he had come back to

Kerala 3 times, to stay only a few months. She did get pregnant once, but miscarried. This is what she told us:¹

R: He says I destroyed it [pregnancy] by doing all the work.

I: Have you gone outside for work?

R: No, household work itself

I: Do you have any other beliefs why you do not have children?

R: (p) I feel many things in my heart (p)

I: What do you feel? What do you think?

R: (p) Maybe because he's abroad, or maybe it's his problem. (20:7)

He stopped writing and she remarked how he had joked "I'll marry another girl."

Although this woman's situation seems particularly precarious, other Gulf wives fare better. In the absence of husbands, they learn to manage money, deal with banks, even increase their literacy (Gulati, 1993). The traditional gender-based division of labor is altered, and women enter the public sphere to a greater degree than might be possible if husbands were home.

Doctors in the Infertility Clinic were impatient with the "Gulf wives," whose problems are not medical. They referred case after case to me in an effort, perhaps, to get rid of the patient

(Mizrachi, 1986). One woman told me "the doctor said that everything is normal, nothing is wrong but (p) we must stay together." (10:4). Another said she was told they'd have a child if they had a sexual relationship (19:5). Not easy, given the economy, high rate of joblessness in Kerala, and increasing pattern of migration. In this instance, public policies shape what couples can do in their most private lives.

Going back to my apartment and laptop after these interviews, I struggled to make theoretical sense of them. Here's what I wrote in my field notes:

Today we saw a slew of Gulf wives, phenomenon I earlier named infertility by circumstance. Discussing the issues with Leela Gulati, [an economist who studies migration] I realized that making children is one way these women can sustain idea of marriage in the absence of their men. Anxiety about fertility (which director of clinic says is endemic in Gulf wives) may represent anxiety about marriage—are they really wed?—given that they cannot enact marriage in more typical ways. Family is getting constructed by the effort to have a child, but in the absence of proximity—a necessary condition for pregnancy. (1/22/94)

Childless by coercion

A second group of women were childless by coercion. Husbands, responding to financial incentives offered by the government, had been sterilized during Indira Gandhi's population "emergency" in mid-'70s. Asked why she didn't have a child, one woman in the

¹ Transcription conventions follow: I = interviewer; R= respondent; (p) = long pause; numbers in parenthesis indicate respondent ID number and page of transcript where quote appears.

community sample said:

He had a vasectomy operation earlier. Years before ...20-25 years ago ...But then he didn't know the after effects of it. He had no plans to get married and all. (04:2)

But his marriage was arranged, when he was 37, to a woman 10 years younger. The interview transcript is ambiguous as to whether she thinks he knew what the vasectomy meant when he married. But the motivation to have the surgery seems clear. Asked why he had the operation, she said lowering her voice:

Poverty ...he struggled a lot for money and all. He didn't have a father and mother. He was alone...his one hand is slightly disabled...he was from a young age sitting in a shop...He say he did it because of poverty. (04:5)

Now, the couple have some money. Several years ago he had recanalization surgery, but it wasn't successful. The couple is Christian. We asked:

I: Do you ever ask yourself why has this happened to me?

R: ...Nothing happens without God's knowledge ...I always pray to God. Whatever is God's will, let it happen. Because I don't have children, why should I speak about this to all people, to members of the family, or to him, and destroy the peace in the family? What is the point in that? (04:6)

Spiritual idioms offer important sources of meaning that women of all religious groups in Kerala can draw on. Giving up the illusion of personal control is a lesson that western women struggling with

infertility could learn from Indian women, who see being childless as "God's will." They can appeal to a higher power for resolution: "only God will give."

Doctors in the Infertility Clinic were familiar with post-vasectomy cases, but even they were shaken by one. A clinic doctor interrupted us in the middle of an interview to introduce another couple. They were Hindus, from a scheduled caste, and the husband worked as a day laborer. When he was 14 years old and poor, he had an operation. He didn't understand its meaning at the time, but was grateful for the money the government gave him. He went on to marry—it was a love marriage—and, after 10 years and no children, took his wife to the Infertility Clinic. In the physical exam of him, the doctor found vasectomy scars. His wife, in the interview with us, cried as she said:

Life is totally collapsed. What am I to do? Because of this I don't feel like living. (14:20)

Field notes provided a place for my emotions:

I nearly cried during the interview...I didn't realize until the middle that the woman had just found out, in the medical exam right before she saw us, that he was sterile...I could barely control my feeling—my rage—at the Indian govt. and the medical workers who carried out the "emergency" policies. I wondered if she, too, felt rage and asked. It wasn't there. (1/13/94)

In a flashback I recalled a time when I had been pressured into a reproductive decision by physicians and other "helping" professionals—"experts" whose authority made

me feel they knew what was best. Only now could I feel angry.



Medical and Religious Explanations

The third group of women (and by far the largest) failed to conceive because of seeming medical problems—either hers or his. Keralites have strong beliefs in the efficacy of Western medicine, and there is an extensive system of services based on allopathic principles that is available even in rural areas, in addition to Aruvedic and homeopathic doctors. So couples visited doctors, took the medicines they recommended (when they could afford them), and produced sperm and post-coital samples at their bidding.

But at the same time that women of all classes flocked to the Infertility Clinic, they resisted medical explanations for their problems. Religious interpretations were deep and abiding, and the apparent inconsistency between the two explanatory schema didn't trouble Indians. A Hindu woman visiting the clinic (post-coital sample in hand!) spoke of the curse of the Naga, or serpent. A Swami told the couple she had a curse and advised poojas, and

giving to the serpent once a month for nine months. Serpents, along with their demonic, destructive potential, are looked on as harbingers of prosperity, and there is the widespread belief in India that serpents have the power to remove bareness. To this day, the Naga—a phallic-like serpent on a stone slab, often standing on the tip of his tail with expanded hood—is worshiped by women desiring fertility in temples, and the image guards the entrance to towns along the Malabar coast (Sinha, 1978).

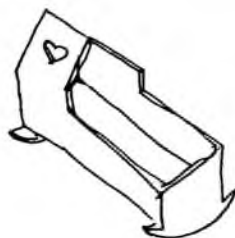
A woman we interviewed in a remote village had converted to the Pentecostal church, after her disillusionment with Naga worship, the offerings required at temples, an astrologer's recommendation to give other offerings, a laproscopic exam, two minor operations, and the recommendations of an Aruvedic practitioner to change her diet. The couple could no longer afford to pay for religious or medical cures (her husband works in a seasonal resort dependent on western tourism). She said:

We did a lot of things and got ruined. Now we have decided we will not do like that. All these beliefs are a waste. (16:7)

We asked why she joined the Pentecost. She said "They are not asking any money." Her mother had gone there: "she was not mentally well (p) mad...they prayed and made her well" (16:7). Beliefs about the power of non-medical cures for seeming medical problems are now shared by east and west. As a Hindu Nayer woman put it: "both should be there, medicine and religious belief" (21:3).

Childless by choice

Lastly, I located a small group of the "voluntarily childless." Advantaged economically and professionally, these women are defying the pronatalism of Indian society, and choosing not to have children. They were difficult to find and the women I eventually interviewed were not from Kerala, but lived in Bangalore, South India, which some have called the most westernized city in India.



MANAGING STIGMA

Although the reasons for childlessness varied, societal response was consistently negative. I was stunned by the degree of social pressure on women to have children, immediately after marriage, and the stigma they face when they fail to do so. Virtually all the women reported critical comments by family members and/or cruel comments by neighbors. Even when a "male factor" was causal, wives experienced blame. Neighbors gossiped and called them "machi" —an extremely derogatory term in Malayalam that has no English equivalent; it refers to a farm animal that does not breed. The woman I

spoke about earlier who's husband was sterilized at age 14 said:

Do you know what [the neighbors] say? When there is a quarrel or something, they'll say 'machi, machi'. Because of all those problems I came here [to the Infertility Clinic]. (14:13)

Another woman— 22 years old and married only a year and a half—described how relatives used the derogatory term to her:

Some people will say, when I am listening ...even though it is only one and a half years ...'yes, she is a machi' ...it is very upsetting. When I tell my husband, he'll say 'you pretend as if you have not heard them. People will say many things. Now we are not yet old.' (24:9)

Though certainly not old at 22, she had come to the Infertility Clinic for a medical work up, largely due to family pressure. She has a "problem" and is expected to do something about it.

After the interviews, I filled my field notes with ruminations about "compulsory motherhood" in India, and then wondered whether and how India is different from the US. Certainly, pressures here encourage delayed childbearing, but aren't there pressures nonetheless on women to bear children? Isn't there criticism when western women fail to do so?

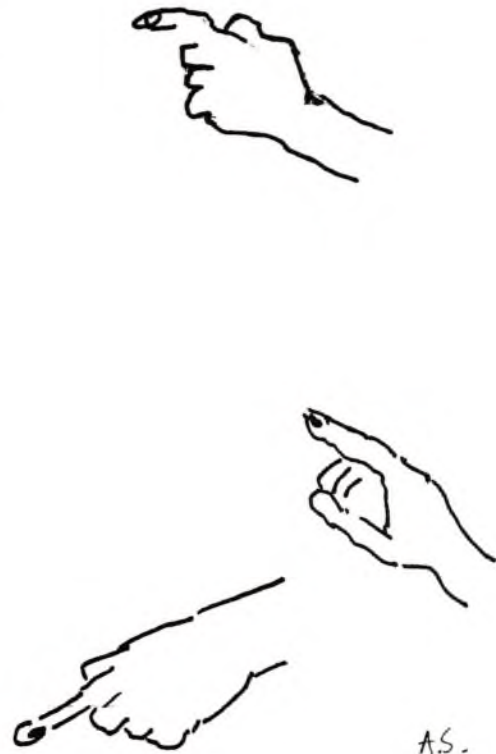
I constantly struggled during the field work with the issue of how to connect with the profound stigma young childless women face in their families and communities, given my position as a middle aged mother. I searched for ways to

understand their experience—to develop the “imaginative identification” Barbara Myerhoff (1978) describes. A painful insight, recorded in my field notes, helped bridge the gap.

I was repeatedly asked by colleagues and neighbors, “Why are you alone?” “Where is your husband?” Over and over again, I explained I was a tenured professor, on sabbatical, and happily single after a long marriage. But I learned that as a divorced woman and a foreigner, I was a topic of gossip in my apartment complex—seen as a symbol of western family decay, perhaps, or absorbed into images of America on the Oprah Winfrey show. (It wasn’t so funny at the time.) I was the exotic “other.” I felt terribly lonely, isolated, and misunderstood. I wrote in my field notes: “A divorced woman, like a childless one, has no place in Kerala.” During that painful moment, I didn’t feel like the privileged westerner, blessed with children. My subjects and I were both outsiders. Neither they nor I measured up. We were deviants, not living according to the rules for proper womanhood in Indian society.

CONCLUSION

I’ve tried in this paper to give you a flavor of the process of doing research on childless women in India, and a taste of what I beginning to see in the qualitative interviews. I have displayed the scaffolding of my early ideas about the substance of the project, along-



side my emotions as I did the work—very far from home. I have not pretended distance and objectivity, but brought myself into the “scientific story.” When we do social research, we are not robots who collect pure information (Gould, 1981), but humans with emotions, values, social biographies, and institutional locations. I hope that by locating myself in my work, instead of pretending I wasn’t there, you are better able to evaluate the situated knowledge I am producing about childless women.

My position as an outsider within India stimulated a particular perspective. Marginality—the outsider in a

culture—makes ethnography possible (as generations of anthropologists have noted), at the same time as it prevents full knowing of an “other.” The childless women I studied, because they too are outsiders within, have a distinct view. Although they would never use academic terms to describe the contradiction between ideology and action, they spoke in their own ways of family ideology on the one hand—close-knit Indian families are supposed to provide cradle to grave security for their members—and, on the other, the actions they experienced at the hands of family members. As the “others” of society who can never really belong, outsiders

threaten the moral and social order. As Collins (1991:68) says "they are simultaneously essential for its survival because those individuals who stand at the margins of society clarify its boundaries." Childless women, "by not belonging, emphasize the significance of belonging," and the mandate to be a mother.

To return to the issues about privilege I posed at the beginning of the paper, the collaboration between my subjects and me, the investigator, became greater as the study progressed, though it was never fully egalitarian. There are inevitable structural and material inequities in the research process. I left my outsider position when I returned to America, while many of my subjects (like Asha) continue to live in dire circumstances in a "third world." As Calvin Pryluck says, "Ultimately we are all outsiders in the lives of others. We can take our gear and go home; they have to continue their lives where they are" (quote in Gluck and Patai, 1991:152). Research situations are governed by inequalities and hierarchies that no amount of good will and empathy for our subjects can overcome.

That being said, what I want to do in this developing project is to make a space for an absent subject. Discourse in India (and certainly in the west about India) is dominated by ideas of population control—how to limit births. Women who cannot conceive remain invisible to view, even as individual childless women are highly visible in their communities, and

subjected to stigma and scorn. I tried in the interviews to create a space for young women's subjectivities, a place for them to speak out on the meaning of childbearing, and what happens to them socially and emotionally when they cannot, or chose not to.

Infertility is not a rare event in developing countries, although you would never know that from media representations. The World Health Organization notes that high fertility may, in fact, mask the existence of infertility in the same country. Worldwide, 8-12% of couples experience some form of infertility during their reproductive years (WHO, 1991), and rates in India are probably higher. Bringing an invisible subject into view is one way to exercise the responsibility that comes with privilege. □

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TWO EGGS, OVER MEDIUM

A Narrative About Billy

I came to understand what social work practice is from my friend Billy, . He taught me that the most valuable part of helping may be the experience of the helping relationship itself. This story is about my learning experience.

by **Robert G. Madden**

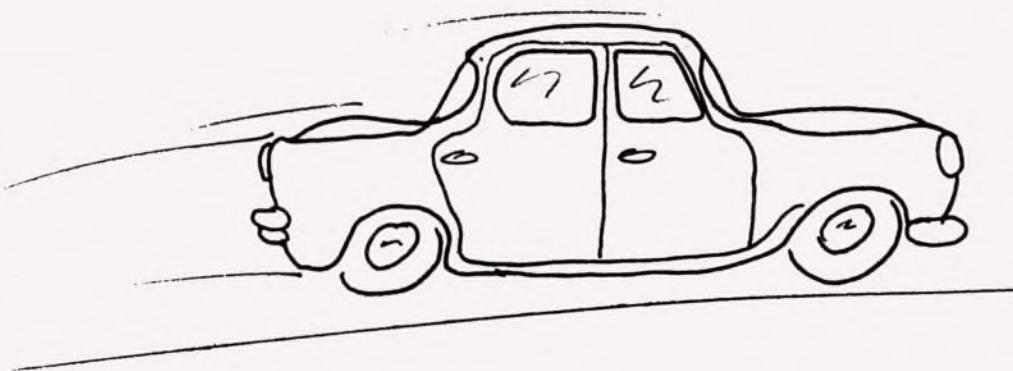
Robert G. Madden, CISW, JD is Associate Professor, Saint Joseph College, Social Work Program, West Hartford, CT

My friend Billy died of AIDS recently. When someone is very sick, suffering and close to death, people often will say, "it was a blessing" when he finally succumbs. I couldn't feel comfortable saying that for Billy since to do so would be to consider the penultimate moment of his life more from my perspective as a watcher. Billy was probably never more happy and at peace as he was right before his death, pain not withstanding. In some way he had been able to have his needs met through his illness. I have developed much more of an understanding of what social work practice can be from my work with Billy. This is our story.

I first met Billy when I had volunteered at an AIDS residence program. The demands of law school and full-time teaching had required me to abandon my private

practice. Now, having passed the bar exam, I felt the need to return to my roots. I really missed the dynamic process of psychotherapy. The opportunity to help someone to feel better and live more fully, the challenge to connect with others on a intense level, to be pushed to understand and deal with myself in the process, were all exhilarating. It is what I do, it is who I am. In the classroom, working with students, there is some degree of this, but I sought to return to the therapeutic role. I also knew how necessary this was to my ongoing effectiveness as a teacher.

Sr. Beth was appropriately cautious when I approached her. She ran a residence for persons diagnosed as HIV+ with a history of substance abuse and who would otherwise be homeless. I offered to provide social work services for the residents. We finally settled on Billy as my client. Actually, there was another man who was to be my client. Each of the first four times I arrived to see him, he was incoherent or hospitalized. This wasn't what I hoped for. My interactions with him were limited to the



warmth and stimulation of my words. This was too one-sided. What about that high that comes from a really good therapy session? In retrospect it is clear. I was selfish. Sure I wanted to do good and I really did feel my interactions were being experienced as helpful, but it seemed my motivation to do this was to meet my needs.

Beth seemed to recognize my frustration and suggested that another resident, Billy, would really benefit from my help. She said he was much healthier and probably depressed. He had been in the residence for about two months and appeared to be isolating himself more and more. Here was a case I could get into. Beth was cryptic when giving me information. She told me that he had an interesting story. She said she would let him tell me about his family and how he got the disease. In our first meeting Billy was very nervous. I met with him in the dining room of the residence to get a sense of his needs and to contract with him about our work.

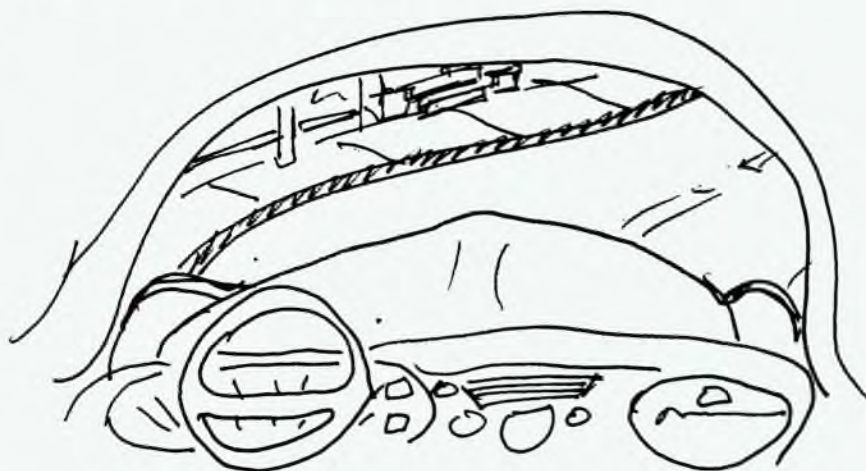
I had it figured out. After all, I was good at this psychotherapy business. He was dealing with multiple losses, coping with a terminal disease and incessant treatments and medications. He had a limited support system and probably a poor history with his family. I could talk to him, provide him with support, help him to express emotions and come to terms with his situation. I think I had an accurate assessment of his needs and the goals for the treatment. There was only one

small detail that needed to be considered. What would Billy like from me? He told me he needed to go to the bank. Sr. Beth had told him his Supplementary Security Income (SSI) check would be coming in and that he needed to open a checking account.

That was fine. I had worked primarily with children and adolescents so the idea of milieu-type therapy, counseling in the midst of a walk or a car ride or even a game of basketball was comfortable for me. Billy said very little else in our first meeting. He responded to questions with one word answers or not at all. He was visibly uneasy

how long it had been since he had one, the cream soda and the smile.

When I dropped him off back at the residence he remained quiet, waiting for me to speak. I asked if this day and time were all right to meet. He said he just had to get out of this place. He didn't care where he went. I was beginning to comprehend a little about what was going on with Billy, but it would be almost two years before I really understood. When he said, "See you next week," it came out more like a question than a statement. He had been disappointed before, of this I was sure.



with the conversation. I suspected it might have been the setting that, while quiet, was not entirely private. After our stop at the bank, I asked him if he would like to go out for a ride. His eyes flashed an energy I had not witnessed previously. He had nowhere else to go but was intent on going. We ended up at a convenience store. I bought him a cream soda. He brandished a child-like smile as he made this choice. I wondered

For the next several weeks, we met at our usual time. As we rode in the car, I would try to initiate counseling conversations with him. He would get pained looks on his face and frequently would not respond. I had no idea who was in his family and whether he had any contact with them. I had no information about his addiction history and how he was doing maintaining sobriety. What was going on with the HIV disease?

I didn't know his T-cell count or even whether he was on AZT or DDI. The only thing he seemed to respond to was conversation about the house. At that time he hated living there. Mostly it was the group-living that was uncomfortable. Rather than experiencing the other residents as supportive, Billy saw them as sicker than he was and their suffering was a reminder of where he would be. He was unable or unwilling to become emotionally connected with his peers. Dealing with difficult emotions was not a skill Billy had ever developed. He did not seem interested in learning to do it with me.



Instead, Billy just wanted to ride. We would stop for a coffee and he would get a cruller. We would drive down a busy commercial strip or through a quiet residential community. It didn't seem to matter. Frequently our rides would be in silence. I tried the usual skills and techniques. I wondered if Billy, who presents as cognitively low-functioning, was able to express his emotions. I wondered if he had some AIDS-related dementia. In the end I wondered if law school had made me a less effective practitioner. After all, we were socialized into becoming aggressive and elitist. Perhaps it affected me more so than I realized.

I think the thing that was bothering me was the lack of a comfortable role. I felt like a group facilitator when no one is sure of the group's purpose. I was concerned about crossing professional boundaries. We seemed to be working out our contract but I struggled with what I was being asked to do. How could I maintain my professional role yet still meet his needs? This was a place where I wasn't sure how to act.

I love Naomi Brill's book *Working With People: The Helping Process* (1990). Often as I'm thinking about some practice issue, I reach across my desk, pluck it off the pile (to be honest, I'm usually plucking the pile off of it) and thumb through it. Brill's straightforward approach to helping keeps me well-grounded. So when I was struggling with this question of what role I should play with Billy, and whether I was violating some basic professional boundaries, I turned to this book. On the one hand, she reiterated the primary importance of relationships in life but cautioned "helping relationships are not personal and they are not friendship" (p. 89). So I did what any good academic does, I reached for another book.

I guess I should have tuned in to the message given by my behavior. I didn't really need a corroborating source to tell me that what I was doing by entering into a friendship with Billy was the right course of action. I could justify it. His most pressing need was for a friend. My intervention was to provide him with that resource.

I guess my discomfort with this role was the question of what I got out of the relationship. For example, if my intervention was to be his friend, did my professional prohibitions against nonpurposeful self-disclosure still apply?

I knew how to be his therapist. I knew how to be his friend. I wasn't sure how to be this hybrid he was asking me to be. In retrospect, this discomfort manifested itself in my interactions with Billy. For the first several months I was confused and wasn't able either to be his therapist or his friend. Luckily, Billy didn't give up on me. Although he had enormous difficulty expressing his emotions and needs, he did communicate on other levels. Billy's choice to go to restaurants or on drives, as well as his refusal to answer probing questions, directed me to the present.

There was an existential quality to the way Billy lived during this part of his life. Dragging behind him a painful past and facing an uncertain future, he seemed to get the most comfort out of his immediate experience. Food and companionship were the tools of comfort. They soothed his hunger in body and soul. Billy had lived through his "used to be's" and while he hadn't dealt with them, I didn't feel as though I could question the functionality of his denial. Thinking about the future progression of HIV disease was not only scary to him, but to me as well.

Was I enabling his denial by not pressing him to confront his emotions? Maybe, but after

seeing Billy weekly for about a year, I realized that if he was going to do therapy, it would be on his terms. Slowly, some emotional expression did begin to leak out. It came only in drips. The torrents of pain and anger would remain forever behind the well-fortified dams and that had been constructed as a defense to a dangerous world.

One of the few places Billy talked about with any depth of feeling was a residential school, coincidentally located in the town where I live. I got the sense that there was something different about the time he spent there. I offered to take him for a ride to see the school. He accepted with obvious excitement. On our way, Billy talked about his school experiences. He had been expelled or withdrawn from every school he had ever attended, including this one. Although he was never specific about it, this school seemed to have given him an experience of acceptance for who he was. Perhaps he had his sexual orientation affirmed, or he felt a sense of belongingness and community that made the school a positive memory. Perhaps it was a place of escape from a home experienced as unaccepting and unaffirming. I learned more about Billy on this two-hour drive than I had in a year of weekly visits.

I told my colleagues I thought it was a real breakthrough. I thought my patience had finally yielded results. He was really starting to deal with some of his past. I envisioned

family sessions where he could be forthright in confronting his alcoholic, emotionally abusive father and his loving but distant mother. His siblings, who had been increasingly supportive as his disease progressed, would help him come to terms with his family and establish a new relationship with his parents. This was therapy!



I picked him up the next week and we went to the diner for breakfast. Billy was silent and distant. I did the therapist thing and identified the risk he had taken in sharing so much. I tried to talk about how it was difficult to deal with emotions but how I felt it could make him feel better. He growled at the waitress for not refilling his coffee. He wouldn't respond to my efforts to label what I felt was going on. Finally he asked not to have to talk about "stuff like that" any more. He asked with such pleading and desperation in his eyes, I nodded my head. So much for the therapy.

I guess that was my turning point. I began to relax my therapeutic expectations and focused on the same type of here and now Billy was focused on. The coffee began to taste better as I tried to experience with Billy each moment of time. I began to notice details in our rides that I hadn't seen because I had been anxious about performing my role. As I slowed my pace, I must have become more accessible. The companionship seemed to be what Billy wanted and needed the most. I think it brought a sense of normalcy to his life where little otherwise existed. It lessened his isolation and provided him with stimulation. He could simply be with someone in a way I take for granted.

When I am with my wife and neither of us needs to talk, I frequently experience the joy that comes from the "being with." Billy really didn't have any relationship in his life where he felt safe enough and intimate enough to feel the warmth of presence. The time we spent together was often this silent reassurance to him that there was one relationship in his life where the other party was not going to place expectations on him, was not going to poke or prod him, and perhaps most importantly, was not going to hurt him.

After about six months of focusing on the relationship, I sensed some changes in Billy. He became more spontaneous and his sense of humor emerged. Billy sought out other supports. He began to visit a local family

he had met through a shelter volunteer and would spend evenings watching television and petting their dog. He reached out to his siblings and asked them to be in his life. He attended a religious retreat sponsored by an AIDS ministry program and came back with renewed faith. While he still didn't like living in shelter, he located individual staff, volunteers and residents who became his support system. He was taking risks by making himself available for relationships.

AIDS had taken Billy on a strange journey. In a life that was often painful, full of momentary pleasures in an attempt to find acceptance, Billy never found peace until he got sick. He found an accepting community in the shelter. He found a warm supportive parent figure in Sr. Beth. He found his god. He found out how to get his needs met in ways that were no longer self-destructive or that required him to be used.

Billy had taken me on a strange journey. He made me examine my stereotypical notions of what psychotherapy was. If the basis of clinical social work is healing emotional hurts and strengthening the capacity of an individual to deal with life, then our work together qualified in its results. Why did I believe most of this had to be done verbally? I had overlooked the curative power of the relationship. In his simple, naive manner, Billy had taught me that from a client's perspective, the most valuable part of the helping may be the experience of the helping relationship. It could be

reparative and sustaining in a time of pain.

During the first year of working with Billy, my fear was that I was crossing some professional boundaries by establishing a friendship with him. The dictionary defines "boundary" as anything indicating a limit or a confine. By focusing on the boundary, I was limiting the scope of the help I could provide to meet his needs. But it was a real struggle to provide this relationship-based "therapy" while maintaining some professional role. I had to monitor my interactions to ensure I was always there for Billy, while not putting reciprocal demands on him. It is a fine line.

Cormac McCarthy's novel *The Crossing* (1994) describes a young man's extraordinary effort to release a wolf he had trapped. He hoped to return it to its natural environment in the mountains of Mexico. The character's attempts to preserve the dignity of this animal eventually resulted in the wolf's death. After the wolf had died and the young man contemplated his future, McCarthy wrote, "Doomed enterprises divide lives into the then and now" (p. 129). My failures and frustrations in the first year of working with Billy were a similar defining moment in my social work life. As a result, my practice will always reflect what I learned from Billy. □

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BARBARA

A Story of Loss and Gain

We sometimes see in our clients, parts of ourselves and want to make the parts available to the other. We have much to learn from each other. This narrative explores my work with Barbara.

by Joan Beder

Joan Beder, D. S. W. is Assistant Professor, Wurzweiler School of Social Work, Yeshiva University, NY



I waited and watched by the window as I had for so many of my clients, to gauge the progress or rather the progression of the disease. In the early stages of cancer, most emerge from their car with a firm step, perhaps aided by the optimism promised by the doctors or before the debilitating effects of the chemotherapy have fully kicked in. As time goes on, for the majority of my clients, the chemo becomes more toxic or the radiation is too intense or the disease is gaining faster than had been predicted and the steps to get out of the car become more halting and painful. The short walk from the street to my door, which at one time would have been effortless, becomes another obstacle to overcome as ordinary things become major efforts.

The bulk of my social work counseling was with cancer patients and their families. I had been hired under a state grant to establish an outpatient community counseling program that offered supportive counseling and individual and group services.

The clients I worked with did not seek counseling in the early stages of their disease while their internal lines of defense were intact. Usually a client

sought counseling when they had begun to feel the debilitating effects of radiation and/or chemotherapy treatment, and were losing their optimism. As a supporter of the Kubler-Ross (1969) perspective, I acknowledge that coping mechanisms usually proceed in stages: denial and isolation, anger, bargaining, depression and acceptance; although not all clients go through all the stages and the stages are not necessarily followed in strict sequence. In my work, it was rare to see a client who was in the denial stage; it was more usual for a client to seek counsel from a position of anger, bargaining or depression.

The task for the worker, in the early phase of the counseling is to: assess and support the client's strengths, to create an atmosphere in which they are free to express concerns and even lament the situation, and to assess and strengthen the available support systems. For more seriously emotionally and physically compromised clients, additional worker supports are needed to address feelings of depression and anxiety, and to manage the illness. I define my role as a supportive element in the life of the client: sometimes as liaison with the family, as

someone with whom the client can explore the feelings surrounding the illness and offer unconditional support.

Barbara, the client who is the focus of this essay, was 38 years old when she was referred. The referral came to me because of my training in guided imagery. Guided imagery asks the patient to visualize the cancer, and create images to disarm the disease. The technique, as established by Carl and Stephanie Simonton (1977) is thought to be helpful in aiding the patient to direct cognitive energy on her/his own behalf. Although I believe the exercises are beneficial, I question the claims made by the Simontons, that this technique can 'cure' cancer. I was never satisfied by the design of the research which established this as fact. Nonetheless, there is value in supporting a cancer patient to use these techniques for stress reduction and to gain a sense of control. My concern, which I raise with a client, is the 'blame the victim' logic inherent in the technique which asserts that someone who effectively uses guided imagery can make their cancer go away. I reason that if someone has the power to make their cancer go away, did they do something to make it happen in the first place? The potential for a client to deduce a sense of blame from this technique becomes part of my discussion in orienting the client to the exercises.

An additional concern that prevents my wholehearted endorsement of any technique — guided imagery included — relates to the possibility for

despair when the hoped for results of a new intervention are not reached. Typically, a client begins a new or unconventional treatment with optimism, especially when the traditional forms of treatment do not work. When these nontraditional approaches fail, and options are in short supply, clients begin to lose hope. When I was contacted by friends of Barbara asking me to work with her and teach her guided imagery, I assumed that the client was seriously ill, had begun to doubt the efficacy of her current treatment regimen, and probably unable to deny the seriousness of her disease.

From my post at the window, I watched Barbara emerge from her car for our first visit. Wearing a turban to hide and protect her balding head she moved well, but was short of breath when finally seated in my office. I welcomed her and we began by my asking for the history of her illness and a description of how she was managing. The story she told related some of the facts of her life highlighting her recent medical history. A social activist she had been involved in setting up a variety of social programs in the county in which we both lived. Her current work was with a crisis hotline. She was articulate and appeared to have a zest for life. The mother of two sons, aged 10 and 13, she lived with her children as a single parent. She had an extensive network of friends, many people with whom she worked. Eight months before our first meeting, Barbara was diagnosed with Paget's disease, a deadly and

egregious form of breast cancer.

There had been many medical consultations and second and third opinions but this type of breast cancer is virulent and once it begins, is very difficult, if not impossible to stop. A mastectomy was not performed. She was advised to have aggressive chemotherapy which she had been under-going. She had lost her hair and some of her stamina to the chemotherapy. Emotionally she claimed that she was holding up. Her support system was fully mobilized, and provided care for her through most of the rough spots. Neither optimistic nor pessimistic she acknowledged that she was becoming worn down by the chemotherapy and its potent side effects. In response to my question — what she was most concerned about — her greatest fear was for her children in the event that she would not be 'able to beat this'. The hint of doubt usually signals the breakdown of denial, expressed through concern for her children. She did not dwell on her own fears, the weakening of her strength, or the difficulty with the side effects of the chemotherapy.

My approach when a client may not be grappling with or even fully aware of the severity of their condition is to support the client's denial as long as he/she was not neglecting the vital aspects of self-care. The assessment of the client's degree of 'grappling' is done through open-ended questions in which I ask the client what they think is 'really happening' to them. I urge them to report what the doctor told them and

note the types of questions that were asked. For example, I asked Barbara why she thought that a mastectomy had not been performed, she was not sure, and thought that it was not a good sign. Had she probed would have told me that she was ready to hear the answer: she would have known that it was too late for a mastectomy and the spread of disease was too great. I chose, based on the desire to support some degree of denial, not to push for further information. Barbara was following the doctor's orders and while aware of the seriousness of her situation, she had not allowed herself to think that the disease would kill her.

When I first began to work with this population, I was unclear how to use myself most effectively. I wondered what separated me, the social worker, from a close friend or family member who was there to offer support? I soon realized that the social work's unique function, was that the worker did not need to be protected from the client's emotional content. A client could rage, bemoan her/his fate, wail, express anger at those around them who were healthy, and the worker could receive this content without the client feeling that they were becoming a burden. The theme of being dependent and seen as a burden is a central emotional struggle for most seriously ill persons.

With this understanding, I often comment to a new client that they don't have to take care of me which has the effect of freeing the person to risk saying

the unsayable. While this is liberating to the client, the effect on the worker can indeed be powerful as we struggle with the projected feelings of rage, frustration and despair. Barbara was very angry, lamented that she was beginning to feel cheated and fearful of facing her future. She worried that she was going to overtax her friends — her primary caregivers — there were no family members nearby. She did not want to upset her sons with her fear and dependency. Encouraged to speak about this she felt some relief from her emotional overload.

By the end of the first few sessions together, I had strong feelings about Barbara, concern, admiration and closeness. With many of my clients I was able to 'professionalize' the relationship and see them with a managed level of emotional connection. They are clients who are ill and while I care about them and work toward their welfare, I do not necessarily carry them with me. A protective distance insulates me from serious personal anguish, which in time would make continued work with this population impossible. It was difficult for me to establish a protective distance with Barbara. Perhaps there was too much overlap for me to be fully defended against my growing anxiety and sorrow over her situation. Our ages were within a year of each other, I had two sons, close in age to hers, and supported some of the causes Barbara championed — for me

to be fully defended against my growing anxiety and sorrow over her situation.

She wanted to put the imagery and relaxation exercises on hold, feeling that she would need to use them later on if her condition worsened. When I am able to reinforce a the client's decision I will. I did not feel that by delaying guided imagery she was neglecting an aspect of her care. Barbara stated that she was managing her emotional reactions, in some part because of our relationship, but more likely because she was between chemotherapies and had gained back a measure of inner strength.

Toward the end of the first month of our twice weekly meetings, I received a call from Barbara that she had been admitted to the hospital for chemo treatment because of her low blood count. I arranged to meet her at the hospital rather than miss our usual time. The hospital visit was a turning point for both of us. Since our meeting of a week before Barbara physically had lost ground, she had lost weight, was pale, weak and walked unsteadily. She looked 'sickly' and regrettably I noted her frailty and vulnerability. She spoke of weariness and growing sense of doom. During the meeting my own denial, which has sustained me



through many difficult situations, began to give way forcing the powerful recognition that Barbara was dying.

With those clients that I develop a bond and identify with, this moment of recognition is difficult. I struggle with impending loss, with existential and literal concerns about dying and losing people I care about, and the impotence of being unable to effect the outcome. Feelings of impotence are my way of recognizing my anger at the disease. Cancer robs those it touches of their well-being, vitality, dignity and often life. The recognition of its potential to rob, often guides my interventions toward empowerment. With the recognition of Barbara's terminal state, I had to try to consider, anew, where to professionally position myself in the life and dying of this client. Underlying the question of professional position, is the 'acceptance' that I am unable to stop what is happening, that it is going to progress no matter what I do. As Barbara's social worker, what could be my contribution to this inexorable reality? Should I help Barbara maintain optimism and hope or help her to face the reality of impending death? What did 'facing impending death' mean and entail, for Barbara and for me?

For Barbara, I was to learn, it was a time to solidify final plans and say good-bye. While for some clients it means planning and saying farewell, for others sinking into depression and withdrawing from life as life withdraws from them. For those

clients, the worker and others are often shut out. Our role is to remain in the client's life, by continuing to visit, retaining the position of confidante and recipient of emotional content; and engaging in difficult discussions on an emotional level.

When Barbara returned home from the hospital, she was seriously compromised. She needed home care and was unable to manage alone. Confined to bed, she was unable to care for herself or her children. The most recent chemo treatment had been totally ineffective in stopping the cancer. The support team of friends was fully operational to provide care for her and the children. I spoke with Barbara soon after her return and arranged a meeting at her home.

A friend met me at the front door and escorted me upstairs to Barbara's bedroom. It was early spring and the windows were open, the sun was streaming into the room. The change in Barbara was dramatic. She was in bed because she had to be; she was weak and hardly able to sit up. While she had lost a few more pounds, the more serious loss was of her spirit. The spark was gone and, with it, the ability to fight. Upon seeing her, my inscrutable demeanor sustained me from a more overt reaction while internally, I was deeply upset and horrified by the change. How could someone become so sick, so quickly? I asked how she was managing. She quickly indicated the agenda for our time together. "I want two things from you today" she began. "I want to learn a relaxation exercise to get me

through the very difficult periods of sleeplessness and fear and I want you to plan my memorial service with me." All pretense was gone. At her initiation, we spoke of the changes in her, of her fears for herself and her children. We discussed her memorial service, what she wanted read and by whom, the tone she wanted and the details of where it would be held. She explained what she had in mind and wanted to be certain that I would be there. She had shared some of these details with close friends but wanted me to have the full outline.

Taking my cues from her, I got into the details of the memorial service without exploring the emotional side. When we had finished planning, I asked her how she was managing emotionally. She said that she was exhausted, knew that the end was near and was afraid and relieved at the same time. She was comforted that we had arranged everything and could let go of all the details. I was starting to become overwhelmed and confused. The request to be involved in her memorial moved me beyond the role of support and counselor into new territory. This was unfamiliar terrain.

It was an odd feeling and yet one that relieved me. I had been given a niche in the dying process. I was the resource person with the overview. This was a first for me. I had been with many clients in their final weeks but never to this level of involvement. When a person is dying, they are either heavily medicated or in such a compromised situation, that they

are unable to relate as clearly as Barbara. Most of the time, I would continue to visit a client in the hospital or their home and would get a phone call from a family member informing me of the client's death. I had never been with someone when they died. I came to understand that in Barbara's case, I had become the surrogate family member, there were no others. While there were many close people in her life, none had assumed that position.

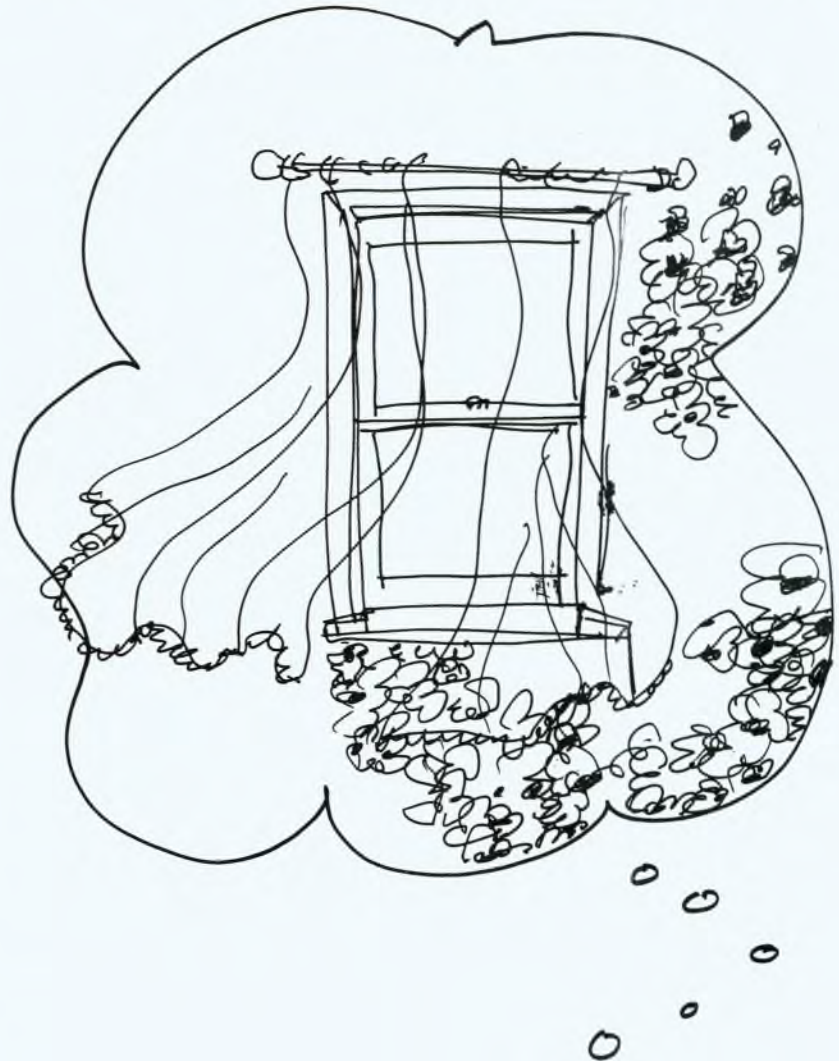
During this final home visit, we discussed relaxation and imagery exercises. She spoke of her fear and sleeplessness and I spoke of what could realistically be expected from a relaxation/imagery exercise. In the exercise, the individual imagines a scene which can produce a feeling of being relaxed as images are conjured. For many people, the imagined scene has a beach, water, mountains, a peaceful setting. I asked Barbara to describe a setting in which she felt safe, comfortable and relaxed. The setting would be the scene which she or I could 'place her' to begin the relaxation process. Barbara's imagery setting was the room in which we were sitting, it was warm with a cool breeze rustling the mauve curtains. The next detail of the setting asks the client to describe themselves within the scene. Barbara wanted to picture herself well and fit, on vacation, reading in her bed. The image of home was what she wanted and what she anticipated could relax her during a stressful time. In theory, once having the scene in

mind, the client or the worker in a soothing voice evokes the setting, places the individual in it and suggests a slow muscle relaxation. In some ways, it is mildly hypnotic as the person settles into this place of imagined well-being.

We tried the exercise and with her eyes closed, I described her scene and gently suggested that various tense points in her shoulders and neck should become relaxed and stress-free. She lay still for several minutes and as she opened her eyes, she said that she felt calmer than she had for some time. She said

that she planned to do this relaxation on her own, that she had felt it to be helpful. We arranged another home visit although that visit never took place. I left her home, sad and heavy hearted.

Three days later, I received a phone call from one of Barbara's close friends at the Hotline. Barbara had been hospitalized early that morning in intense pain, and wanted me to come to the hospital as soon as possible. The admitting doctor spoke in terms of hours, perhaps a day. Her brother had been summoned from Maryland.



I arrived at the hospital to find a cluster of her friends outside the room. We could all hear her anguished cries and frequent screams as the nurses ministered to 'get her comfortable'. Her dearest friend went into the room. She came out a few moments later and told me to go to Barbara, alone. Despite dulling medication, she was alert and fighting to stay in control. She said "I need you to help me to say goodbye to all these people. I can't do this alone. I want you to help me by relaxing me when I am about to lose it. You know the exercise, with the breeze and the curtains and..." Yes, I knew the imagery but felt overwhelmed by the task Barbara had set for me. She wanted me by her side as she closed out the deepest relationship she had known, to calm and reassure her, to take care of her during this, the final hours. I remember thinking that there was nothing in my experience that prepared me for this task, no amount of schooling or training had readied me to help a person to die. The gamut of my feelings and emotions was extensive. I was frightened, in awe of what lay ahead, overwhelmed as people looked to me for direction and oddly proud of being given this degree of trust and responsibility.

One by one, she summoned her friends to her bedside. Periodically between the goodbyes she would draw me close to her saying "Bring me there, the curtains blowing and the warm breeze." I did as asked, evoking the images which indeed calmed her for the next

person. Many people came and went during those several hours. Barbara dozed for a brief period. I was exhausted by the emotion which I had witnessed and what I knew to be my own emotional overload.

I managed to remain collected until late afternoon when Barbara's children arrived with their father. Before she called in her children to hold them for the last time, she said to me "I don't know how I am going to do this but I must." I was aware that a drama of untold dimension was about to unfold. The goodbyes up to this one had been tearful and poignant and my work with Barbara was to soothe and strengthen her for the next one.



The children were different. She looked to me to give her whatever strength she could borrow to be with her children for the last time. I stroked her brow and reassured her that she could do this and that I would be in the room, by her bedside. I did not know what more to say or do to make this impossible task any easier.

Both boys came in at the same time. They were frightened and began crying as she pulled them to her. She rocked them for several minutes and used her waning energy to hug and kiss them. Few words were said. As Barbara began to fade, she said "I will miss you. I loved being your mother and I will love you forever." A final hug from each and they left the room. My heart still hurts as I recall this moment. The vivid pathos of that scene will remain with me forever. Barbara fell back to her pillow, spent. She reached for my hand and we sat quietly for a long time, both of us crying. She dozed. I was almost to the point of numbness as it was impossible to feel much more than what I had experienced in those moments.

The vigil was coming to an end. Her brother was expected by early evening. She turned to me and said "I have two more goodbyes, you and my brother. I want to thank you for all you have done. I will be able to deal with my brother by myself. You should leave. How do I thank you for giving me strength, for helping me do this?" I thanked her for the honor and teaching me about dignity and commitment. We hugged and I left the room dazed. I had been at the hospital for many hours. I was depleted while knowing that what had happened in those hours was a profound experience.

Barbara had managed to stay alert until her brother arrived and spent some time with him before slipping into a coma and dying several hours

later. The memorial service conducted according to Barbara's wishes, captured her essence and honored her. I cried for her during the service and silently thanked her for the privilege of participating in her life.

The work with Barbara occurred ten years ago. Over these years, I have thought of Barbara frequently and my role in her dying. In evaluating the experience, I think that I over-identified with her because of the similarities in our lives and lost some of my accustomed objectivity in my ability to be effective with her, although I don't know how different I would have been had the identification not been so strong. I know that I liked and respected her and had we met under other circumstances, we would have been fast friends. These are the hardest ones, the cases in which we see in our clients, parts of ourselves and want to make the parts available to the other. We had much to learn from each other. Barbara taught me about courage, I taught Barbara a one-time skill which allowed her to die with dignity and complete closure. My life and practice has been enhanced by having known her. □

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THEY'VE STARTED DROPPING BOMBS! A Boys' Group Confronts War

This narrative tells about my work with a group of adolescent boys. It describes in particular, the boys and my experience during the first bombing of Iraq, January 16, 1991.

by Andrew Malekoff

Andrew Malekoff, ACSW is Director of Program Development, North Shore Child and Family Guidance Center, Roslyn Heights, New York, and Co-Editor of *Social Work with Groups*.



When one thinks of events that define a generation, tragedies such as the assassination of President John F. Kennedy come to mind. Everyone seems to remember where they were when they heard. My memories of sitting in seventh grade English class at age twelve and a half, are as vivid as my current memory of working with a boys' group when the news came of the bombing of Iraq.

The group consisted of boys in their early teens that were referred to the North Shore Child and Family Guidance Center (NSCFGC) following some impulsive, destructive and or antisocial act. The tentative purpose for the group was to help the boys become more reflective and less reactive, that is, to put space between impulse and action.

The group provided a context in which concerns could be explored in the abstract and enacted in the present, the hear-and-now of the group.

As with all clinical groups at NSCFGC the members are assigned to a group by an agency clinical team following an intake evaluation. My preference is to first schedule a family meeting with each prospective member and his parents. This gives us a chance to meet, talk

about the recommendation, explore what happens in a group, and how it can be helpful. By meeting parents right from the start a working alliance can be initiated, and ground rules for privacy, confidentiality and collaboration can be discussed.

In the family meeting I reserve some time to meet alone with the prospective group member, allowing for the expression of any questions or comments that may be more comfortably addressed privately. The private time serves symbolically as a transition from the family to the peer group.

In this particular group, three of the boys (Jack, Kenny and Matthew) had been together for about a year when a fourth member (Rick) joined the group. Jack was referred to the group by a caseworker who reported an escalating pattern of violent behavior most often targeted at peers after the sudden death of his father. His relationships with the school's authorities had also deteriorated significantly in recent years. The school's response was to label Jack as emotionally disturbed (ED) and farm him out to a special district subsidized school in a geographic location outside his home district. This response to troubled children occurs all too

frequently. Parents are not always able to advocate effectively and are often intimidated by those in authority or with access to confusing and "expert" information. Jack and his mom agreed that his behavior had deteriorated appreciably after his father's recent death. I expected, prior to our first contact, to be confronted with a surly and resistant young guy. To my surprise Jack was an articulate and thoughtful boy who expressed his anger openly and seemed hungry for the kind of relationships that the group might provide. I discovered that his violent attacks were retaliatory, aimed at the few who dared make a joke of his father's death. But I also learned about the unprovoked attacks such as grabbing a seated classmate's hair from behind and slamming his face into a desk. I wondered whether or not Jack might be a danger to the other group members and whether he had developed any other outlets for his rage. He assured me that he would control himself in the group and I believed him. He did have other outlets but I would not learn about them until sometime later.

Kenny came in for the first time with his adoptive father. He also had experienced loss, repeatedly, and at a much earlier age than had Jack. In our first meeting Kenny played with a hand held video game despite his father's pleas to "put the game away." Kenny was happy to hear that the group in addition to discussion would include

having fun and eating snacks. His dad unprepared for his son's pre-adolescent behavior — the growing rebellion. He was even more unprepared for the coming force of the repressed memories of early years of neglect and abuse which were beginning to leak through Kenny's poorly constructed armor. I wanted his dad to know that he and I were going to be partners in helping Kenny.

Matthew and his mother were clearly the most resistant of all the members to the idea of a group. They were certain that his problems required something more "intensive." Their doubt about the group reminded me of how I'm endlessly defending the value of group work to parents and colleagues. I know of no other modality that draws such universal skepticism. I think it may have something to do with the sounds and action that kids' groups generate. For some reason this seems antithetical to people's perceptions about the clinical experience. It appears neither as a "medical model" nor sufficiently controlled. The underlying question is, how can laughter and fun be part of the healing process when serious psychopathology is involved. Fortunately I have recovered from the malady of taking myself too seriously.

Matthew's parents were divorced and continued to battle, often drawing him reluctantly into the fray. Matthew was the youngest group member by a year and the least peer-connected of the group.

While Jack appeared to be more of an "actor-outer,"

Matthew was an "actor-inner" who appeared very sad. His intellectual style kept others away and masked the inner turmoil first uncovered when he revealed that he was hospitalized after trying to hang himself in sleep-away camp the summer before.

Rick was the newest member to the group. He was referred to what might be described as "adjustment problems of adolescence." Physically the most mature of the four boys, Rick appeared as one of those kids compelled to live up to his appearance, to try and act like someone much older than his thirteen years. He did not share a history of personal loss with the others, although his parents' escalating financial problems emerged as a previously unacknowledged stressor when we first met. His major loss was one shared by all four of the boys, the loss of childhood. The group was prepared for a new member, and they welcomed Rick with open arms as he boldly attempted to lead them away from all remnants of childhood.

My style of working with kids' groups invites the whole person to participate, not just the troubled parts. I do not see myself as what William Schwartz called a "fixer of broken objects." I want parents to know that I see more in their children than a diagnosis of some pathological condition might imply. I want the kids to know that my intention is not to hammer away at their flaws. I want all of them to know that the group is a place that members can help each other, a place where a sense of

belonging and competence can be developed, and the "normal" in all us, is allowed expression.

As with most adolescent groups, this group communicated through a meandering conversational style. There are a few clear roads and many detours. Some observers of my groups have asked me if my groups are always so unstructured. Frequently this coded message is an expression of anxiety at what is perceived as a lack of control. As I see it, this is how kids talk, and I do not ask them to function as little adults. Their language and interactional style is also a way of distancing adults. It is essential I try to understand their music since my intention is to allow their culture to exist within the group's space.

As the boys talked, common ground was established as several rich threads emerged from the fabric of the conversation. My role was to try and highlight common themes, make connections, encourage participation and inclusion, and to begin to articulate a destination for the group. Out of all of this came the purpose which included developing a reflective pause between impulse and action; addressing normal developmental issues; and mediating with the systems that they were becoming alienated from (i.e., parents, school authorities, etc.). They could accept this when it was translated in their language: e.g., to learn to think before doing something stupid, something that you might later regret; to discuss friends and sex and drinking and smoking and other things that you're interested in;

and to find ways to get along better in school or at home.

The integration of the purpose became most often evident when a story from the prior week was brought into the group discussion: e.g., "I could've really fucked that kid up when he said that to me, but I just walked away because I didn't want to be suspended again." "I was about to walk out of the store with the new headphones but I walked around with them for awhile and realized that this is wrong, I've known the store owner for years." When this occurs it provides the opportunity to ask the group members to look at the incident, to connect it to our purpose and to reinforce the actions that reflect desired behavior.

Purpose is also highlighted in the actions that take place in the group's here-and-now. Tempers become heated and members are faced with split second choices of lashing out or pausing. When the former predominates, an opportunity arises to literally stop the action and promote reflection. When the pause to reflect occurs spontaneously the members can be led through a journey to see how it worked.

A primary group value is that the members help one another and not rely solely on me. This requires asking them, when the moment is right, "Did anyone ever have a similar situation? What happened? How did you deal with it?" Such queries often generate a collective sigh and an OH, here he goes again look from the members. It's during such moments that I

am challenged to silently crack the code which reveals that it is okay for me to pursue these questions, yet, I must accept that they will not willingly play along. I understand that the ruse is really a silent pact which affirms the difference between me (adult world representative) and them (kids' world representatives). I've come to realize, their hunger to have a relationship with an adult who can weather the treacherous waters.

Work with adolescents is full of paradoxes, many of which have to do with negotiating closeness. As a beginning group worker I struggled with feelings of wanting to be accepted by the kids, dare I say, as a peer. What a trap that was. In time I recognized that my self esteem could not depend upon their acceptance. I came to see that they needed me to keep my distance, yet remain close. A subtle journey this is, finding one's special place in a culture within which one can never attain full membership. As a colleague, David Bilides says, "adolescents are not the easiest population to work with. Few of them come up to you and say, 'thanks, that was a really great group, I got a lot out of it.' One learns to receive nourishment from many small, often non verbal rewards."

On a foggy evening on January 16th, 1991, at six o'clock my early adolescent boys' group arrived for their weekly meeting. Sometime soon thereafter and during the course of our meeting, the allied forces in the

Persian Gulf started bombing Iraq. I wondered how tuned in to these events the boys were. There was growing anxiety reflected in the media and in conversations picked up almost anywhere one ventured.



Just days earlier a former member of a past boys' group showed up at the front door of the Center accompanied by a uniformed naval officer. He was about to enlist and was requesting copies of his record, a prerequisite he informed me. He was just a few years older than the boys in my group and not too many years older than my two sons.

Following a brief and unimpassioned debate about the upcoming football playoffs leading to Super Bowl XXV, the talk shifted to the prospect of war. The January 15th deadline given to Saddam Hussein to leave Kuwait had passed eighteen hours earlier. Too young to have experienced the war in Viet Nam, yet old enough to know about indiscriminate terrorism and to have viewed innumerable movies and television programs featuring American mercenaries in action, the boys engaged in animated discussion of their country's military capacity.

They strutted their knowledge of the American arsenal of air power much like they might be debating a forthcoming sporting event. Cruise missiles and B-52's and stealth bombers and F-15's and tomahawks filled the air. The pride in their perceived strategic acumen was evident as each one tried to outdo the other. Especially confident with his knowledge was Rick, the physically imposing thirteen year old. He informed his fellow "nintendo" warriors that, "they (the Iraqis) only have MIGS." He went on to declare that, "The New York State police could beat Iraq!" His conclusion was left unchallenged.

Fully recognizing the protective nature of their discussion to that point and not wanting to assault their defenses with a lecture on the realities of war I asked them, "are any of you worried?" They actually startled me with the swiftness of their response, a stark contrast to the macho posturing that preceded it: "I'm afraid we'll be bombed... we might be hit... I can see World War Three... what if there's a nuclear war...?" Jack, whose father died two years earlier, was the last to respond. He spoke of the consequences of nuclear war in human terms. Without missing a beat he described a book he recently completed, Johnny Got His Gun, about the impact of war through the experience of a single soldier trapped inside of a severely damaged body.

I wasn't surprised by Jack's literary contribution. Earlier on in the group Jack revealed that he did have an

alternative means for expressing himself — poetry. He had recently shared a poem he wrote about a friend's death. Matthew, a self described "intellectual", a boy who had threatened to take his own life at age ten, told the others about "the prophecies of Nostradamus." He carefully detailed a prediction that he attributed to the 16th century French astrologer: "At the end of the 20th century a large man with a mustache wearing a blue coat and brandishing a large sword will conquer North America..." Months later Matthew joined his first "club." A group of mostly adults, and some young people who engaged in elaborately organized civil war reenactment.

On the prospect of terrorism the boys doubted that there would be any real protection. An irate Jack yelled about the planned lay-off of scores of New York City firemen. He then described the deaths of "two retarded boys" who "would have been saved if the local firehouse, a block from their house hadn't been shut down." (Within the next year Jack joined the junior division of the local volunteer fire department.) He and the others railed on about how "everything is falling apart." Jack's illustration seemed to highlight their diminishing faith in adults and in the "authorities" power to protect them.

I thought of my own sons who were only six and three at the time and those parents whose children were headed for the Persian Gulf, and those whose children lived in the Middle East. I was reminded of

a recent Memorial Day service and of the stirring tear-filled tribute of a mother remembering her son killed in Viet Nam. I recalled that one of my best friend's older brother was killed in the same war. The news came to him when he was a teenager, by way of uniformed officers at his front door.

I thought mostly about war's impact on families and that the boys in my group were but a few short years from the possibility of going to war themselves. As I looked at them I found this to be astounding.

As their earlier defensive posture gave way to a more open expression of anxiety and fear I asked a second question intended to enable them to find the resources within themselves and in the group to cope with their growing terror. I pointed to an empty chair and asked: "If a boy about your age walked in here now and sat down in that chair and he was shaking and asking for help to deal with the threat of war how would you help him?"

They said that they would tell him not to worry because "the bombs could never reach us" and if they ever got close "they would be blown out of the sky." Then there was a pause and Rick, the most "arsenal savvy" of the group said "you guys will probably think I'm a wimp, but I'm scared shitless." He punctuated his

confession by grasping the fingers of both hands behind his neck and then burying his head between his knees. This was a curious sight. It reminded me of the frequent air raid drills I'd participated in as an elementary school student in the nineteen-fifties ("duck and cover"). The other boys silently studied Rick's metamorphosis back to the innocence of childhood.



I asked the others if they thought Rick was a "wimp." Their response was a resounding "no!" and they revealed that they too were scared. I told them that they had nothing to be ashamed of, that war is scary and that it took a lot of courage for them to be as forthcoming and supportive as they had been. And then I tried my best to reassure them that they would be safe.

I was strong in my affirmation that they would be

safe, as I would be with my own children, yet I had my own anxiety to contend with and the knowledge that they weren't blind to the dangers of everyday life, let alone during war time. In the almost four years since this group meeting was held terrorists bombed the World Trade Center in Manhattan, just a few miles away from where we were meeting. My next door neighbor worked in one of the twin towers. One cannot help but wonder about how safe we really are in the United States? As I write this in October 1994 American troops are again being deployed in the Persian Gulf.

The room fell silent following my attempt at reassurance. They asked to play a game that Matthew had brought in for the last ten or fifteen minutes. The game, "Advanced Dungeons and Dragons" is a fantasy game in which characters are created to battle various enemies and life threatening obstacles.

Matthew had prepared protocols (character profiles) for each of the boys. These protocols described their assets in such categories as special abilities, armor, hit points, wounds, weapons, ammunition and more.

For the remaining twenty minutes of the group meeting they played the game. Perhaps they were expressing their fears through another avenue, one which gave them temporary

mastery over their demons. I felt no need to contaminate the activity with interpretation but simply to allow them the space to relate to one another in the coded language of the game, language that kept me at a distance. I was an outsider who was allowed to bear witness to their attempt to cope with horror.

As the meeting ended the boys bolted out at a few minutes past seven o'clock. I instinctively flicked on the radio only to hear the President's press secretary, Marlin Fitzwater, announce: "The liberation of Kuwait has begun." Moments later two of the boys, Rick and Kenny burst through my door yelling, "they've started dropping bombs, they've started dropping bombs!"



Rick who gloated earlier that he had a "hot date" planned for the evening seemed to change his plans: "I'm going home to hide in my basement." Kenny remained. His eyes started to fill up and he said, "my father's not here yet and I'm scared. Can I stay with you until he gets here?" I gestured to Kenny, who had been brutalized as a child, to sit down. We heard an airplane overhead and the tears began to roll down Kenny's cheeks. "Every time I hear a plane I'm afraid it will drop a bomb. You know I was afraid of the dark when I was younger. I

live in the top part of our house and I'm afraid that the bombs will drop whenever I hear a plane." My reassurances were soon interrupted by the buzz of the telephone and the message of the arrival of his dad, his former foster father who would hang in with Kenny and adopt him, finally providing him with some stability and consistent care. Without hesitation Kenny, about half my size gave me a bear hug and, burying his head into my midsection said, "Thanks Andy, I hope to see you next week." I assured him that he would and as I escorted him down the winding staircase with my arm around his shoulder I could feel him trembling. Or was it me?

When I was in the seventh grade the news of Kennedy's assassination came to us through the classroom intercom. Twenty-eight years later, as I approached my fortieth birthday, the news of the war with Iraq arrived again from a disembodied voice, this time through my office radio. At twelve-and-a-half the news was followed by no human interaction, only blank stares and a gasp punctuated silence. We were dismissed and I returned home to an inescapable eeriness that I remember sharply to this day. And now the world stage was again intersecting with a gathering of seventh graders. As I look back to the boys' group I feel privileged to have been in a place that provided us with more than blank stares and silence. □

Author's Note

Some of the contents of this narrative was developed into an essay which appeared in *Families in Society*, (April, 1993). Diary of a boys group. (pp. 243-244)

NARRATIVES OF A NOVICE EDUCATOR: The Development of A Social Work Teacher

This article is the author's narrative of his initial development as a novice social work educator (i.e., the first four years of teaching). Through the life story lens, three interrelated aspects of faculty development are examined: (a) self-concept of being an educator; (b) relationship with students; and (c) relationship with faculty colleagues. The organizing theme of "a community of learners" interweaves personal and professional influences in order to provide one example of a teacher's internal culture.

by John A. Kayser

John A. Kayser, Ph.D. is Assistant Professor, Graduate School of Social Work, University of Denver, Denver, CO

Author's Note

Every story told or written has a narrator and listeners. I wish to thank colleagues Sue Henry and Pamela Metz for their help in listening to this narrative. Their critique of an earlier draft of this manuscript was most helpful in clarifying the narrative structure and evaluative endpoint of these stories.

INTRODUCTION

The use of narratives — personal stories of individual experiences — has increased markedly in recent years in social work theory, research, and practice (Goldstein, 1992; Rieseeman, 1993; Saleebey, 1993; Strickland, 1994). Narratives also have become prominent in other disciplines, particularly in the study of the teacher's thinking, culture, and behavior (Casey, 1993; Coles, 1989; Weiland, 1995). As Cortazzi (1994) observes: "Any real change in the curriculum is not likely to be carried through unless teachers' perceptions and experiences are taken into account" (p. 5). Most recently, teacher narratives have begun to emerge in social work as well (Ernst, 1995, Gitterman 1995, Graybeal, Moore, and Cohen, 1995). Through these narratives, social work educators have reflected upon and shared their personal knowledge of specific challenges they have faced over course of their teaching careers.

The purpose of this article is to contribute to this growing body of narrative literature in social work by sharing a first person account of

the development of a social work educator. It is hoped that the personal stories of this author will stimulate other educators in social work to tell their own narratives. As the pool of such narratives increases, a larger sample may be obtained in studying social work educators' development.

TALES OF THE NOVICE EDUCATOR

This narrative is written as I begin my fifth year of teaching in a graduate school of social work. To borrow Perlman's (1989) phrasing, the preceding four years is a period long enough for "looking back" in reconstructing the prominent influences shaping my development as a novice teacher. At the same time, sharing a narrative with others is a way of "looking ahead" by way of making meaning out of diverse, multi-layered, sometimes contradictory life experiences.

This narrative examines three interrelated aspects of my personal and professional development over a four year period: (a) self-concept of being an educator; (b) relationship with students; and (c) relationship

with faculty colleagues. Each area represents different dimensions of a "community of learners," an evocative phrase used by the Dean in welcoming the assembly of faculty, staff, and incoming masters students at the start of each new academic year. This phrase struck an immediate, responsive chord, partly because it was not the way university learning usually has been described. The phrase itself is suggestive of the classic definition of a university as a "society of masters and scholars" (Haskins, 1957, p. 5). Over the course of subsequent hearings, I have reflected at length on its meanings. These reflections serve as a touchstone in exploring the parallels, continuities, and discontinuities between my classroom efforts to develop learning communities in certain courses and my own development as an educator.

Self-concept of being an educator

The strange case of emerging identity. Upon first hearing the Dean's call to join a community of learners, my internal response was amazement at the irony of having made a mid-life/mid-career shift to become a social work educator. It definitely was not a career opportunity I had envisioned. As I was introduced at the welcoming assembly — one of several new faculty joining the school that year — I remembered that fifteen years earlier (literally when walking out the door after completing the MSW) I said I would never go back for further education because "this two

years was hard enough." Reflecting on why I had done the opposite of this disavowal, the obvious (only partially correct) answer seemed to be that my career goals had shifted over the lengthy course of professional practice as a clinical social worker. When I finally began contemplating earning a Ph.D., I had envisioned it as a means to create a different future for myself — leaving open exactly what type of future would unfold. At the time, I was a social work clinician in a children's psychiatric treatment center, and entertained vaguely defined hopes that a Ph.D. might be a springboard leading to an administrative-research position in the same or similar setting.



Eventually, certain aspects of this career path were achieved (albeit in a different setting) as I became a social work administrator in a church affiliated, nonprofit mental health organization. Although I derived great personal and professional satisfaction from this work, there remained considerable anxiety about whether employment would be possible over the long run, due to continued employee lay-offs (Kayser & Garrison, in press). Unexpectedly, as I neared completion of my doctoral

degree, the prospect of obtaining a tenure-track faculty position emerged. This position was attractive in offering the promise of career stability and permanence.

Another influence in this career shift occurred concomitantly with the above events. Imperceptibly, over the very long course of my doctoral education, a deep-seated hunger for knowledge had been awakened and nourished. Amazingly, I still maintained a love of discovery and creativity throughout many trials and frustrations of the dissertation phase. Indeed, in moments of fantasy I imagined myself as the research apprentice to Sherlock Holmes, learning how to look for observable clues and to reason according to the dictates of logic. As graduation finally neared, it felt anticlimactic! More than once, I said to myself: "Is that all there is?" I was reluctant to give up the structure and process of learning in an academic setting. The prospect of not having further opportunities to "solve the mystery" was indeed dismaying. Yet several mentors, within and outside the doctoral program, were supportive of my exploring a new career direction — apparently seeing potential in me that I could not yet discern.

Thus, all of these lived experiences — a gradual career goals shift, the presence of obstacles in continuing along one career pathway, security and economic needs (e.g., stable employment), a felt need for discovery, creativity, and risk-taking, and the support of mentors — ultimately coalesced

into the impetus to embark on the unknown, to apply for a tenure-track assistant professor position in a graduate school of social work. As Holmes would say, "the game's afoot!"



Content and process teaching. Thinking back on my first four years of teaching, my self-image as an educator shifted numerous times. Sometimes, I have seen myself as a teacher of course content; yet at other times as a teacher (or facilitator) of a learning process. Obviously, these are not mutually exclusive educator roles. Often, the specific course (e.g., research as compared to direct practice) and the specific needs of a given class of students dictates how strongly a particular role is emphasized, both week to week and over the course of a term. It is also true that these shifts reflect my own uncertainty about what an educator's role should be in graduate education and/or contradictions (yet to fully reconciled) about what type of social work educator I want to become.

I initially began, with great enthusiasm and energy, as a teacher of course content. Particularly in my first year, I was preoccupied with reading textbooks and resource material, drafting syllabi, and learning the

course content. (In hindsight, I see this as the first of many initiations into a community of learners. In effect, I was immersing myself into the existing body and traditions of knowledge generated by other learner/scholars, who themselves were members of learning communities.) Expecting myself to become an instant "expert," I wrote out meticulous outlines from which to lecture; at one point, I went so far as write marginal notes to myself regarding the amount of time I planned to allow on each topic! I also attended a workshop on college teaching given by a professor from educational psychology, who stressed the importance of developing clear behavioral learning objectives in each course, so that educational outcomes could be measured. This view reinforced my own clinical practice experience that specific competencies, skills, and knowledge had to be acquired in order to practice competently. Thus I assumed that my job was to teach course content and to make sure that students were held accountable for acquiring this knowledge. The initial response from students to this approach seemed positive. Their expectation of an educator appeared to parallel my own — they wanted course content delivered by an expert.

As my first year of teaching neared to a close, however, I experienced the first of many subsequent sudden shifts in my self-image as educator — away from being a teacher of content to one who focused on facilitating a learning

process. This shift resulted from an unexpected negative reaction from students taking a required first year course on human behavior theories in direct practice. As a member of the "new faculty group" teaching this course, my colleagues and I decided to depart markedly from the norms in our school about how students' learning had been evaluated. Rather than assigning the customary mid-term and final papers, we chose to give students weekly mini-quizzes on their assigned readings, along with a comprehensive multiple choice final exam. Our rationale was that graded exams would hold students accountable in a more rigorous manner for the reading and lecture material. However, while a few students perceived these changes as a learning challenge to be mastered, many more apparently felt considerable anger. Choosing to express their feelings indirectly, a group of students on final exam day ordered pizzas from several different companies to be delivered every hour to one of the instructors, both at the office and at home.

My first response was to be hurt and upset. None of the students had brought their concerns — either as a group or individually — directly to me or the other instructors. However, as the narcissistic injury to my teacher self-image subsided, I began to reflect on what lesson I had been forcibly taught. Simply imposing expectations on students (no matter how much it made sense to the instructors) as a means of mastering content,

was not going to work. I realized both that I needed to attend to the process of learning as it unfolded in the class, and that students needed "to go beyond head knowledge" (as I now sardonically termed course content). These elements had been missing in this bold, but apparently misguided experiment. As my first year of teaching ended, I felt determined not to repeat this mistake again.

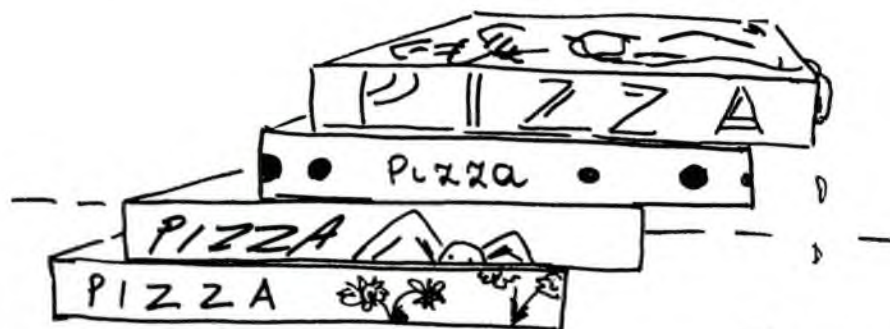
Beginning in my second year of teaching (when in fact I knew the content in much greater depth), I gave far greater attention to the process of teaching and learning. Intuitively, I began drawing on previous teaching models with which I had some prior experience, particularly my earlier work as a field instructor in supervising students' clinical practica. Thus, I began to emphasize the development of a learning alliance between myself as instructor and students in the class. (This was not yet a communal perspective on learning, which emerged only later. At this point, I was very much focused on individual learners within each given course.)

Nonetheless, this shift resulted in several changes. For example I began using assigned readings as the point of departure for the class, rather than as the focus of a lecture. Also, I explicitly acknowledged in class that students had different learning styles. Since not every student felt comfortable with speaking out in class — which was true of me as a student — I began to vary the format each session so that there would be a balance between receptive modes of learning (e.g., listening to didactic content, watching video tapes, etc.) and active modes (e.g., small group exercises, experiential role plays, etc.). I also began to encourage students to value asking questions as much as obtaining answers and, above all, to enjoy their learning journey.

Perhaps most importantly, I began to view teaching not simply as transmitting content but as attempting to embody the content, an idea suggested by a colleague (Metz, 1993, 1994). For instance, in the third year of teaching, I began to model specific components of clinical practice, particularly the

professional use of self, in courses such as Direct Social Work Practice and Assessment and Interventions With Children. At first, using personal disclosure for teaching purposes seemed uncomfortably daring. Although behavioral theory had made some inroads, the bulk of my clinical training had been grounded in psychodynamic theory and thus, I initially assumed (probably as part of the mystique of being an expert) that the principles of therapist nondisclosure and neutrality also must apply to educators. I did observe that students often were more attentive when I risked sharing pieces of personal practice wisdom. Sharing how I had learned to use my own self-reflections (e.g., attending to the feelings evoked during interactions with clients) as a guide to direct the subsequent course of the work appeared as a powerful stimulus for students in reflecting on their interactions with clients. In turn, this helped students recognize and make productive use of the "active mistakes" occurring as a normal part of their professional development (Shulman, 1993).

At the present time, although I have become much more comfortable in the classroom, I still struggle with balancing content and process teaching. I realize that there is no such thing as the "perfect" teaching approach, right for all students for all time. Yet, as much as I have come to value facilitating a learning process, it has become increasingly difficult to evaluate students by process alone. This dilemma is apparent



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with regards to assessing both students' mastery of individual course content and their overall mastery of the skills, knowledge, and values needed for self-directed professional practice. These dilemmas also have been manifest in other areas.



Relationship with students

Developing relationships with students has accompanied my struggle to blend teaching styles. Sometimes, these relationships have been in harmony with my self-concept as a teacher, other times a counterpoint to the current dominant image. These relationships have progressed through several overlapping phases, each with their own polarity.

Serious vs. playful.

Perhaps to counter how terribly serious social work is as a subject to teach, I often surprised myself by being humorous. The first public example of this occurred at the start of my second year — again at the welcoming assembly for incoming students. The Dean was introduced first, and his fluency in several languages, including classical Latin, had been noted. Then individual faculty members stood up to be introduced. When my turn came, I first described (in the serious fashion of my colleagues)

what my “teaching areas and research interests” were. Then, tongue in cheek, I identified myself as another Latin scholar on faculty, and proceeded to “conjugate” from an old rock ‘n roll refrain: “do wa didy, didy dum, didy do.” (What possessed me to take this risk I do not know, other than a spontaneous impulse to discharge the anxiety pent-up at having to wait my turn to speak.) Nonetheless, it lightened the moment considerably, with laughter shared by the Dean, faculty, and students.

Thus emboldened, I have used self-deprecating humor effectively to poke fun at myself and/or to tell students not to take graduate school so seriously! (A distinct contradiction to the overly serious “expert” who needed to deliver course content.) Over the years, I have found that most students appreciate the dry humor, and that I am perceived as a real person. Being playful has helped me determine whether I was liked and accepted by students, which is important to a novice in gaining some initial confidence about the teaching process. More importantly, being humorous has preserved the type of foolishness that often attends and foreshadows the process of discovery (Spencer-Brown, 1979). Thus, humor has been an vital source of creativity and self-care, helping maintain perspective and objectivity in times of travail. For example, as a result of the conflict with students in the course mentioned earlier, I wrote a parody about the teaching process which I submitted to mental health

humor periodical (Kayser, 1993). Although not accepted for publication, writing the manuscript reinforced a sense of freedom and experimentation about the teaching and learning process.



Polarized vs. inclusive.

Throughout the beginning years of teaching, I have had many interactions and conversations with students about how to teach and practice the valuing of human diversity. Among the more memorable exchanges have been the following: A Native American student who challenged (accurately) that I had “tagged on the diversity content at the tail end of the course.” A lesbian student who walked out of class after becoming incensed with a fundamentalist Christian classmate when the latter was complaining that she was the more oppressed because religious views were “excluded and suppressed” by the school. An older Latina student (who had experienced multiple forms of oppression because of her ethnicity, gender, and sexual

orientation) issued a blanket indictment of all the White students present in the class (as well as the entire faculty) "for talking a good game about diversity, but not practicing it." A White student who said that she did not like to think about the hatred and oppression felt by people of color because "it makes me feel bad." A group of racially-mixed male students who complained that they were "sick and tired of all the male-bashing that goes on in this school." A group composed of predominately White female students who, in reflecting on their first year in the program, suddenly were confronted with the lived experience of their diversity (e.g., differing in age, economic status, political views, religious beliefs, feelings about graduate school, etc.) as they struggled to hear each other's points of view while still maintaining relationships with respect.

My reaction to these encounters has changed over time. Initially, I felt great shame and inadequacy in being a novice. For example, I had no ready answer for the Native student about why I taught diversity in an "tag-on" way. In struggling to listen, however, I gradually began to see the course through her eyes. It became painfully clear that the curriculum emphasis on multi-cultural competence was discrepant from this student's (as well as others') experience of the learning process occurring within this particular class. In effect, the student experienced this discrepancy as one more

example of the cultural insensitivity by a person in a position of power and privilege, both by virtue of role (faculty instructor) as well as by race and gender (White and male).

More recently, I have felt that being a novice has given me tremendous freedom. Since I was not heavily invested in doing things a particular way, it has been relatively easy to experiment with different approaches. Thus, I have come to appreciate the direct feedback from students, even when uncomfortable to hear. At such times, I only felt thanks for the trust implied when students made the effort to communicate directly their concerns, since it seemed to express a faith that I could get past my own defensiveness and respond appropriately.

These experiences have helped me realize that building a community of learners must, of necessity, be an inclusive enterprise. This has been a tremendous challenge because, as noted above, not only do students carry into the classroom their previous life experience of diversity (ranging from those having few experiences with others-different-than-self to those having multi-cultural, multi-lingual, and even multi-national experiences), but also do they frequently become further polarized when attempting to articulate their perspectives. From each of these encounters, I have come away with a renewed commitment to teach both the content and process of diversity in a more integrated manner. I have tried, however, to avoid

falling into simplistic stereotypes or mindless political correctness. Rather, it has felt more honest to acknowledge that understanding others' diverse backgrounds, cultures, and personal experiences is a life long process, and that any course is only one small step on a much longer journey.

Sharing personal examples of my own struggles has helped. For example, I developed a teaching case out of earlier play therapy work with a nine-year old African-American girl, whose mother had died five years earlier. This child had presented several stories in which she assigned herself the role of "boss-master" while I was designated the "secretary-slave." I make it a point to tell students that in my eagerness to focus on this child's unconscious dynamics about losing a parent, I missed most of the ethnic, gender, and cross-cultural connotations in the case material.

In addition, sharing conversations and feedback I have received from other students about their learning experiences (including some of the incidents described above) has helped facilitate a more productive, less polarized dialogue in the class. Irrespective of students' race, gender, sexual orientation, language, or nationality, it seems one place most can relate to is the common universal human struggle in understanding self and other. With this process piece of learning as the starting point, building community has become easier. The sense of safety and trust students experience from this approach has

created greater receptivity to living as well as learning the value of human diversity.

As a result, I have experienced many more positive cross-cultural learning exchanges with students. For example, after one class session of Direct Social Work Practice, I received a telephone call from a young Latina student. In her early twenties, this student was extremely self-conscious of what she perceived as her lack of practice experience. She called to express her dread of making a mistake that might harm clients, a fear precipitated by the preceding class session involving a role play interview exercise, an activity which often heightens students' anxiety and vulnerability. She assumed that I also saw her as inept, and would therefore be either failing her in the course or recommending that she be counseled out of the program. I was frankly surprised as her self-perception, as I saw her actively engaged in the developmental task of learning not simply direct practice skills but, more importantly, of forming a professional social work identity. I told her this, and offered additional reassurance and support for her learning. As I shared stories about similar learning struggles I had experienced in my masters' education, and which I had observed in working with other students as well, she seemed relieved and became more patient with herself. By sharing a common struggle, a bridge of mutual understanding was formed with this student, which subsequently contributed to building the

larger community by spanning the cultural, gender, and sexual orientation differences that often exists between students and faculty.

Individual vs. communal.

The course in which I have had the most extended experience in developing a community of learners — Assessment And Interventions With Children — is (not surprisingly) that in which I am the primary teacher. I have felt much greater freedom to experiment with "my" course, usually changing it in some fashion every time I teach it.

However, my first purposeful effort to build a community of learners did not begin until my third year of teaching. After hearing again the Dean's welcome of new students into a community of learners, I became sufficiently intrigued with the concept to see what I could do to bring it to reality. Thus, somewhat tentatively, I introduced a process exercise in the first session of the child course. The purpose was to help students develop "an empathic connection to their own childhood."

After first allowing a brief period of individual work to recall significant childhood experiences, I asked students to break into small groups to share their reflections with each other. Following this, the students reconvened as an entire class to examine the themes which emerged. Through the ensuing discussion (which happily avoided the twin pitfalls of either romanticizing childhood or eliciting unplanned disclosure of painful memories), I discovered

the tremendous potential this exercise contained in forming a larger community of learners. Students' active participation had increased markedly, even for those usually more comfortable with silence. Furthermore, I noticed that students with diverse backgrounds, life experiences, and current professional interests were discovering commonalities in their past recollections as well as present conceptualizations about childhood.



To sustain this energy over the remainder of the course, I asked students to bring in a favorite toy, game, story, or

picture from their childhood to share in the next session. ("Show and Tell" comes to graduate school!) In addition, I asked them to use their individual reflections and group sharing as the basis for a subsequent written assignment on the child and family clients with whom they were working. At this point, the connection to content learning unfolded naturally. For example, when the class later examined ecological perspectives on the risk factors children currently are exposed to in America, as well as the accompanying concepts of resilience and strength, the metaphor of children's "broken communities" (e.g., families, neighborhoods, schools, as well as larger systems of social support) emerged as a direct extension of the work done in the first class session. As this metaphor developed further, the linkage between direct social work practice with child/family clients and social work's commitment to social justice and macro system intervention became more evident and meaningful. The final result in this class was most gratifying. The course had fostered an integration of personal and professional learning, both for individual students and the larger collective.

As my experience with this communal approach increased, I have attempted to move beyond the confines of each individual class of students, so as to extend the concept of a community of learners out over time and space. For example, now I frequently share with my

current class the clinical and research articles, case material, and videotapes about working with children which emerged from earlier classes. In addition, I encourage the current community to make their own unique contributions to the learning of subsequent students taking this course. When students realize that they are not simply taking a course but building the course itself over time, their investment substantially increased. For example, many students have sent me favorite articles, papers, prose, poems, stories, or life experiences about working with children, many of which I am able to incorporate into the course. Indeed, with some students I have come full cycle, helping them develop manuscripts for publication so that they in turn contribute to the body of existing knowledge. [See Anthony and Smith (1994).]

Reciprocal vs. hierarchical. From the preceding section, it should be apparent that as my teaching has matured over the past two years, I wanted my relationships with students to be more reciprocal in nature. That is, to emphasize that both teacher and student are adult learners, mutually engaged in the process of active discovery, and that we each bring an important base of knowledge and experience to the teaching-learning enterprise. By and large, this notion of a reciprocal learning alliance has been a good fit for the majority of students. Incorporating important social work values into the learning enterprise (e.g., acceptance,

mutual respect, individuation, self-determination) is the very core of what building a community of learners is all about.

Given these deeply held beliefs, then, one can imagine my extreme consternation in recently discovering that, perhaps, such a community of learners cannot be formed without the exercise of a gate keeping or boundary-setting function. (I confess that as a masters student, the very idea that faculty acted as "gatekeepers" frankly was repugnant. I saw it merely as an exercise in control — arbitrarily making students jump through meaningless hoops which had no relevance for practice. Now, as a faculty member, I have painfully discovered that such control may be both necessary and, in today's litigious climate, exceedingly difficult to achieve.) This past year, I have had several first-hand experiences with students which involved cases of academic dishonesty, blatant disregard for social work ethics in the classroom and field practice, and — most worrisome of all — incompetent, dangerous practice with clients. Sadly, I have come to realize that not all students admitted to graduate school have the capacity to participate in the social work profession. (I do not refer to intellectual ability primarily. Rather it is students' capacity for personal integrity — the openness and commitment to professional growth — which seems insufficient in too many cases.)

As a result, I now am in the most unlikely position of

advocating for a more hierarchical relationship with students, at least with those demonstrating significant problems in their ethical and professional conduct. This has very much the feeling of a novice's loss of innocence. I have learned that my most cherished beliefs and teaching practices, particularly those based on establishing reciprocal relationships and facilitating process learning, have severe weaknesses. To date, they have not proven effective either in enticing problematic students into joining a community of learners or, barring that outcome, in preventing their continuance in the program. Ironically, I am re-experiencing the old conflict — long thought resolved — of my first year of teaching (i.e., the struggle between content and process). The difference this time is that I am back on the side of wanting more content, accountability, and control over problematic students' educational journey in the program.

Relationship with faculty colleagues

Only recently have I given serious thought to how the concept of a community of learners might extend to relationships with faculty colleagues, many of whom have influenced my development as a teacher. The same type of nonlinear development (Germain, 1994) of back and forth shifts are also apparent here as well.

Finding my voice. It comes as a shock to recall that during my first year, I was very

inhibited in faculty meetings and other interactions with colleagues. At the time, I felt comfortable only when talking to faculty teaching sections of the same courses as I. Since I was hired in the same program from which I had graduated, I felt quite insecure about whether I had obtained a faculty position only as a second choice (or lower) candidate. As a result, I told myself to "lay low" in order to get the lay of the land, at least in publicly expressing my views and ideas.

Fortunately, the faculty did not reinforce this internalized self-disenfranchisement. The Associate Dean and several senior faculty devised a series of mentoring meetings for the new faculty group. These meetings served several purposes: to transmit the program's curriculum orientation of integrated social work; to provide a primer on faculty governance and collegiality; and to elicit from us stories about our own educational and professional journeys. (In effect, this was another of the invitations to join a community of learners.) These initial meetings served as the basis for the eventual development of a variety of relationships with other faculty (i.e., mentoring, collegial, and collaborative).

The Dean also was quite active in checking in periodically with the new faculty, offering support and (occasionally) blunt criticism. For example, at my first year-end performance review, I was pointedly told my silence in faculty meetings was problematic and I needed to start speaking up. This was the first

time the thought occurred to me that a community of learners might also apply to the faculty, and that my own participation was required — not simply for curriculum development — but also for collegial governance in shaping the overall life and direction of the school.

"It takes a whole village to raise a child." At the end of my second year, a faculty colleague used this African proverb in her commencement address to graduating students. I could not help but apply the comment to my own ongoing musings about a community of learners: What should my role(s) be as a member of this village? [Interestingly, I realized that the university itself had begun addressing the same issue, as it re-examined the meaning of scholarship using Boyer's (1993) conceptualization of faculty as a "mosaic of talent."] One might say that — at this point — I have toured most of the village, having made several important discoveries along the way.

One discovery is much like the discovery of students mentioned earlier in the Assessment and Interventions with Children class. I have learned that faculty colleagues who differ from me in age, gender, race, sexual orientation, religious traditions, years of teaching, curriculum expertise, research interest, and prior life experience often are those with whom I have the greatest mutuality of professional interests. A related discovery is that these colleagues also are fellow travelers on a common (and uncommon) journey. Most struggled with

similar issues in becoming learners, knowers, and educators. Listening to stories about their development as educators has been helpful in orienting me into the larger context and meanings of a community of learners. These individual and collective efforts of faculty members are ways that universities — as institutions — perpetuate, renew, and reinvent themselves over time. As much through educators' stories (i.e., discourse, debate, and reflections about the teaching enterprise) as through research and service, do faculties in fact become the embodiment of the classical definition of the university — a community of scholars.

CONCLUSION

Writing this narrative allowed me to reflect at length upon the question of the development of a novice educator. Through many twists, turns, back and forth shifts over the past four years, I have moved far beyond my entry point. This journey, still in the process of unfolding, allowed me to understand — personally and professionally — some of the larger dimensions (and yes, tensions) involved in establishing communities of learners.

Personal narratives are helpful in studying the development of teachers because they are not merely a way of telling someone (or oneself) about one's life; they are the means by which identities are fashioned (Rosenwald & Ochberg, 1992). As such, narratives serve an interpretive function, attempt-

ing to craft coherence and meaning out of the "raw data" of a person's multi-layered, sometimes contradictory lived experiences. These interpretations are selective, since there is more than one story in each person's life, and many versions to the same story (Rosenwald & Ochberg, 1992). Individual narratives also contain the larger embedded stories of a particular historical time, geographic place, and external culture (Howard, 1991). Thus this narrative should be read both as the author's individual search for personal meaning and as part of the larger story currently being told within American society about the role and value of higher education. For example, this narrative is not only about teacher development, it also contains many contextual subtexts, including controversies over pedagogical theories, curriculum designs, teacher-student relationships, teaching human diversity, faculty collegiality, conflict, student participation, and professional accountability. As such, one teacher narrative touches on issues common to many educators, both within as well as outside of social work.

What moral or lesson does this narrative contain about the characteristics of a novice social work educator and the characteristics of a community of learners? Some preliminary thoughts are as follows:

The term novice implies not just newness or inexperience, but also a period of formation. Like the novitiate in religious orders, the apprenticeship in guilds, the junior faculty period

prior to tenure in the professoriate, it is a time of testing. Some of its key characteristics seem to be: Seeing the teaching and learning process through fresh eyes, making naive discoveries about content new and old (i.e., already in the body of existing knowledge), and maintaining a sense of wonderment. It means letting go of control, making active mistakes, risking foolishness and play, overcoming internal and external obstacles, mentoring and being mentored. It means overcoming hurt and anger, and keeping the forces of cynicism, detachment, and burnout at bay. It means an uncertain journey, full of detours and false starts, as well as unexpected shortcuts and new pathways.

The term a community of learners also implies formation. It is brought about when teachers and students, administrators and faculties mutually share expertise, constructing knowledge rather than simply transmitting it. It means reciprocal relationships, valuing differences, and the willingness to be held accountable to self and other. It means forming a community to embody the content. Paradoxically, it also means increasing control, guarding the boundaries of the community so as to promote members' capacity for personal and professional integrity. It means feeling heartache and conflict when some are not allowed to remain. Above all, it means moving beyond the classroom, so that students are prepared to help clients transform and heal their own communities. □

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A Narrative Interview with Mitchell Ginsberg

Mitchell Ginsberg, Professor Emeritus, Columbia University, NY was Dean of the School of Social Work, 1970-1981, and Director of Human Resources Association for the City of New York.

by Joshua Miller

Joshua Miller, LISW, is Director of Field Education, School for Social Work, Smith College

Introduction

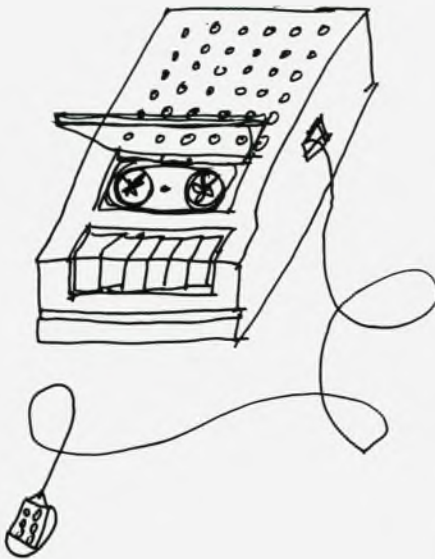
I conducted this interview, with Mitchell Ginsberg, whom I have known my entire life, in his apartment in New York City. Mitch, somewhat frail due to numerous medical ailments, brought clarity of thought and impassioned reflection to the interview. The session was tape recorded and transcribed. He has reviewed the transcripts and edited them for accuracy.

The oral interview loosely followed a three part structure, where I initially focussed on what led Mitch into social work; then what his experience as a social worker was like; and lastly what this experience meant for him (Seidman, 1991). There were no pre-arranged questions. The squared brackets [] indicate words that I have inserted as oral statements do not always translate well to the written page.¹

Mitch Ginsberg was born in Boston in 1915, growing up in impoverished conditions. He was greatly influenced by the Depression and The New Deal as he came of age, attended College and trained as a social worker. His career was interrupted by a four year stint in the army which he describes vividly in this interview. He worked in settlement houses, became Dean of Columbia University School of Social Work, and served for over four years as Commissioner of the New York City Department of Social Services (DSS) and as Human Resources Administrator (HRA) under Mayor Lindsey in the late 1960's.

He is a former President of the National Association of Social Workers (NASW) and The National Conference on Social Welfare (NCSW). He was involved with national social welfare policy planning and enactment during the Kennedy and Johnson presidencies, and was deeply involved in major policy initiatives, such as the development of Head Start, the debate over Nixon's Family Allowance Program, and the development of Supplemental Security Income.

I believe that this narrative offers an important historical perspective on changes within the social work profession, the development of national social policy, New York politics and welfare policy, and the dynamics and influence of the Columbia School of Social Work during what was perhaps its zenith as a major force within the profession. But most importantly for me, this story offers



¹ With the permission of Joshua Miller the editors changed the initial interview sequence to place the narrative in a current context. Those seeking the original interview may contact Joshua Miller at Smith College, School for Social Work.

a glimpse of the life and career of one of social work's leaders, and his own doubts and internal struggles, despite his considerable accomplishments. I have a great deal of respect and affection for Mitch Ginsberg and therefore this interview, like all interviews, is subjective and reflects my own biases as well as the relationship that Mitch and I have, the context in which the interview is embedded.

Joshua (J): How do you feel about the fact that you have been a social worker all your career?

Mitchell (M): I look back on my career overall as a social worker positively, but I also think that I could have comfortably gone into policy out of a somewhat different background — political science or something like that. I would have wanted to be in public policy.

J: That was your love and social work was a pathway to it?

M: Really that was. Although I hadn't defined it quite clearly at the beginning. But after all I was a kid of the depression and then the Kennedy years. You know we did many [things] while I was Associate Dean — we ran the Peace Corps and VISTA at Columbia University — we had students who went to Venezuela and Columbia and India. So you have to think of the times that I grew up in — at least in two periods when public service, concern and so forth were part of the atmosphere. And I was out of a poor, desperately poor, family so I kind of fitted into that opportunity. So I'm positive generally about social work. I think we have turned away from some of the things — the group and the community and policy in ways that I don't like. I understand private practice but I think that we over-do that. I saw recently in the NASW News Paper an [article] about supporting the health program. It gave 7 reasons, but 6 of them were [about] what

it would do for social workers in private practice and only one had anything to do with the health of poor people. I find that very disturbing.

I guess when you get older you always think the other days were better — I don't know — some things weren't so hot — but I think we have moved away from some of the concerns that were basic to the profession. And I don't mean that we should concentrate on only poor people, I think we have a service that is good for a lot of people, but I wish we could get more in to the public service and public policy or the social policy and the movement that I see away from that is my deepest regret.

J: What led to your entering social work as a profession?

M: Mostly chance. I had a cousin who had gone to Tufts(Boston) and I had been there a couple times and liked it. And I think I was influenced too by two very close friends, we all decided to apply to Tufts and went there. I was [part of] the National Youth Administration(NYA). Does that mean anything to you?

J: Was that a Roosevelt program?

M: Part of the New Deal, and it provided for poor young people who wanted to go to college, it provided a stipend if they worked. The first year I worked at it, (this was Tufts in the winter), I was assigned to a group that dug up the sewer system and put down a new one. That was pick and shovel in the cold, very hard work for 30 cents an hour. The second year I got promoted and was assigned to the Boston Public Library to go through the files of the *New York Times* from 1915 to 1918 and write down the headlines of any article dealing with the World War. My third year, they assigned me to a settlement house — Hecht House — a neighborhood house in Dorchester (MA) where I was a club leader and [played] basketball and sports with

the kids. But that still didn't take me to social work. I went back and I got a Master's in History and Education at Tufts (1933-1937).

J: So you really went right back.

M: Yes. I did practice teaching in history in Medford High School and I was pretty good, but I got into some [hot water]. By chance the principal came to my class a couple times. I've been a Lincoln buff since



I was four years old—and I [was] talking about Lincoln's concern with the working man and I remember the principal called me in and he said he found it very interesting and truthful, but he wasn't sure when the students went home and talked to their parents how they would feel about it. Then by chance he came again when I was talking about the industrial

revolution in the United States and the idea of a man working on the assembly line and turning the same bolt or part and what that meant—so we went through the same thing, [although] actually they offered me a job. As a career it wasn't for me.

Then the following year I worked at the Boston YMHA. I had a cousin there—Nat Cohen—who once was the executive director and in a way encouraged me to think about social work. Mid way through the year, a colleague, Mark Tarail, the Executive Director of the Y, came to me with an announcement from the New York School of Social Work (now School of Social Work, Columbia University), saying that they were offering three national scholarships to prospective students who would go to the school, get tuition and [also] get \$30 a month for food and room in a settlement house in return for working 20 hours a week.

J: So you would live and work in the settlement house and get a scholarship?

M: Yes, the settlement house would be a job and I would do my field work somewhere else.

J: Was [the settlement house] particularly for young Jewish people?

M: No, in fact, it was somewhat the opposite. I was placed at Christadora House—"The love of Christ." Christadora House was on 8th Street and Avenue B.

Now it's a fancy condominium. Then it was a settlement [house] and a residence with a poetry corner. It was highly religious, but at any rate I went there, lived and worked there for two years. I was really sort of the boy's worker although I hadn't had any training. The New York School of Social Work insisted that all students had to have casework. There were only four of us who were in group work, so I did my field work in the Jewish Family Service in the Bronx. That was my first year. My second placement was at the 92nd Street Y. I was there for almost two quarters. I was working in the boys division and they didn't have a supervisor—they didn't have anybody in charge, so I acted as the boys worker, even though I was a student. Well, after 2 quarters, the School decided that wasn't such a good idea and so they transferred me to the National Jewish Welfare Board where I did community organization with Nat Cohen who was then the associate director. He was my supervisor. He was very good.

J: And what kind of community organizing were you doing?

M: Oh, helping the Jewish Community Centers organize and so forth. I was a student but they used me quite broadly. So I [finished] I guess May of 1941.

J: Can I ask just a couple of questions about your experience at Columbia? What was the overriding philosophy at the time? Who were some of the key figures?

M: Well, it was an exciting time. I think it was the high point of the School in many ways. In casework we had Fern Lowry, Gordon Hamilton, Lucille Austin, and Dorothy Hutchinson, all major names. In group work we had Clara Kaiser [and] Sol Bernstein. In public welfare (which I became somewhat interested in), we had a distinguished former state administrator, Robert Lansdale and Phillip Klein in research and he was great. We had a philosopher social policy type — Edward Lindeman — world famous, who used to come into class and say — “last night I had dinner with Franklin and Eleanor and I told him this and that” — and it was all true. It was that kind of a thing [that] we were very impressed by. The school in that sense was stimulating, exciting in many ways and I was enormously impressed with the people and with the commitment generally speaking to do something about social problems. Some of the casework faculty felt differently, but generally though that wasn’t so. That stimulated me as did some of the work at Christadora House.

I was a bit of a trouble maker. Christadora House was kind of a old line settlement and I would try to get them to do things differently and the Executive [Director], Herbert Biele [felt that] I thwarted him and I annoyed him. I think [that] he would have liked to fire me, but I was there as a school assignment and it would be complicated. The school had sent me and I had the commitment of a scholarship — he couldn’t very well fire me. But at one point, he jumped up in a meeting and he pointed a finger at me and he said, “you’re the worst social worker I have ever met since Harry Hopkins” — and I was delighted.

J: That’s a back handed compliment, if I have ever heard one. What was it that you were doing, that he was so upset about?

M: We had been trying to move the settlement to be more related to the poor people in the community. It saw itself as an art center and with a strong religious orientation and it had a poetry corner and an art corner and it attracted a lot of older [people] — mainly women and it paid little attention to the neighborhood. It was a low income neighborhood.

J: What was it like ethnically?

M: The neighborhood was a mixture of Italian and Jewish and they had little to do with the settlement where we worked at trying to [involve them]. Meanwhile I had been doing my field work at the Jewish Welfare Board, and they offered me a job. I came very close to accepting it, in fact, they thought I had accepted it and maybe with some cause. But I went to The National Conference of Social Welfare in Atlantic City (N.J.) — that would have been in 1941 — and I met John McDowell who was [to become] the head of the National Federation of Settlements but then he was the Executive Director of a combination settlement house and housing project called Terrace Village — the First Public Housing Project in Pittsburgh and they conducted a program there. He persuaded me over a glass of orange juice (because he was a nonalcoholic type) that I should go to the settlement. He offered me \$1560 — that was in 1941 and I was going to get \$2200 at the JWB, but I found myself attracted by him and by what he said and I took the job at the settlement house. I went there as a boys’ worker.

J: What was the name of the settlement house?

M: Soho Community House, in downtown Pittsburgh. We worked up on the hill at

the housing project. I worked with Margaret Berry, Harry Bray, and others. Gertrude Wilson and Wilbur Neusteder were with the School of Social Work and even though I was new, they had me working with a student. Bernie Shiffman was there as a student at the school. And Pittsburgh was an exciting place.

J: In what way?

M: The settlements [such as] Soho were very involved in the community — they were doing the kind of things I liked, [like] working with tough kids. There was a group called the Feather Merchants. I lived in the settlement and I arrived there on a Sunday. I remember those kids broke into the game room downstairs — which was in the same building and they started to shout up the stairs, "Mitch, Mitch you son

of a bitch, come on down here." John didn't want me to go — but I figured if I was going to work there I had to — so I went down and had a fight with them and I threw them out. Physically! I got them by the collar. But from then on the Feather Merchants were my big supporters. So it worked out alright.

J: What were they ethnically, the Feather Merchants?

M: Polish — Polish and some Irish — I think — or Italian, I don't remember.

J: And was it an issue for them that you were Jewish?

M: I think so — sure. That was part of the taunting. I was the only Jew on the staff — it was strictly a non Jewish community,



heavily Catholic — overwhelmingly Catholic. So that was a problem, but I must say my colleagues on the staff were great. Everybody was very helpful. I was only there until March — when I went in the Army.

J: This was 1941 — 1942?

M: '42 — I arrived there in September of '41. Pearl Harbor was in December and by March I was in.

J: One of the things that I wondered about was, what was it like living in both of the settlement houses?

M: Exciting. Remember I was young and all the time I had gone to Tufts and everywhere I had lived, at home and [where] I had grown up in a very poor, but strictly Jewish neighborhood. I really hadn't been exposed to non-Jews until I went to Boston Latin School and of course, to Tufts. But during Latin School and Tufts I was side by side with these two very good buddies of mine — David Goldenberg and Ephraim Gale — we did everything together. So I really hadn't had much contact with other people. Soho and Christadora House — opened my eyes to all these other groups and I was interested and stimulated. It was difficult and anti-Semitism was a factor, but I can't ever say that from the job point of view that it stood in my way. John McDowell and Margaret [Berry] and Soho couldn't have cared less.

J: A lot of people don't know what it was like — on a daily basis, like did you have your own room, did you eat communally — did you ever get away from it?

M: We each had our own room both at Christadora House and Soho. We would eat communally — we never ate by ourselves unless we went out somewhere which was a rare occasion — we did most

things, especially when I was in Pittsburgh, together. All my contacts were with the other social workers and people like that. It was exciting. We were concerned about the same things. We were enthusiastic about the work to be done — to try and help [change] the conditions. I don't remember all of it, but I don't think I ever felt particularly lonely or isolated

J: I would imagine that the sense of community and esprit de corps must have been stronger there than other work situations.

M: I thought that we were doing something worthwhile. It was a short period but I still look back on Soho as a very good helpful happy experience and it was totally different — after all for a Jewish boy from Dorchester. Right next to us was the church. I remember a place — the public baths — there was clearly a lot of anti-Semitism, but except for those first days, I didn't have very much trouble.

J: What kinds of things would you do for people, what activities?

M: Well we ran a full range of the usual settlement house activities. Plus, we were heavily involved helping with housing, helping with food. I remember we used to put out a little leaflet called "Helpful Hints: How to Use Food" you know — things you could buy that were nutritious but low cost. I edited that for a while. We used to put it out every 10 days or so. And then of course we were working heavily in the housing project which was new and trying to help people, to live together. We were concerned — after all this was 41, the depression — with jobs and support and so forth, to some extent — but there wasn't much. The welfare program wasn't so hot, but we worked with them and heavily in the job field, trying to find jobs.

J: Were these immigrants who had come over about 20 years before?

- M: Well, there were some who had been there a long time and then their families joined them. There were a number of elderly Polish women and some Italians. People came because they had family there or knew somebody — and it was in its way a tightly knit community. They saw themselves as separate from the rest of the world. Some of them got jobs in the steel mills. It was heavily steel then, but a lot of them weren't prepared [for the jobs]. Part of [our work] was helping them [to] become apprentices. We didn't have a limited agenda. I'm sure there were some people who would say, "what has that got to do with social work?" To us it had everything to do with it. But we didn't do a great deal of counseling as such. We helped if the kid got into trouble with the law, which often happened, but that wasn't a major focus. We were much more community oriented and group oriented and that sort of thing.
- J: Was there a clear cut mission and philosophy that everybody was aware of or was it more informal?
- M: It was more informal. We talked about settlement traditions and so forth and as we defined our role, they seem to fit together. I don't remember any serious disputes among us about which way to go — there was a lot of work and the thing was to do it and help one another. So we just did what we could.
- J: Were there any people of color or Blacks or other minority groups — or were there just White ethnic groups?
- M: White ethnic groups. There were Blacks in Pittsburgh, but not in the area where we were and I am sure there were others at different times, but not particularly, as I remember them related to the settlement, except for some in the housing project.
- J: When did you enter the service?
- M: In March 1942. And they sent me to Fort Devens because my home was Boston. I waited there for a long time to be assigned. You know, they interview you on what you did. The [interviewer] had a big book of occupations — civilian/military equivalency. And I said I was a social worker and the young man looked at me in despair and he looked through the book and said we don't have it in there. [Laughter] It took me two hours to explain but it did no good, and finally he said out of desperation, you must have done something else — I said, "well I was captain of the tennis team and I played basketball" and he said "that's it — athletic instructor" — so that is what I went into.
- I stayed in basic training a long time, and then I was assigned to the infantry. I went to Fort McClellan, Alabama. A little town of Anniston — population then 3000 and over a hundred thousand soldiers — it was a disaster for everybody. There was a large number of Black recruits.
- J: In separate companies or were they integrated?
- M: Separate companies, but remember in basic training we were all pretty much there, but in separate squads, but we were all together. We had a bunch of Northerners right from [New York]. We were allowed into Anniston every two or three weeks. We went in once and a group of the southern soldiers and others jumped on the Black soldiers. A group of us from the north — Jews, but not only Jews — joined in on the side of the Blacks and had a big scrap. We all got arrested and brought back to camp and then they never let us out again till the 12 weeks of basic training was over.
- J: That must have been very difficult?
- M: Yes, the non-commissioned officers especially were Southerners — overwhelmingly — and they didn't like

Northerners and they certainly didn't like northern Jews. I was a particular target because by then I had 3 degrees and they kept after me. When I finished basic training, they assigned me to the 44th infantry division in Kansas. They had a first sergeant — and they had to call out the names of the new recruits. He had a clerk do it and when he came to my name, I saw the clerk whisper something to this sergeant and he looked at me and said, "college boy, you must be stupid, it took you seven years to do what everybody else does in 4." When you are in the army there is nothing to do, there is no responding.

I got shipped from there with the 44th infantry division to Salinas, Kansas. During the maneuvers I was injured and shipped to the hospital. It turned out that I had a serious stomach problem, some of which went back to when I was born. I was born with a congenital short esophagus. It had started to bleed internally and they wanted to send me home, but I didn't want to go home. I stayed around in charge of a medical unit in Fort Leavenworth, Kansas. I had a lot of German in Boston Latin School and some at Tufts. There was something called, the Army Specialized Training Program and they were looking for people who had language skills in German and Japanese. I was suddenly transferred to a beautiful little college in Grinnel, Iowa (with a bed and sheets) and assigned to live with a German who was under instruction to speak only German to me.

J: Was he a German-American?

M: Yes. I studied German and all about the country's political system. I was supposed to go into Military Intelli-



gence but by sheer chance, somebody had given me a subscription to *PM*. That was [a] news-paper out of New York City considered liberal. I reported to the Major for assignment and he asked me one question, "you have a subscription to *PM*?" I said, "yes, sir." Next day I was on the train back to Camp Polk, Louisiana in the infantry.

J: Because you were too Leftist? Was *PM* socialist?

M: No, not even socialist. Progressive. Actually, I never knew who sent me the subscription and most of the issues never reached me. So I went back to the infantry — although I was still supposed to be [in] limited service and somehow they caught up with that and sent me to three different German Prisoner Camps In the United States as an interpreter for the commanding officer of the camp because I had all this German. In Nevada, Missouri the German prisoners were treated much better than the American soldiers, most of whom were Blacks and served as guards. I and a couple others got in a fight with the colonel. He threatened to have me court martialed. Nothing ever happened because he needed me. I was the only one that could interpret for him. But it was an unpleasant experience and then came an order that I was to take a German prisoner under guard — that meant me with a revolver — to Topeka Kansas. He was emotionally disturbed. I got on the train and took him to Kansas to The Menninger Clinic and turned him over and came back by train.

When I got back, the colonel said to me, "there's an order, transferring you — but it is optional. You can stay here with me, I will be glad to have you." This was the guy I fought with all the time. I couldn't imagine wanting to stay in Nevada. [The transfer] was to Camp Carson, Colorado. There was a woman [Elizabeth Ross] in the War Department in Washington, who had



been looking for me for years [because I was a social worker], but I had been in so many different places. Anyway, she caught up with me in Nevada. She was with the War Department.

J: Social workers for what purpose?

M: To staff psychiatric units — set up for people in training and for those who had come back from combat, so I was ordered to Camp Carson, Colorado, a beautiful spot, right at the foot of Pike's Peak, where I was the head of the social work unit. I was then ultimately promoted to Master Sergeant. I was in charge and I did some supervision and a lot of group counseling. They had been in combat and of course I hadn't and you kept running into: "what do you really know about it?"

J: Were they experiencing what we know as 'post traumatic stress syndrome'?

M: Yes, it was called battle shock or fatigue. It was where I heard about FDR's death which was overwhelming. I was a great supporter, couldn't conceive of anybody else being president. I stayed [on] because as the soldiers came back there was more need for me — so I didn't really get out until February 1946.

J: So you were in the Army for 4 years?

M: Yes.

J: Was that a good professional experience — the psychiatric counseling?

M: The psychiatric was — some of the other was difficult. I was walking into an officer's club and the man in charge of my battalion, by the name of Major Thummel said to the other officers, "see that guy, he has 3 degrees, graduated summa cum laude, Phi Beta Kappa and he's here — I have assigned him to clean our toilets."

That was part of what you went through in the army— given my background I went through a lot of it.

J: So I assume that you couldn't go back to your old job, when you got out of the Army.

M: No, I went back to work at Hecht House where I had been part time during the time I was on NYA and I was the director of activities. Then I got a call from the Jewish Welfare Board and they offered me a job. I worked with the Jewish Community Center and Council, a combination group work/community organization job in Manchester, New Hampshire.

J: At this stage in your career, did you have a clear sense of being a caseworker, group worker, community organizer — or did you think of yourself as a generic social worker?

M: I didn't have too clear a sense. I knew that whatever I did I would end up in some combination of group work and community organization, including social policy. And I wasn't going to be a caseworker.

J: Was that because it fitted you better, or you philosophically felt more comfortable?

M: I think it fitted me better. I had more interest in that and I believed that is where I could make a more significant contribution. That seemed right for me and the Federation of New Hampshire in a sense deflected from that. It was an administrative experience. I got into some trouble because we had a lecture series and by sheer coincidence, those on the board committee had picked 5 speakers, who were somewhat controversial by being too liberal, and by chance we scheduled them for December 7th, Pearl Harbor Day. The American Legion picketed, and the Manchester Union Reader — I don't know

if you know that paper — it's very right wing — they bombarded us. But I have to say that the board stood by me. But anyway, after a while I got very ill — almost deathly ill. My esophagus had torn and I had internal bleeding and all kinds of things, which have been a problem ever since. I was out of work for about a year.

J: And this was your first executive position? Did you just learn how to do that on your own?

M: Yeah, I really did — of course, they saw that I had been given a good deal of semi-administrative experience and I had been a boys worker — even when I was in field work, [but] I didn't have any special training in administration. But I didn't find it very exciting and it wasn't very stimulating [or] very difficult.

J: Looking back was this a major point in your career where you shifted from being a direct service worker to an administrator?

M: I don't think it had that much [effect]. I've always thought of it more as an interlude in my career. It just happened that I had some sense of the direction that I wanted to go in and Manchester didn't change it. When I was recovering from my illness, Sandy Solender, who was Director of Personnel and Training for the National Jewish Welfare Board, called me and asked me to come to New York as one of his two assistants.

J: Was it very different working for Jewish organizations than it had been for non-sectarian agencies?

M: It was different. It was stimulating in some ways. There were some very smart and able people that I got to know. But some of [my] interest in the community and so forth wasn't there and I tried to make up for that by being active in professional

organizations and in community groups here in New York, but it was different. Well in 1952 my last year there, the [Columbia School of Social Work] asked me to teach a part time course. It was still the New York School at this point.

They asked me to teach the first year part time and then after that one year, they asked me to come on full time. It wasn't the easiest decision, but I thought that I needed a change.

J: What were you teaching?

M: I came in to teach group work and community organization (C.O.)

J: C.O. was a fairly new sub-section of Social Work. Nat Cohen, the associate dean was interested in C.O. and I was — so gradually C.O. developed somewhat and so I went there in 53 — not necessarily thinking social work education was going to be my career. I didn't have a doctorate. I had no serious intention of getting one, although — at their suggestion I enrolled in a program [in] which I was interested (New York University). They had a degree in Human Rights and Civil Rights. I took all the courses, but never got around to writing the dissertation. In those days, it was sort of different — nobody pushed me — it didn't make any difference.

J: Did most of the faculty have doctorates?

M: Some, not most. There was a tendency to come there and then to get your doctorate — you know right there. But there was no pressure on me — that I can ever remember. I wrote some things, mainly articles and speeches. I was active in the community, professionally and interested in Public Welfare — so I became more and more a policy type. About 1955 or 1956, I became an Associate Professor — then a few years later, I was promoted to a Professor and given tenure with no doctorate — and there was no issue about it — nobody said

you don't have a doctorate. It never came up — it just sort of went routinely. One irony is that in subsequent years I received 4 honorary doctoral degrees.

J: When you say you became more of a policy type, had you always been interested in policy?

M: I had always been interested in policy. I think that really began with FDR. I had been interested in poverty, unemployment. My father was a desperately poor man, [he] worked 7 days a week in a garage, for twelve dollars a week and my mom managed for us and was determined that I go to Latin School and College. Summers I worked in a parking lot. During the depression, one summer I got one ten cent tip and ten dollars a week. I had always been interested [in policy] and then there was a lot that stimulated [this] — the New Deal and all [of] those things.

J: It was an exciting time for policy. It was an unprecedented time for seeing policy in action.

M: Yes it was. With all the programs, the Social Security, and everything else — and I was very much involved. I don't mean

directly personally involved. But I was interested in working locally and sought out the people who felt the same way. It was an exciting time from that standpoint — it really was. So I had that in my background and the school in that sense gave me the opportunity. I got involved. I got to know people in Washington. I was involved with Dick [Cloward] in the Mobilization for Youth. A couple years later, I was involved in Washington and consulted with various congressional committees.

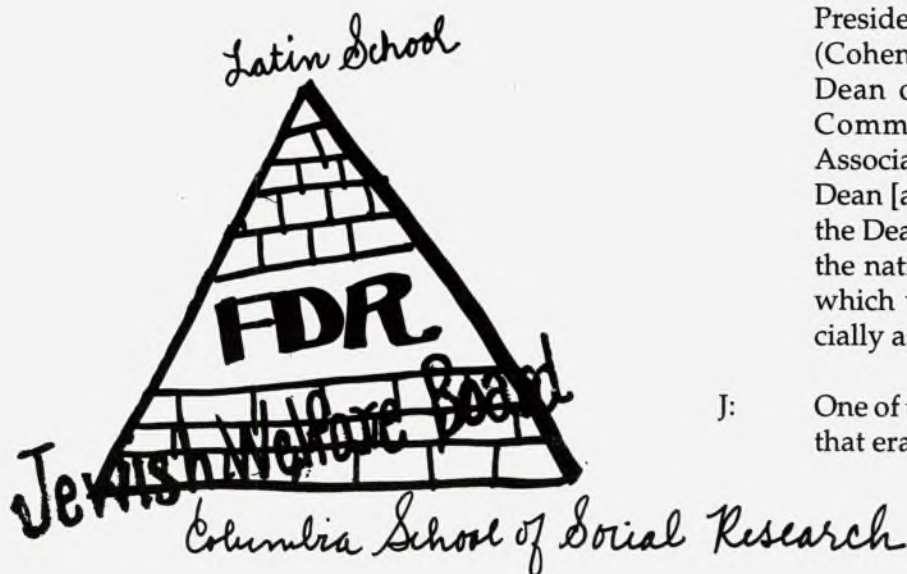
J: How did you get involved with that?

M: Well I had written a few things about public welfare and related concerns and there were people who were involved in the poverty programs, and whom I had contact with.

J: These were Kennedy and Johnson's poverty programs?

M: I got to know the President and all of the Kennedys. The Kennedy I really came to know the best and worked the closest with and admired the most was Robert. And so I was well known and I was active in professional associations — I was chairman of the New York City Chapter, then later President of the NASW, still later, President of the NCSW (1962). When Nat (Cohen) left (Columbia) to become the Dean of Western Reserve, the Faculty Committee asked me to become the Associate Dean. Clara Kaiser was Acting Dean [and then] Fred Delliquadri became the Dean. By 1962 I was asked to serve on the national committee for Head Start — which was an exciting experience, especially as I was the only social worker!

J: One of the most successful programs from that era.



M: We organized it, reviewed it and I travelled all over the country evaluating programs. Subsequently I met Marion Wright — now Marion Wright Edelman — she headed the Head Start Program in Mississippi. It was in trouble and I went down and consulted and gave a speech and about 2 months later, the National Business Conference had me speak in New York to a Conference about poverty issues. One of the other speakers was this young Black woman, Marian Wright, whom I had met in Mississippi. We liked each other and went out and had a drink. A week later I had an appointment with Robert Kennedy in Washington, because I was doing some advising. Peter Edelman who was his chief aide was there and I said, "I had met this young woman and she was very good and you ought to make use of her", and so forth and so on — I told them who she was and they both started to laugh and said, "Marion and Peter are engaged to be married." Later we were invited to their wedding and we had a great time. I worked a lot with Kennedy on welfare.

J: With Robert Kennedy, he was a senator then, for New York?

M: Yes and a wonderful person to work with — very nice to me — very supportive. I genuinely liked him. That was how I got involved and active in poverty programs. Then one day in 1966 I was speaking in the Commodore Hotel, some man handed me a note — it said, "Mayor Lindsey, he wants you to call him." I didn't know the Mayor then. He was a Republican and I was a Democrat, although I had voted for him. I never told him that. I didn't get to call him until the end of the day and his secretary said, "we have been looking all over town, the Mayor wants to talk to you." He got on and he said, "hello, would you take the job of Welfare Commissioner?" Just like that and I said, "thank you, Mr. Mayor — no." And there was kind of a silence and he said, "what

do you mean no?" Well I said, "I've got a lot of other things to do — many other things to do." I had been invited by the Governor of Hawaii to consult on poverty programs. I said, "no I can't do it." Then I remember he said to me. "let me get this straight, you have a reputation in this city of being concerned about what happens to people and you are going to tell the Mayor 'no' without thinking about it!"

Well what can you say? I said, "well, I will think about it, but it won't make any difference." Then, about a week or two went by and the President of Columbia University — Kirk — called me in one day — the only time he ever did — and said: "we understand that you have been approached to take a job with the city, it is very much in the interest of the University that you do it." This was the only contact I really had with him in all my years at the University but I said, "thanks, but I am not going to do it." He argued with me and Jaques Barzun, the Provost called me in urging me to do it.

J: Do you think he was getting pressure from the Lindsey administration?

M: Sure. I told [him] I wasn't going to accept but we remained friends. At any rate, Lindsey called me and asked me to meet him and I went down to the East Side — he was speaking to workers and others interested in poverty programs and what his plans were for the future. When I walked in to the Educational Alliance — I noticed somebody pointed me out to him — he had obviously tipped him off. So he stood up and brought me to the platform. And it was funny, a couple other people in the audience in the discussion with him stood up and said, "if you really want to help your poverty program, you ought to hire Professor Ginsberg." So, anyway, after the program, he had to make a lot of visits, all over the city and I rode around with him and for a while we talked about the job and I explained why I couldn't do

it. I had even prepared a list of names of people who could do the job and he tried to persuade me with this and that. I said, no I couldn't do it. [My wife] that day said let me know if you do it. I said, "I won't even call you because I am not going to do it."

While we were going back towards City Hall, past the School [of Social Work] on 91st Street I said drop me off here and then I will call you. And he said, "Oh, no, it's much easier for you to say no on the telephone than it is to me personally." At any rate he needed to make a call and we stopped at a phone booth and he didn't have a dime, I lent him the dime, he came out and we started back to City Hall and we were talking about something totally different and he suddenly turned to me — for the first time he called me Mitch, he said, "Aw come on Mitch, we'll have fun together." I shook his hand and that is what happened. I really had no intention of doing it that I knew of.

J: Why did you feel so strongly that you didn't want to do it - it seems like such an exciting opportunity?

M: It was an exciting opportunity, but I was heavily involved in the School and University, in Washington and with other projects. I felt if I took this, I wouldn't be able to continue much of what I was doing. I was sure, that it would be a tremendously time consuming task and — I don't know — I have always suspected afterwards that deep down within me, I wanted to do it. That's why in the end I did do it.

J: Do you think he sensed that in some way?

M: I think he may have; he was a smart guy because he didn't give up — he could have easily after all. But I did it — it was extraordinarily difficult, for over four years. Lindsey called me in and asked me to [take] the HRA position and I took it. It was extraordinarily demanding, but I have

no regrets about doing it. It was exciting, it was frustrating, all the things that you would think of, but it gave me a chance to try some things, some worked, some didn't work.

Senator Long, Chairman of the Finance Committee (Louisiana) called me down to the Finance Committee and I got to know Wilbur Mills, Chairman of the House Ways and Means Committee and I was often testifying — with Kennedy and with Johnson and so I was very heavily involved. I found it stimulating, and exciting and doing what I really wanted to do.

J: You really had a chance to make and influence policy.

M: I had a chance to — sometimes it didn't work. I was active in the Family Assistance Program — the Nixon Welfare proposal that most social workers opposed. I and a number of others supported it because we thought it was much better than what we had and we could build on it. I worked very hard with Moynihan, Ribicoff and Kennedy. I was defined as doing more lobbying on it than anyone else. John Gardner, Secretary of Health Education and Welfare offered me a job of Assistant Secretary. I almost took it, but Lindsey talked me out of it. But at any rate a group of organizations — the League of Women Voters, A.F.L./C.I.O. asked John and me to visit the Democratic members of the Senate Finance committee to try to get them to support or at least consider the bill. The first one we went to was Gene McCarthy (because when he was running for President he announced during the campaign who his cabinet would be if he were elected and there I was — listed as secretary of Health, Education and Welfare (HEW), although I had never met him. I was called about six o'clock in the morning by some radio or TV station and they told me that — I thought it was a big joke — and I started to laugh and McCarthy

heard that and got insulted — he thought I was not treating him seriously.)

And [McCarthy] said, "Commissioner, understand, the whole topic of welfare bores me. I never attend the committee when that is on the agenda." Very different from his public stance. We went to see Fullbright and he said, "I am only interested in the international field, I'm not interested in even talking about it." The funny one was Senator Joseph Montoya, from New Mexico. He didn't know anything about it, but he said, "I have in Santa Fe and Taos a large number of hippies who are living on food stamps — my constituents don't like them there — if you can do something to get rid of them I will vote for your program." That killed that. At any rate the House passed the bill in the end.

A few of us, including Leonard Lesser, of the Center for Community Change, with help from Tom Joe worked with representatives of the Secretaries of HEW and Labor and worked out what seemed to be a fair compromise to both groups. Leonard and I then met with Senators Ribicoff, Kennedy, and others, and they all agreed to the plan.

Then I called Moynihan who was upstate in New York — Ribicoff asked me to call from his office — and I explained it to Moynihan who was handling it for Nixon [and he] said, "that's a fair settlement — I'm sure that the President will go with it — I'll call you back in a day." We never heard from him. Many years later he told me that McGovern had come out that same week, with his welfare proposal — a kind of extreme one — and Nixon felt it was better to run against welfare [rather] than as an advocate. So that killed it. Actually I think Senator Long might have killed it anyway.

J: This would have been the guarantee of a minimum income. — a guaranteed annual income at the time. And that is what killed it?

M: It got through the house. I was testifying before Senator Long and he said, "since you've got so many people on welfare my wife can't find anybody to do my shirts." Such arguments! And another time he said, "my friends and I — we like to fish from the banks of the river in Louisiana and the banks are crumbling. We used to be able to get these men to build up the banks and now they are on welfare and they won't take it." This was in public session! That was the nature of it.

J: Is this when Supplemental Security Income (SSI) came down as an alternative?

M: Yes, that was interesting. And we didn't, I think, we didn't realize it was as important as it was at the moment. When that passed some people saw it as a kind of sop — because you can always do better with aged, blind and disabled. [This] was no great surprise, but it was a surprise that it went so quickly.

J: Was it frustrating to have gotten so far and then have it swept off of the table?

M: It was frustrating — to have it killed quite that way and then never [revived]. You know there were various efforts to revive it, but I remember — Robert Kennedy — he worked with me [and others] on another bill — I remember his calling, saying that if his name as a sponsor would help, that would be fine, but if his name as a sponsor would hurt, to take it off.

J: That illustrates genuine commitment and not just a political one

M: Exactly. And he was there and in many ways Ted Kennedy was similar. While I was commissioner, Robert Kennedy went to Israel and suggested to them that they bring me over as a consultant! It was funny because John Lindsey had apparently thought of the same idea and it was a question [as to] who would get credit for

it. At any rate, the Israeli's invited me. I facetiously [said] something to the press, "well now that I have cleaned up all the problems in New York City, I might just as well go [to Israel]." And the Times wrote an editorial and the headline was, "thanks but no thanks", and it went on to say, "there is enough to be done in New York and even though the Commissioner was facetious, he should turn it down and stay here."



lot more to offer. It is the kind of job that weighs you down and I really began to think as I walked in that I wasn't sure that it [might not] benefit from somebody else taking a fresh look at it. Bernie [Schiffman] was leaving and some of my other staff felt it was time to leave.

J: Nixon disliked social workers, didn't he?

J: What had Bernie Schiffman been doing?

M: Yes, he did. But I have to say this about him, once when I met him and shook hands, he said, "you have a tougher job than I have." But he disliked social workers and almost everybody else. I think, one of my better quotes, that ran in the *Wall Street Journal* on the front page, was [after] Halderman had said when Nixon got his welfare plan, there wouldn't be any jobs for social workers and they would have to go out and earn an honest living. I was President of NASW, and the *Journal*, among others, asked me for a quote or a comment and I said "how would he know what an honest living is?"

M: Bernie was an associate administrator, and Major Owens, now a Congressman, was the Commissioner of Community Development and Carl McCall, now the State Comptroller, was Chairman of the Council Against Poverty and Deputy HRA Administrator. I walked in and as I walked up to him I said, "John I am going to leave" and that was hard for him, because we had become very close. I never had any criticism — anything to criticize him for. I made some not so hot appointments but they were my appointments. They weren't pressured from him.

J: How did you decide to leave this position?

I did hurt him once badly and I didn't know it. I should have. His wife told me later. I was interviewed for the *New Yorker* by Nat Hentoff, in a lengthy article. In the course of it, he asked me who I thought would make a better president, Robert Kennedy or John Lindsey. And I said I thought Lindsey would make a great Senator, which I did, (I thought he would be a wonderful spokesperson for a job like that), but I thought Kennedy might be a more effective President. When I went back as Dean, Lindsey said, "Mitch be careful. You may think you're getting away from politics by going to the University, but politics at the university are worse than they are in the city — only the people doing it are not as good at it." And he said, "make sure you sit in the last row, so nobody can stick a knife in your back." But I have to say at the University with

M: When Bill McGill was appointed President of Columbia he asked me to take the job as Dean. I was reluctant. McGill came back to me and said, I want you as Dean but I also want you as my personal advisor in community affairs, in close relationship with me. He said, "I'll make it a real job and we work well together." And I wasn't sure. I was torn. Lindsey wanted me to stay I remember it was a Sunday night and [my wife] and I went down to City Hall by appointment to see the Mayor. When I walked in the room, I wasn't sure what I was going to say. The job had attractions to it. On the other hand I had been there for more than four years and it wasn't just that I was tired, I wasn't sure that I had a

McGill and then Sovern, (McGill was president most of my years), were very supportive.

J: It sounds like both with the city and with Columbia you were very fortunate in having a boss that you worked very well with and whom respected you.

M: Whom I respected and who respected me. You know the School, like the city, had a lot of problems and generally speaking we didn't do all the things that I would have liked to have seen done, but....

J: What was the particular change that you wanted that you were particularly disappointed in?

M: There were 2 things that I wanted. Of course, one was the welfare [reform]. Alvin Schorr was a close colleague and we were strong advocates of something like the Children's Allowance or the Family Allowance and Mondale at one point was supportive. I did some consulting with Jimmy Carter too. He was very smart about the details but not about the politics of it. So that rarely did we ever get anything we wanted to get and reach the national minimum standard in welfare, a key factor in bringing about change. We thought that it was utterly unfair that Aid to Families and Dependent Children is the only program that is not adjusted to the cost of living and never has been and that is simply because of who the constituents are. And we fought for that, failed all the way down the line to have any really significant improvements. Some of the things that happened were because the courts outlawed the residency laws. When I came to Department of Social Services, my very first executive order was to outlaw "midnight raids,"... that was executive order Number One.

J: And that set precedents in other welfare systems?

M: And it became national policy. Workers used to go in the middle of the night and go in the back to see if they could find a man.

J: That was a major accomplishment.

M: And, I contacted the Civil Rights Groups and the Legal Service Groups and I said if they ever heard of it happening again, after I had outlawed it, to get in touch with me. It never happened — I never heard about it. When I found caseworkers could discuss any subject but family planning with clients, I managed to change that. Rockefeller and the legislature were opposed to it and Lindsey, of course, when I turned to him, was delighted with it as an issue and we forced it through the legislature and changed that. It was a ridiculous policy.

J: So, they had up to now not been able to discuss family planning and after this they were able to as an issue.

M: It didn't change the world but it was an accomplishment.

J: Now was child welfare part of your department?

M: It was and there were things I wished we had done more of — but we did open up — and it lasted only, I think while I was there — a 24 hour service using homemakers. Homelessness was not much of a problem — it was a Bowery thing. I went down once and opened up our first homeless shelter.

J: Was that the Men's Shelter on East 8th street?

M: It was a men's shelter, that was the first one. Remember, the HRA was also a community action agency, an employment agency, and an addiction service. The mayor appointed me his educational

liaison for the Board of Education and in 1968 was the strike in Brooklyn and I was running back and forth. I was spending two or three days overnight at Gracie Mansion during the negotiations. I would report to the Board of Education in Brooklyn, bring a counter offer — so there were a million things to do.

J: Was it a seven day a week job?

M: Yes, but it was an exciting job — I have no regrets. I found that the best for me was a combination of an academic setting and working in the public sector. The ability to work in both settings was very valuable. I would not have wanted to miss that. Because as I look back on it, it would have been wrong for me to turn the job down. I would have missed public service and I am glad I did it, and I say to my students to this day, they ought to get into — spend part of their time—in public service.

J: When you look back do you view that as a high point in your career or is that stating it too strongly?

M: No. I think it is the high point in my career.

J: You became really a national policy leader and you had a base of operations — it was different from being in a university.

M: Yes, exactly. I couldn't have done some of those same things through the university — so yes, that's the high point. No regrets, but I also think — deep down within me — that I made the right decision about the time to leave. About a year later a wonderful reporter Peter Kihss of the *New York Times*, who followed me all the way — very smart — supportive of me when he thought I deserved support, critical when he thought I deserved criticism — and a year or two after I left, he came to the School and he said, "I want to do a story looking back on it — how do you feel about it — how much difference

do you think you made?" I remember, I thought long and hard about it. I wasn't sure. I said, "the issue I am not clear about that I wrestled with then (and the truth is that I wrestle with now — somebody asked me just the other day and that is a question that I have never been able to resolve) is how much difference did my being there make to the people who were the constituents? There is no way of knowing that. They were better, I think, because there were no midnight raids and there were other changes in approaches and attitudes but did it — knowing what has happened to poor people in general — did it really make any difference? Did I make any difference? I'll carry that one with me until the day I die. Because I don't know. I don't know the answer. I know what I would like it to be. But late at night when I can't sleep — I think about it — I still think about it. Did it make any difference? I don't know.

J: When you are having those thoughts, are there things you think of, that you wish that you had done — is that part of it?

M: Yes, there are things that I wish I had done. While I was Commissioner, we switched from surplus food to food stamps which were clearly an improvement, which taught me something I knew already. I went to my colleagues at the School of Social Work and elsewhere and asked for advice, [but] rarely was it any help — they were too out of touch with [reality]. The choice we had was between surplus food — you know what surplus commodity food is like, peanut butter and rice — and



food stamps, [which had] become an alternative in parts of New York State [but not in] New York City. I thought [food stamps] was better and I went and I talked to people and invariably at the school my [social work colleagues] said, "oh, neither of them is any good, give them more money." But that wasn't the alternative that I had! People were always saying [that] to me. I knew that. I knew more money [would be better], but that wasn't it and I had to make a choice between — and I learned that — you have to make choices among the alternatives that are available to you.

And it was always like that. I knew there were a lot of things that could be done — that could have been done differently but one operates — I had to operate within budgetary restrictions. But it was a dramatic time in some ways — we moved to food stamps and then we started Medicaid. People — wise people — urged me to defer doing anything for a year and it probably would have been better — so we could have gotten better prepared, but on the other hand I felt and the Mayor agreed with me, that it was time to do it. But if I had said the other way, I think he would have backed me.

Poor people needed the service even if it wasn't as good as it could be. It was better to start the service than to wait, so we went in with something like a three month start up period and we made mistakes. But it was an enormous kind of program. I found [that] the fraud that we were worried about had happened, but a lot of the fraud was by the providers — dentists, doctors. We found a dentist who charged for removing the same tooth 3 times. And when I went to the New York Dental Society they said, "well who are you to be telling the doctor or the dentist what to do." The doctor would come into a tenement and stay on the ground floor and call out to everybody, "how are you," and then charge us for each one.

I was always in hot water with it. Then we had 2 strikes and that was a hard time for us. But we were able to keep the operation going. But I still remember as I walked through picket line at one of the centers, a striker was carrying a picket sign that said, "Quo Vadis Liberal Dean." I thought that was creative. And I got it, he gave it to me. And those [situations] were hard. There was a lot of [hate mail]. I always thought the most creative one was the one that wrote to me and said, "I am going to stone you to death." For awhile the mayor and the Police Commission insisted that I have a 24-hour guard [because of the threats] There were two groups — some people thought we weren't doing enough for clients or that we were doing too much. I can't tell you, I must have gotten, over those years — better than a hundred telephone calls, mainly business men. One said, "I was in Montana or I was in Wyoming — there is a lot of open space — why don't you ship those clients out there, they will be better off." Serious, big businessmen. And I would say, "you know there is a constitution in the United States." I would try to meet with them and they would say, "welfare destroys by giving them some money — welfare and social security destroys their incentives, they won't save for the future." And I would say, do you have retirement programs, pretty good ones?" "Well sure."

"Does that effect your incentive?" "Oh, well that is different." And I even went once to the IRS and I asked them — (I was concerned about fraud) — I asked them about fraud in the IRS and I told them about our figures, which were running 7 or 8 percent. And he laughed at me and he said, "our fraud figures triple yours." But cheating on the income



cheating on the income tax is the great American game.

J: I guess part of what I am hearing you say is that in that job you had to make certain compromises, and is that some of what was difficult was hearing from some of your colleagues that you were not being true to [certain] ideals.

M: Yes, I heard that and don't forget I had been President of the NASW and was active in that and that is the nature of those jobs. One, you have to choose, as I said before, one of the alternatives that are available. And two, progress and change comes very slowly. The notion that you can make sweeping things or change everything around — Alvin Schorr and I both worked hard for national health insurance; well it never got anywhere! Probably never going to get anywhere now. So you do have to understand that if you are going to be part of a city or a state or federal government, there are a lot of restrictions. You fight for more money. I used to fight for higher welfare allowances at the state legislature.

I still remember, I went out West somewhere and made a speech on welfare reform — this man was a state legislator — Wyoming or Montana — he came up to me afterwards and he said to me, "Commissioner, you explained the program very well and I understand it, but to you welfare reform means improving welfare and adding people to it — out here welfare reform means cutting back on welfare and saving money." So that is a reality, you do your best for them.

When my appointment [as Commissioner of DSS] was announced on the radio, Richard Cloward called that night and he said, "don't do it—we had a meeting on welfare rights organization today and we decided to make New York City the number one target." Well, I said, "Dick, do what you have to do and I'll do what I have to do." And we agreed at that time

that would happen. But it didn't change the fact that we were personally friends. I was having a meeting with the welfare rights organization, because we organized welfare advisory groups. The welfare rights groups and Beulah Sanders, a big woman who was head of the welfare rights [organization], were screaming at me, as they always were because that was part of the game — you know, this and that, denouncing me. Then, in the midst of it, surrounded by her friends, she dropped her voice and she said, "Cloward and Piven saw you outside and they thought you looked tired, you should go home awhile and rest." And then she went right back to screaming.

J: How long were you at Columbia as Dean?

M: I took the Deanship at the beginning of 1970 and I resigned June — the end of the second semester — in 1981 — so I was the Dean for 11 years. I stayed on as a professor from '81 to '86.

J: And you have kept teaching since then?

M: I keep teaching part time.

J: Did you teach throughout the period as Dean?

M: Most of the years I taught — we had something then which I organized called the Dean's seminar. I taught a few years — most of the years I taught at least a class. Even when I was Commissioner I came back a couple times, having a class on social policy.

J: So you came back to other people's classes. Did things change a lot when you were Dean. Were there any directions that you tried to set [for] the School?

M: I was of course pushing us to do more in group work and community organization. Social policy I obviously had a deep

interest in. I worked on trying to develop closer relations with the public agencies. We worked out some of those fellowship alliances by which students could come to the school, so they could go back to their [agencies]. I wish the school could have done more, but it is not just the school's fault. Some of it was.

J: Last question I guess — what meaning has it had for you — having been a social worker all these years and having done all the different things you have done?

M: Well it is meant a lot. It's done a couple of things. It has made me proud that I was able to do certain things. It's made me at the same time — I don't know if humble is the right word — but troubled that I wasn't able to do more, so for me it is a mixed feeling really.

J: Are you glad that your career went the way it did?

M: Glad I had that mixture of public and private. As my wife said I was lucky to meet and work with some interesting people. Just the other day, you may have seen the announcement that Erik Erikson died and in my office I have a book "Ghandi's Truth" which Eric wrote. I had set up a special advisory committee at HRI, Eric joined it, so I got to have quite a lot of contact with him. And in the book he draws an arrow between truth and the bottom of a page and he says, "to one who understood the truth — to Mitch from Eric." I have a number of them from the Kennedys and so forth. So I don't mean just those people, the people I've met or have been exposed to were very important, mainly they have been in the profession or related professions. I learned a lot from people like Richard Titmuss, Alvin Schorr, Tom Joe, Leonard Lesser, Mel Glasser and Israel Katz. So I look back with great satisfaction.

There are many people whom I identify with — we have had some differences of opinion- but a deep feeling of respect and love for some. I have been helped very much by close friends, such as Irving Miller, Harry Minkoff, Bernie and Wilma Schiffman, Jim Dumpson, Sylvia Hunter, Jack Goldberg, and Arnold and Helen Gurin. Most important of all is my wife Ida. You know I have had a very checkered and busy career and the reason while I am still around — shaky, but still here, is more Ida than anybody else. It's been an exciting career for me. I wouldn't have minded if it had been in some ways different. But I always like to think, it will make some difference in the future but I have no way of knowing that.

J: But I think you have had a remarkable career and I hope that when you are up at night thinking about what you haven't accomplished, that you are also thinking a lot about — that you have accomplished so much — and the fact that you did go into the public sector when you could have just stayed in an academic setting — so few people do that — that is a real commitment and statement that certainly inspired me and I am sure many other people.

M: Well I hope so. I appreciate that. □

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PERSONAL NARRATIVES DO NOT COME EASILY TO THE PROFESSIONALLY TRAINED SELF

The growth of philosophical and cultural views challenging the hegemony of our modernist perspective comes from a variety of directions and defies description under one unifying banner. The most commonly used term referring to these broad changes is "postmodern", an umbrella term unclear in its definition. It is not surprising we evaluate our narratives by this inherited criteria. We are not only uncomfortable with the new emphasis on subjectivities previously taboo in professional writing, we find it almost impossible to avoid conventional evaluations, judgements and conceptualizations rooted in Western philosophical thought.

by **Roberta Wells Imre**

Roberta Wells Imre is a social worker and writer. She was chair of the Group for the Study of Philosophical Issues in Social Work. She lives in Staten Island, N.Y.

Interest in writing narratives within a professional context has risen at a time of ferment and changing perspectives within the academic world. Western philosophical and historical traditions that provided the grounding for much of modern thought are being questioned, and different ideas, languages and points of view are surfacing amid the dominant stories in the culture. New voices are discovered as narratives make it possible for those previously silenced to tell their stories. The growing literature on the lives of women, past and present, provide notable examples of this trend (Conway, 1992). We are only now discovering some of the broad dimensions of human life hidden by the way much of the population has been defined as "other" not really part of "us" (McKenna, 1991). As many individuals and groups formerly considered as "other" come to be recognized as worthy of being heard (Delaney & Delaney, 1993; Kotlowitz, 1992), the "other" in ourselves breaks through in unexpected ways in our own stories.

Unfortunately, these growing opportunities to explore stories in new ways evoke conflicts for human service professionals. Stories are a major part of their lives, but it is the nature and formatting of these stories that present problems. Our education has been essentially "modernist," a term used to apply to Western philosophical and historical ways of defining and describing the world in which we live. Long historical roots have brought us into an intellectual world in which knowledge is considered to be "objective," something outside ourselves, reflecting a reality already there, awaiting discovery by prescribed methods considered universal avenues to truth. In this view the techniques of the physical sciences are necessary to the social sciences to minimize, if not eliminate "subjective" factors rooted in persons involved in research.

From this perspective stories are suspect. They are "anecdotal," a term that has become pejorative in professional education. That which is anecdotal is unproved, not objective and suspect because of

WRITING NARRATIVES CORRECTION

Leslie Leighninger

Dr. Leighninger's name and affiliation were listed incorrectly in the Spring 1995 1(2) edition of *Reflections*. She authored "The Role of Narrative in History." She is Professor and Associate Dean, School of Social Work, Louisiana State University.

the unabashed inclusion of the feelings and personal perspectives of the narrator. Definitions of anecdote found in Oxford and American Heritage dictionaries refer to stories that are interesting, often having historical connections, and, significantly for our purposes, unpublished. If asked to really think about it, few of us would be prepared to say that publication is necessarily the best criteria we have for judging value in our work. Too many factors influence what gets published, where, when and by whom. Actually the reference to something unpublished in the dictionary refers to the ways anecdotes have so often been part of an oral tradition that was not committed to writing for any of a variety of reasons.

The changing environment that reawakened interest in narratives and other opportunities for exploration suggests it may be time to rescue the anecdote, to restore it to its proper place in the intertwined narratives of our personal and professional lives. As the intellectual foundations upon which we depend appear to be eroding; and we get an uneasy feeling that we may be standing on unstable terrain, our narratives, including anecdotes, can help us understand what grounds our work.

We have labels for aspects of the current upheaval, and general terms like modernism and postmodernism are used to describe some of the philosophical changes taking place. Professional vocabularies tend to connect modernist views. Descriptions incorporate terms like objective, unbiased,

rational, and that equivocal word "intersubjective." often used by researchers. These words are designed to reject a world described to us in ways not requiring the participation of our selves, a world known through the techniques and discoveries of science. In this context, moral issues, while usually not considered to be objective in the same way as science, are best settled through a rational decision making process based on an established hierarchy of values (Reamer, 1990). As we explore the uses of narratives, our own and those of others, and experience their emotional effect, we quickly discover they do not fit the modernist heritage. Our emotional responsiveness collide with ingrained attitudes incorporated into professional language and ways of thinking that structure our understanding of life.

The growth of philosophical and cultural views challenging the hegemony of our modernist perspective comes from a variety of directions and defies description under one unifying banner. The most commonly used term referring to these broad changes is postmodern, an umbrella term unclear in its definition. Different persons mean different things when they use the word. For our purposes, it is useful for way it recognizes and accredits the importance of the subjective in human life, and calls into question the subjective/objective dichotomy. The subjective is not a neat category in contrast to what is thought to be objective. We begin to see the extent that our

world and our view of it has been constructed by human beings, and that many aspects of this world have actually been structured by those whose privileged portions have given their particular constructions power.

It is not surprising we evaluate our narratives by this inherited criteria. We are not only uncomfortable with the new emphasis on subjectivities previously taboo in professional writing, we find it almost impossible to avoid conventional evaluations, judgements and conceptualizations rooted in Western philosophical thought. Given this context, writing personal narratives is difficult and often painful. We tend to believe a narrative is good if it follows traditional patterns and meets pre-established standards of rationality. In a professional context we expect that a story will be useful in a concrete way: i.e., aid us in our goals of the conceptualization of methods, techniques and outcomes. All these terms reflect the conventions of our Western Heritage and its modernist views of science and rationality, and emphasize our ability to know an objective world without personal knowing.

One danger that results from this situation is that our stories will sound like tales designed to reinforce culturally inherited values and ways of thinking. A good narrative must be allowed to test and sometimes threaten conventional boundaries. In social work, the effort to tell a story by way of a personal narrative can often

slide into a "mea culpa" about giving rein to subjectivity, an apology for letting ourselves be seen and heard in ways we have been taught are inappropriate. Our first impulse is to suppress such transgressions of professional expectation by conceptual and linguistic framing. Confronted with the emotional impact of a good narrative, we become like the exasperating music commentator who cannot let the music speak for itself, but must explain it. The meanings in narrative have the same vulnerability. As in music something important gets lost in translation when artistry is encased in linguistic conventions.

In writing narratives it is hard to let go, to let things be. It is hard to stop intervening and trying to rearrange the thinking of ourselves and others, and to listen and let meaning seep into the cracks and spaces around our concepts and expectation. Sometimes we can do this with the narratives of others, but most of us have not learned how to listen to our own lives and stories without having to frame what it all means in advance. We are often at risk of shutting down our stories before they come fully into being; changing them where necessary so they fall safely within the allowed conventions.

Individuals who are human service professionals may personally enjoy reading fiction, but there are not very many writers of fiction or poetry in social work and similar fields, perhaps because of the same problems we find in writing

narratives. We have been taught there is a clearly distinguishable reality that must not be tainted by fantasy. All kinds of dangers lurk in blurring the line between demonstrable facts and imaginative interpretations. If we intentionally encourage mixing fact and what might be fiction in stories, how will any of us know where we are and how we should conduct ourselves in the "real" world. We worry that we will be saying that there are no standards, that all ideas are equal, and there is no moral responsibility. We fear loss of the power of grand narratives, often religious stories, that we have been taught are literally true and that we depend upon in our lives (Parry & Doan, 1994). We look at the changes in the world around us and do not like what we see. We are surfeited with stories of self indulgence and/or victimization and the all too frequent loss of any sense of communal responsibility. As a result we tend to see danger rather than hope in anything that seems to further shred our heritage.

At this point in our thinking we confront the impoverishment of our present situation with its limited languages and concepts in the face of inevitable change. The kinds of rationality, scientific and technological thinking embedded in modernist views have offered security that we could know our world, that there was a grand idea out there waiting to be identified. Many of the ideas associated with what has loosely been called postmodernist thought are experienced as

a mixed blessing. Even though costly in terms of conceptual security and comfort, we can see that potential rewards are "immeasurable," a word that in itself strikes fear in our hearts since we have been taught that measurement is the ultimate test of reality.

Thus, while we become fascinated with narratives as part of a new, postmodern milieu, we straddle two worlds and are constantly being pulled back into the old while tentatively stepping into the new. Addressing the complex issues involved in postmodernism and the social science; Rosenau (1992, p.173) speaks of what she calls "affirmative" postmodernists whose focus is on persons that have been marginalized, on those whose lives have been controlled by others. A goal of some postmodernists is to encourage "those who have never been the subject (active, human) but who are rather so often assumed to be objects (observed, studied). They would include new voices and new forms of local narrative, but not in an attempt to impose discipline or responsibility."

If we are going to be able to plumb the depths of wisdom available through narratives, our own as well as those of others, we have to somehow learn to let go of our conventional professional ways of thinking and framing long enough to hear and see what has previously been hidden from us. Stories can do this if we can learn to let them emerge. For those of us in human service professions moral imperatives do not disappear,

but our comprehension and understandings of them change. In learning to acknowledge our own subjectivities our whole outlook is broadened. We do not have to abandon rationality and all we have learned, we do need to recognize that "reasons explains the darkness, but it is not a light." (ben Shea, 1989). Light has to be found elsewhere — perhaps in a story. □

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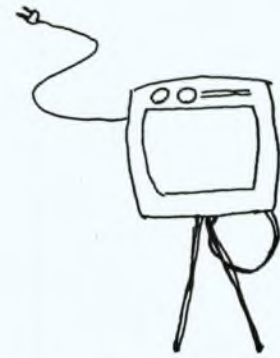
* In the References, the writer of this essay seeks to identify each authors' gender by citing her/his full name.

MEDIA REVIEW: TELEVISION DECONSTRUCTING THE O.J. SIMPSON TRIAL

By Mary Ann Jimenez
Arts and Media Editor

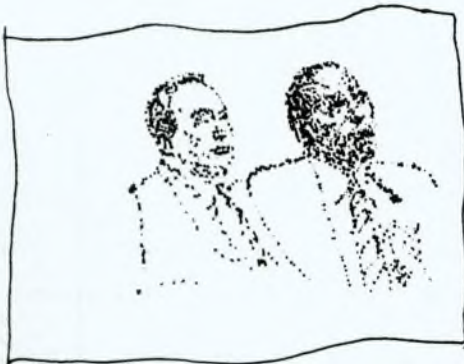
The most powerful narratives are those that evoke a common cultural memory, offering familiar characters and mythic conflicts deeply embedded in the beliefs we summon to explain human behavior. The manner in which the O.J. Simpson saga, especially the televised trial, has electrified the nation is an example of how shared narrative myths, when animated by public events, have an enormous realizing power, channeling our reactions in ways that are congruent with those multilayered stories from both our past and present. The Simpson story is a peculiarly American chronicle, recognized as such by observers across the world, who are as fascinated by our complex reaction to this drama as they are by the narrative lines of the murder mystery itself.

The riveting trial, complete with partisan lawyerly commentary, can be viewed as a text in which competing narratives are interwoven. Each of these stories has been salient at some point in the linear narrative of the trial itself. While this larger story will inevitably be resolved with a coda of some sort, whether innocent, guilty, hung jury or mistrial, the more inchoate stories of the trial have no resolution, but play as recurrent themes in American cultural life. It is these compel-



ling stories, subtexts if you will, that account for our terrible fascination with the Simpson saga.

The first and most obvious of these stories reaches back into the early American experience of slavery and continues throughout the 19th century up to the present day. It is the story that Clarence Thomas evoked in his confirmation hearings: the story of an African American man besieged, tormented and persecuted by slaveowners, law enforcement, the criminal justice system: in short, white men in power. For much of American history this story had a very bitter ending indeed — often ending in death of the African American man. Only recently (and then only occasionally) has the story ended in the redemption of the protagonist and the vanquishing of his enemies. It is striking how few non African Americans (if we are to believe the polls) seem to have any sense of how clearly the Simpson case can seem to be another chapter in that chronicle, this time with a bona fide hero as victim. In this version, Simpson's tragic flaw, as with Hamlet or Oedipus, was loving the wrong woman. His silent, brooding figure in the



courtroom evokes sympathy, even love from some of his audience. The Americanization of this story is heightened by the fact that the woman he loved was white, blonde, young and highly eroticized, unavailable to him in the ordinary course of a racist culture, available only by virtue of his wealth and fame, (through which he nearly eluded the oppressive fate awaiting the African American male in this country).

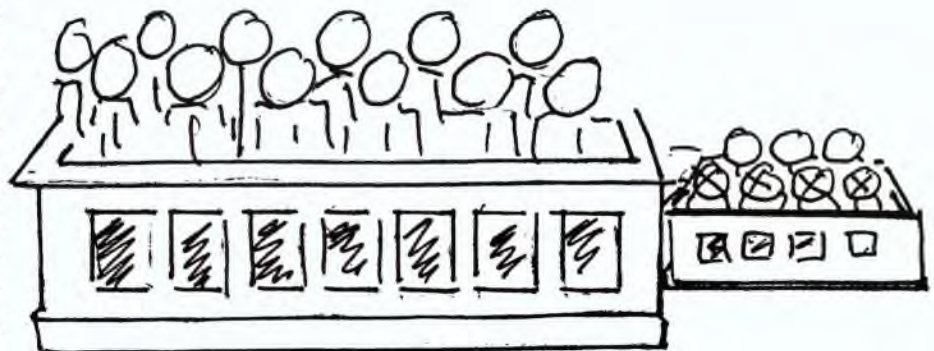
While this is clearly the dominant narrative of the trial; the failure of many in the white community to comprehend its power may be explained by the fact that the story of victimization at the hands of law enforcement has little purchase there. More significantly, in the this community the racial narrative has been muted by another powerful storyline: woman as victim of an abusive husband, powerless in the face of his insistent personality and demands. This tale has been legitimized by the modern feminist movement, especially in the middle and upper class white community, and has in turn given this movement renewed strength. As in the Anita Hill case, the fit between the trial and the feminist narrative is not perfect; since it was constructed on the image of white men (not African American men) oppressing white women. Again as in the Clarence Thomas-Anita Hill drama, the text of the trial offers two competing exegeses; one's view of the winner is dependent on which interpretation is more personally resonant. Both scenarios are

powerful; neither is superior in terms of narrative quality. As deconstructionists would remind us, these stories are embedded in the text of the trial, each holding only the most tenuous relationship to the facticity of the murder: either committed or not committed by O.J. Simpson.

Other lesser narrative lines are evident: the conflict between science and common sense that was sharply drawn in the 1925 Scopes trial, where Biblical versions of creation (common sense at the time) were challenged by evolution. Here the common sense notion that O.J. Simpson is a good man, even a hero, incapable of such an act, is challenged by the forensic DNA evidence. Will the new science win over the minds of the jurors schooled in the older realities? Insofar as some of them are moved by the story of racial injustice, the "scientific" basis of the DNA evidence may be ignored. Similarly the story of the defendant's policeman friend offers two readings: was he a brave man willing to speak the truth against a charismatic and powerful villain or a Judas, willing to point out his friend to

the Pharisees? "Lo, how the mighty have fallen" may appear to some to be the most compelling chronicle in the trial; for these observers Simpson's fame and wealth, not his ethnicity, are his most salient qualities.

The lawyers seek to heighten the storylines they embrace, with the defense astutely offering observers a racial road map to make sense of the many conundrums in the case, and the prosecution relying heavily on the domestic violence theme. These narratives are played out, whenever possible, not only in the content and strategy of the opening statements, direct examinations and cross examinations, but in the personalities and characteristics of the legal protagonists. Thus it is critical that Mr. Cochran and Ms. Clark react with outrage to any personal interactions that play into their main narrative themes, making much out of personal slights and innuendos. In the final analysis, this lawyerly scenery chewing is unnecessary; each of us will view the Simpson trial the way our multiple pasts and present aspirations allow us. □



MEDIA REVIEW: TELEVISION

E.R. Why is it One of the Top Rated Shows in the Country?

By Barbara St. Clair
Continental Cablevision

E.R. ended the 1995 viewing season not only as the highest rated new television program in the country but as one of the highest rated programs on network television. Its season finale was softened a bit from most of the earlier episodes. There were no teenagers with their chests blown open in gang shootings, no young victims of child abuse and like many other TV season finales, it had a wedding.

But in typical E.R. fashion, even this softer hour had its sharp edges. A mother decided to forego an operation that would have postponed the death of her AIDS' stricken son. Dr. Lewis' troubled sister, Chloe, seemingly abandoned her baby. The wedding of nurse Carol Hathaway was canceled after Yuppie doctor "Tag" left his wedding-dressed bride and her guests at the altar.

Sound like a soap opera? It is. But with a twist. Unlike its day (and night) time counterparts, E.R. is peopled with men and women who are united, if not at times consumed, by their burning desire to help others. In every episode the doctors and nurses of E.R. reach across the expanse of illness and anger. They reach across the demilitarized zone of tragedy, indifference, misunderstanding-understanding and many, many times they reach across the actual boundaries of the human body

to repair, rebuild, provide succor, sustenance, wisdom and often love to the human beings who need them.

What's more, these helping professionals aren't in it for the money. The screen writers have made it a point and sometimes built an entire episode around letting the audience know that E.R. residents earn somewhere in the twenty or thirty thousand dollar range.

They carry thousands of dollars of student loans. The live in hovels like the wretched bungalow under the Chicago elevated train that Chief resident, "Dr. Green," used to share with his wife and daughter before they were separated. Nor do they have much in common with Marcus Welby or their other TV medical predecessors. They are neurotic. Sometimes mean-spirited. Incommunicative. Self-destructive. Careless. They have lousy marriages. Crazy sisters. Trouble with intimacy. They sleep around, have inflated egos and are experts in the art of self-sabotage.

In short, they are just like the rest of us in the nineties. Foolish. Overwhelmed. Struggling to keep their heads above water, do their jobs, take care of their families. Maybe that's why we like them so much. They are far from perfect and their struggles and pains are familiar. Compare E.R. to Chicago Hope, the CBS vehicle that was

supposed to clean E.R.'s clock.

With Mandy Patinkin and Adam Arkin, Chicago Hope had a heavy cast and heavy story lines. Patinkin as Dr. Jeffrey Geiger implanting a baboon heart in a dying man. Arkin's Dr. Aaron Shutt nearly freezing a man's blood to do brain surgery. In between their horrendously technical and alienatingly massive operations on patients the audience seldom got to know, we learned all about their middle age angst and about the sexual escapades and traumas of the people around them.

Yawn.

If that explains why E.R. has a larger audience share than Chicago Hope it still doesn't answer just why E.R. is and has been so popular from New York City to Peoria.

The nation's Heartland is where TV shows earn their ratings. When advertisers buy an audience it's a pure numbers game. The more eyeballs on the TV set, the more money the network can earn on that 30 second bit of air time it has to sell. Only shows that play in the nation's great middle (both geographic and economic) can arrive and then stay at the top of the ratings heap and command top dollar.

If the Heartland is watching, the Nielsen numbers are high and so is the price to be there. When the numbers are low time gets sold at a discount. It's true that shows like Hill Street Blues and L.A. Law made it big going after that vaunted

"25 - 49" urban audience. In fact, that is the exact audience critic's and TV analysts expected E.R. to win. It also explains why for weeks after it started blasting to the top of the ratings charts, E.R. was described as a "surprise hit."

Truly E.R.'s popularity is a surprise. Conventional wisdom suggests it's urban Chicago setting, ethnic diversity, young characters, gritty story lines and "in your face" would be more



likely to drive middle Americans away from the TV set then to pull them in. Middle America doesn't like big cities, with big city problems. It is uncomfortable with diversity, doesn't trust young people and doesn't have much sympathy for the gritty reality of American life.

Middle Americans also voted in the Republican Revolution. Now, with their support, those same Republicans are rewriting national law and gunning for the Constitution.

Under Speaker Newt

Gingrich, the newly Republican congress is gutting welfare, education, arts, job-training, Medi-care, slashing benefits for immigrants (both legal and illegal) and emasculating programs that help those in real need.

In the Heartland, the people seem to be saying "about time." This is where E.R.'s overwhelming popularity becomes interesting. How is it that the same people who voted so conservatively in the last election — who seem ready to abandon children, single parents, the mentally ill, the elderly, the under-educated, the struggling, the hurting — how is it that these same people love E.R.?

The answer brings it full circle. E.R. is about people who are devoted to helping others. When the E.R. doctors are helping patients they are transformed by their work. Transformed as in transcendent. They are saving others and they are saving themselves.

The United States is a nation built upon the ideal of transcendence. By engaging in concrete and productive activity in your own life, said our founding father's you can create a new republic. By marrying rugged individualism to the notion of the common good you create a democracy.

The message of E.R.'s popularity is that these founding ideals and principals have a resonance for Americans even today. Somewhere outside the anger, alienation and blame that have been poisoning political

discourse, is the knowledge that as a people we are capable of something better. That something more is required.



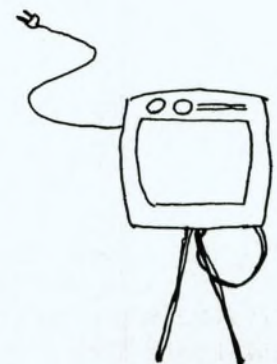
This belief is as strong (if not stronger) and it has been with us just as long (if not longer) than our attraction to conformity, our comfort in the notion "one nation under God," the appeal of "family values," the allure of "protecting unborn life," and the temptation that the only "right" expression of sexual love is that between a man and a woman.

If Newt Gingrich and his supporters represent the base and narrow side of the American psyche, than E.R. may represent the transcendent and idealistic side of our culture. Both notions are very popular. Both are within us and within our nation, from its very beginnings and in its founding documents. Both sets of values have been at war a long time.

Today with the number of people in poverty, with our new technologies and a changing world economy, the stakes of that war are higher than before. There is reason to worry. Perhaps there is reason for faith as well. E.R., which ostensibly takes place in an urban hospital

in the Windy City, is the most loved and respected network television program in the nation.

Maybe for people in the helping professions and for those who have a vision of America where the sick and the injured, the young, the dependent, the hurt, the people in need are taken care of by individuals who believe in what they are doing, E.R. offers some Chicago hope after all. □



BOOK REVIEW



**Alan Parry and
Robert E. Doan**

*Story Revisions: Narrative
Therapy in the Postmodern
World.*

The Guilford Press. N.Y.
1994. Hardback and Paper,
216 pages.

Remarkable as it might seem, it is possible that Freud was the first narrative therapist, the first of the modern therapists to recognize the value of and make use of the client's stories. By listening and occasionally probing, he would permit the person, who started out with one story, to uncover other stories, often in contradiction to the original, "...suddenly their own versions of lost experiences enabled them to find their own voices to describe their own experiences." At least so the authors of "Story Revisions" proclaim. Pointing out however, that as the expert who interpreted the stories, he took back with one hand what he had given with the other. Freud was a modernist who believed that the person could find the self in the unconscious. The aim of the modernist therapists was to help the person find a better understanding of the world so that they could find his/her place in it. Therapy in the modernist tradition sought the truth through science, and proclaimed the therapist as the expert who knew the way.

The modernists, following the path of Gregory Bateson, expanded theories in the areas communication theory, systems and cybernetics based mainly on their work with families, and from an increased understanding of the influence of family of origin and group/systemic interaction. The later modernists,

Selvini-Palazzoli and the Milan group, Lynn Hoffman, and others started to question the practice consequences of process certainty and therapist as expert. They attempted to develop approaches which would minimize worker authority and expertise, moving the therapist into a more neutral position in the field, or neutralizing certainty by providing a team of "experts" often with contrary ideas and interpretations. Interestingly this questioning of worker as expert was reflected much earlier in Social Work's practice dialogues surrounding the treatment vs interactive models in social group work; the use of the concept assessment, rather than diagnosis; and is currently reflected in conflicts around the use of the DSM IV.

The postmodernists moved from the more traditional models to constructionist approaches including the view of families as multi-storied, that therapists needed to become more familiar with the client's context, and that the use of narrative helping approaches might provide an important development in the field.

The authors suggest, that Michael White, more than any other therapist, introduced the narrative therapy which has become an influential part of the postmodern movements. (see our review of Epston and White's book in the Spring issue). The postmodern move-

**By Paul Abels,
Book Editor**

ment is a reflection of the times and the view that the family is more a "crossroads than a self contained system." The authors at this point attempt to illustrate why this quickly changing world, so different for children than for their parents, calls for a therapy appropriate to the times. The questions of how we come to know, have shifted to the question of can we really know anything "given that our perceptions and assumptions are so strongly influenced by what stories we choose to believe." Every person's view of the situation, including the therapists is as worthy of being attended to as is anyone else. While this brings into question whether or not we can know the "true" story, it also raises the vital issue of what the therapist brings and can bring to the situation.

The answer to that seems to be in helping the client "reauthor" their stories. In their efforts to help us understand that concept, the authors "reframe" some of the things we "know," that our lives are shaped by early experiences, starting those in the family, and that these become the stories of our lives, some formed by outside forces, some by our reflections on life experience. However arrived at, these stories are our lives, defined by culture, experiences, self analysis, or told tales, they form our "selves." The helper then becomes the person who can assist the client in examining where their life stories came from, how they might impede life satisfaction, and how new stories might be developed or "reauthored." While they are real stories, they

may have been "politically" motivated by powerful others, like the stories women, minorities, or business men should be like in our society.

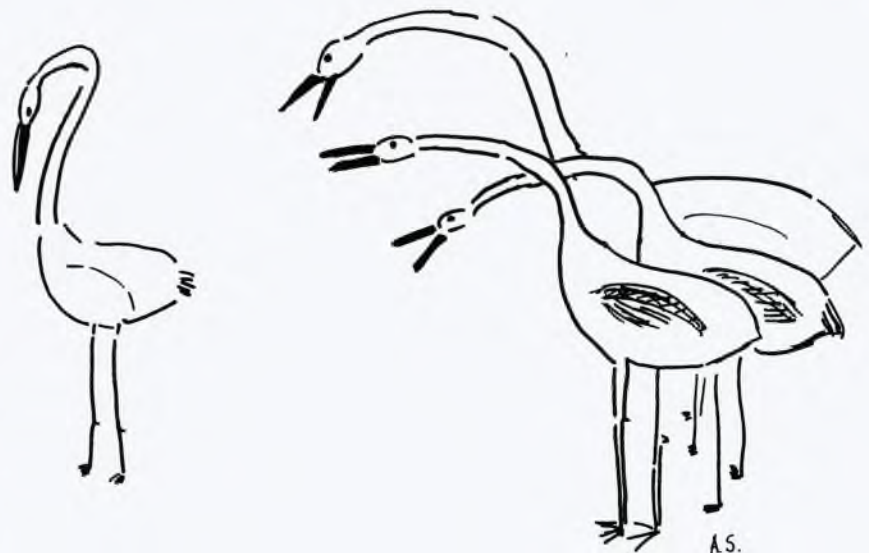
A major portion of the book deals with how to help the person become the authors who control their own stories in order to achieve the more satisfying futures those stories envision. It is replete with case examples, techniques, and questions that the therapist can use with client or self if use of the narrative approach interests the reader. While many of these are based on the work of Epston and White, they also include the processes used by others who take a narrative perspective. The authors examine numerous narrative related approaches, including Andeson's reflecting team, de Shazer's "Miracle Question", the use of rituals, and aspects of the Milan approach which show verisimilitude to narrative therapy. Ways for the therapist to "reauthor" their own lives are also included, and serve

to remind us how therapists put "spins" on their clients stories based on their own therapeutic theories.

This is an important "how to" book which sheds light on the development of the narrative therapies, their promoters and the techniques used to help. It is clearly written, non academic, and specific enough to enable the worker to initiate efforts reflecting the narrative approach by using their guidelines.

A caution! Helping clients reauthor their lives, may require moderating tendencies to control built into previously learned approaches. You may have to accept the anxiety that accompanies uncertainty; demonstrate total respect for the client; minimize your own drive to be the expert, examine your own stories and how you came to know them, and make use of you prime consultants, the clients, to help you help them. That kind of change calls for new commitments, open inquiry and hard work. This book will help.

□



A.S.

FORTHCOMING Special Issues: Call for Narratives

INTERNATIONAL PRACTICE

Roland Meinert and
James Billups, Editors

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

Of particular interest are:

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

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

Send manuscripts to either:

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

or

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

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



HEALING

Nancy Oliver and Lyda Hill

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.

TEACHING AND LEARNING: THE COMMUNITY TRAINING EXPERIENCE

Janet Black, Editor

Most educational programs for the helping professions provide hands on training for students, i.e. field work, internship, residency, fellowship, legal clerkship, student nursing, student teaching, etc.

The teaching and learning experiences provided within the various settings offer a rich arena to develop narrative, personal accounts of the process of teaching and learning, from the perspective of the training teacher and the student in training.

This special issue invites professionals that teach and learn in the context of the community, such as training supervisors, field work instructors, clinical instructors, residency training chiefs master teachers; and students in training in community settings such as courts, clinics, schools, hospitals, social service agencies and community organizations, to submit narratives that describe and explain their teaching and/or learning experience.

We encourage teachers and students to share their experiences in the teaching and learning process. Examples of specific issue or interest areas include:

- identification of successful and unsuccessful teaching and learning approaches;
- exploration of the conflicts and concerns that emerge in the teaching/learning process;
- amplification of the teaching/learning experience through the use of client/patient focused practice examples;
- examination of the external and internal forces that support and/or hinder the teaching/learning experience.
- discussion of the process of integrating theoretical and practical application concepts in the community experience

Send manuscripts to:

Janet Black
Director of Field Education
Department of Social Work
California State University
Long Beach
Long Beach CA 90840-0902

Submissions due January 1996



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REFLECTIONS

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Department of Social Work - 369

1250 Bellflower Boulevard

Long Beach, California 90840-0902

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