REFLECTIONS:
NARRATIVES of PROFESSIONAL HELPING

Volume 2, Number 3

Summer 1996

A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

A Journal for the Helping Professions

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

REFLECTIONS: NARRATIVES OF PROFESSIONAL HELPING (ISSN 1080-0220) is published quarterly by The University Press, California State University, Long Beach (CSULB) under the auspices of the Department of Social Work. Annual subscription rates: individuals $25.00, libraries & institutions $35.00; outside U.S.A. add $15.00. Single copy $10.00. Make checks payable to **REFLECTIONS,** CSULB. Address: CSULB, Long Beach, CA 90840-0902. Subscribers please notify the journal immediately of change in address; provide both new and old address and zip. Allow six weeks for change.

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 thematically and/or 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.

REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

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

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

Upon acceptance of the article for publication one (1) copy on disk in Rich Text Format (RTF), WP or Microsoft formated for IBM or MAC and one (1) hard copy will be requested.

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

Manuscript/inquiries: **REFLECTIONS**: S. L. Abels, Editor; (310) 985-4626,
Fax (310) 985-5514; California State University, Long Beach; Long Beach, CA 90850-0902.

Cover: James F. Sullivan

Drawings: Beth Abels
James F. Sullivan

Acknowledgments: Appreciation is extended to Sandra Murray for her assistance in editing.

Printed by: CSULB Graphic Communication Services, Della Thomas, and Eric Strauss

REFLECTIONS:
NARRATIVES OF PROFESSIONAL HELPING

VOLUME 2 SUMMER 1996 NUMBER 3

TABLE OF CONTENTS

		Page
EDITORIAL		
The Insurrection of Subjugated Knowledge	Paul Abels Sonia Leib Abels	1
NARRATIVES		
Live Until The First Day of The Month	Linda McLellan Larry W. Foster	3
Undignified Dying "May His Memory Be a Blessing"	Madeleine Rose	8
A Narrative with Commentary on Its Ethics		
Do the Right Thing	Annie L. Houston	14
Individual Obligation and The Law	Samuel Richmond	18
Advocacy or Unethical Practice?	Sheldon Gelman	23
Comment on "Do the Right Thing"	Mary Ann Jimenez	25
On Doing the Right Thing	Frederick Reamer	26
Between Agency and the University	Janet Black	32
From the 'Garden' of Poverty: Amazing Blooms	Dennis Saleebey	34
Making the Most of Breast Cancer	Yvette Murray	46
My Experience in The Streets of Laredo	Cesar Madrigal	51
BRIEF REFLECTIONS		
Laura Epstein: An Oral History Comments by Lester Brown	Carol Cooley	57
CALL FOR NARRATIVES		31 & 73

CALIFORNIA STATE UNIVERSITY PRESS, LONG BEACH, CALIFORNIA

THE INSURRECTION OF SUBJUGATED KNOWLEDGE

BY THE EDITORS

In this issue each author's narrative voice explores in depth the dramatic events that occurred as he/she professionally entered other person's lives, engaged in efforts to do the right thing, and confronted the moral complexity of making the "right" decisions. The authors' narratives present an opportunity to initiate a discourse with the reader — to examine and comment on the narrators' practice, and decisions — decisions, some of which were not necessarily prudent, and frequently, at a risk to themselves. Through this public disclosure the power of narratives bursts forth. Our payback to the narrator is an active response to his/her demand — to reexamine both the complexities and the possible consequences of our own practice. As John Kayser suggests, one of the purposes of making public a story about a "private experience," is to help other readers to reflect and compare their own experiences in practice and in teaching.(1996. Written in a manuscript review)

We devote a portion of this issue to a narrative that challenged the Executive Board of *Reflections* to examine its own value perspectives. Our discourse, difficult and conflictal, generated the idea to invite others to participate to examine the complexities this case presents. We invited five commentators to express their ideas about the events in "Do The Right Thing." All react to issues of law, ethics, morality, class structure, social justice, oppressed clients, organizational authority, "right" decisions, risk, and power. Power on a number of levels, the power of the bureaucracy, the power of the professions to use their resources for social change and social control, and the power of the individual to make decisions that may have retributive consequences.

At the core is the politics of power, the power of persons and institutions to dominate the discourse of knowledge. Foucault in the 1970's and 1980's examined how language influences society's discourse and how those who control language and thus discourse, wield tremendous power. We intellectually realized that which we knew intuitively — the meaning of subjugated knowledge. Foucault spoke of subjugated knowledge as the power to both determine and limit the knowledge certain groups might have access to, or knowledge that many persons are prevented from making public.

Narratives of those without power — marginalized persons — are not listened to. Those with power use language to decide who is insane, a criminal, a deviant, to be ignored or deprived of certain rights. Bruner said that "dominant narratives are units of power as well as meaning. The ability to tell one's story has a political component." Ignored narratives in Foucalt's view is subjugated knowledge. Narratives provide opportunity for an open hearing. Ungar in his review of

the film "Lone Star" forcefully uncovers this view when he says "... film has become one of the few places where one can find reliable information about meaningful insight into the immigrant experience. While politicians bash immigrants, film makers—and novelists along with them—tell us gripping immigrant stories, recording them before they disappear."(NY Times).

Foucault calls for an: " insurrection of subjugated knowledge," to present opportunities for the powerless to be heard, to provide alternative views of life, to help people see where rules and regulations come from, and whom they serve. In practice, Michael White has attempted to do this in his work with narrative therapy. The attempt is to help people construct the narratives they prefer, rather then the ones they have been led to believe they must adhere to. These range from the narratives of battered women, the poor, the aborigines— to the narratives assigned to the helping professions.

In the first issue of this journal, Jane Gorman in "Being and Doing" tells the story of the uncovering subjugated knowledge in a doctoral class on practice theory "...there were...a distinguished group, having been directors of various social service agencies. One day...I talked about the times I felt like a real social worker...and asked about their experiences. One by one students recounted times when, behind the back of the professional role, they went to a client's house with an armful of groceries, sat with a client in court, wept with a client in pain...when our dreams of the profession met reality...came when we shed our professional hats, just to get an opportunity to be with people was exhilarating and humorously absurd."

Annie Houston's article, "Do The Right Thing," about her work in a corrections facility jars with a stronger dissonance than the incidents described above, yet reveal the same hidden concerns about subjugated knowledge in the helping professions.

We have asked five people from various fields to comment on her article. We would welcome your commentary. □

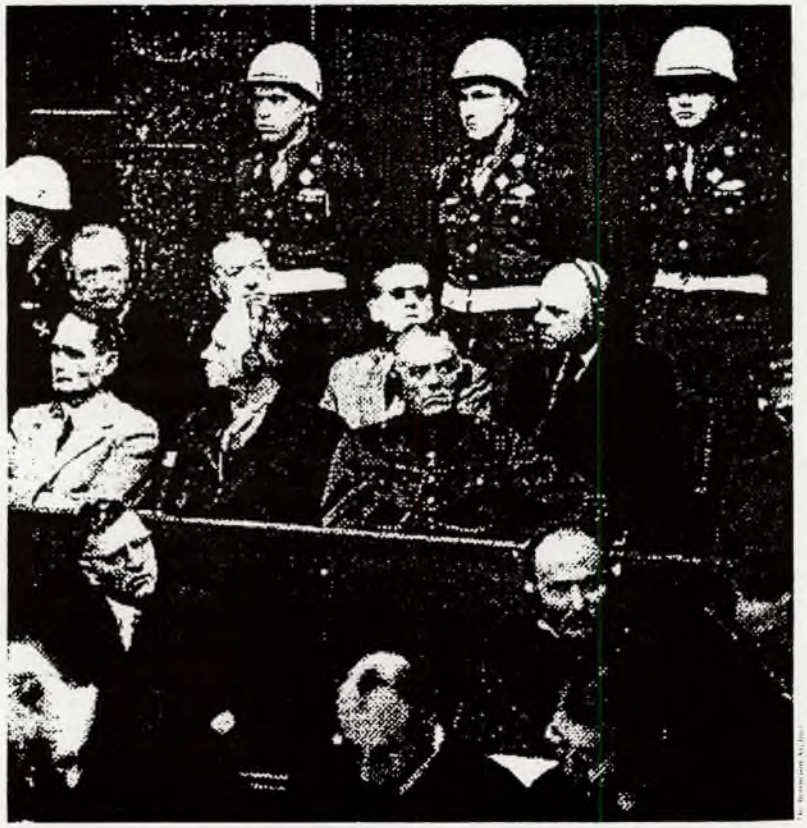
REFERENCES

Bruner, E.M.(1986) Experience and expression, in V.W. Turner and E.M. Bruner. *The anthropology of experience.* Chicago: University of Illinois Press.

Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings.* 1972-1977. NY: Pantheon.

Ungar, S. J. (June 23, 1996) Immigrants' tales in subtle shades of gray. *New York Times.* H 15,28.

White, M. (1991) Deconstruction and memory. *Dulwhich Center Newsletter.* 21-40.



LIVE UNTIL THE FIRST DAY OF THE MONTH

This narrative reflects on a paradigm case for understanding how in an era of managed care when values and economics appear so indivisible, one health care team united and provided non-costworthy care to a terminally ill patient who needed to live until the first day of the month. The ethical dilemma of treatment effect vs. treatment benefit in end of life decision making becomes a drama. The article chronicles events leading to the first day of the month and underscore the power of story and metaphor in creating common ground and common understanding in patient care .

By Linda McLellan and Larry W. Foster

Linda McLellan, MSW, is Oncology Social Worker, Cleveland Clinic, Cleveland, OH

Larry W. Foster, Ph.D., is Associate Professor, Department of Social Work, Cleveland State University, Cleveland, OH.

THE START

During the middle of a staff meeting, my pager went off. I promptly answered because it was to a number I recognized. It was Dr. Z, a prominent staff oncologist. He said "I have a patient I want you to see." My heart beat a bit more quickly; not once in the four years that I had worked in oncology social work had Dr. Z. consulted me directly. In a polished but firm voice he said that he was transferring his patient (Mr. B), who was actively dying, to the oncology service to which I was assigned. Before I could utter a word Dr. Z asserted that he could no longer "ethically" care for Mr. B, who was asking to be kept alive for financial reasons. "Financial reasons?" I asked. Dr. Z mumbled something about an insurance policy. Before I could inquire further, he asked me to meet with Mr. B and his wife to help them be more reasonable in their requests. I realized that this consult was more than to help a family cope with an impending death. My heart sank. "What a setup! If I don't convince this man to accept Dr. Z's recommendations, then what?" At first I felt defensive, then protective of Mr. B. Curious to learn more about the case's history I hurried to the floor, reviewed the chart and met with Mr. B and his wife.

Mr. B was 51 years old and terminally ill with metastatic lung cancer . He had been admitted on the 22nd day of the month with respiratory distress and bone pain. Mr. B was on medical disability from his job of 2 years with a car manufacturer and would not be fully vested in his retirement benefits until the first day of the month; if he died before then all benefits due his wife would be drastically reduced. Mr. B's wife had never worked outside the home and he was worried about what would happen to her if she did not have his insurance benefits to rely on after his death. Despite aggressive treatment Mr. B's respiratory-condition had continued to deteriorate. On the third day of Mr. B's hospitalization Dr. Z had recommended comfort care only; he told Mr. B, his wife, and two young adult daughters that the cancer was terminal and attempts to prolong life would be futile. Rejecting Dr. Z' s recommendation, Mr. B was adamant that he had to live until the first day of the month, even if it meant being put on a ventilator. But after the first, he wanted the ventilator to be taken off.

DILEMMAS

Would honoring Mr. B's request amount to futile treatment and a waste of hospital resources

as implied by Dr. Z? When does a patient have a moral claim to futile or virtually futile health care resources? Was a possible social benefit to Mr. B's surviving family members enough justification to provide what appeared to be medically futile care? If Mr. B were kept alive with ventilator support until the first day of the month, would the team be participating in active euthanasia by withdrawing life-support? I thought, "this could be a nightmare ... how could everyone involved be in agreement ?"

THE SEARCH – COMMON GROUND

After meeting with Mr. B and his wife I met with Mrs. B alone. She expressed the wish that her husband would not worry so much about her; she felt that she would survive one way or another and wished he would just focus on his needs. My heart went out to Mrs. B; she presented a mix of emotions including sadness, frustration, fear, and pride. Squeezing my hand, she said, "My husband has always put taking care of me and our daughters number one ... if he needs to do this, then I'll support him all the way, but I just don't want to see him suffer." She then broke into tears. We both knew that her husband would die soon and that this would be his last request.

As I left Mrs. B, my mind shifted; I wondered how the receiving oncologist and residents would react to Mr. B's request ? I caught up with them on rounds and asked to review Mr. B's case with them. They told me that Dr. Z had already reviewed the case with them and that they had seen Mr. B briefly. Fearing that the team may have already been influenced by Dr. Z, I began advocating for Mr. B. To my surprise the staff oncologist turned to the residents and said, " I'll support you if you think you can keep Mr. B alive five more days ... but it will take a huge commitment of your time to manage his care that closely. It's your call." Shuffling their feet in hesitation, the residents looked at each other and nodded in agreement that they would give it their "best shot." I felt so relieved that I almost missed hearing one of the residents say that he feared keeping Mr. B alive that long may be a medical impossibility; Mr. B's cardiac and respiratory status was deteriorating rapidly and adequate pain control would only suppress his respiration further.

Later that day, Mr. B's primary resident sought me out to tell me that Mr. B's condition was worsening. Anxiously, he said that he didn't want to have to intubate Mr. B and then be faced be with having to withdraw life-support. Looking directly at me he said, "Please contact Mr. B's employer ... let's make sure his understanding of his company's regulations are accurate. If it is, then try to persuade his employer to make an exception to the rules." The resident seemed very hopeful, more than I was. But I agreed to give it "my best shot."

After obtaining Mr. B's consent I called his human resource representative who confirmed that Mr. B had to live until the first day of the month to collect fully on his benefits; the representative went on to tell me that he had explained this numerous times to Mr. and Mrs. B. Nevertheless, I asked and then pleaded for an exception to the rules emphasizing that this would relieve the pressure of a time line and free Mr. B to focus on being with his family in his final days. My plea for help did not move the human resource person; bureaucratic and inflexible, he expressed neither compassion nor regret but merely quoted policy. Even more frustrating was the newly uncovered fact that an employee would he totally vested in his/her benefit package after being out for three months on a medical disability which Mr. B had been, but the three months were accrued from the first day of month; Mr. B had stopped work in the middle of the month, so his three months did not start being accrued until the first of the following month. That such a technicality could have such a tremendously negative impact on a person's life seemed so unfair! Next, I called Mr. B's union office to see if someone would advocate for him. Although sympathetic, the union representative said that this was a negotiated contract and that there was nothing he could do to help Mr. B. I was given another corporate office number but that call also was to no avail.

Feeling frustrated, if not inadequate, I reported back to the residents that the corporation was inflexible and indeed, Mr. B

had to live until the first day of the month to be fully vested in his benefits. They listened, then vented their frustrations about how absurd such inflexibility was and carried on about bureaucracy in general. One resident said he had been dreaming about buying a particular vehicle made by Mr. B's employing corporation but swore he'd never buy this vehicle now! After expressing their anger and disappointment, it seemed that the residents settled in with renewed resolve to fight to keep Mr. B alive five more days to the first day of the month. Upon recollection, it seemed that the bureaucracy had become the enemy, perhaps a metaphor for death.

THE COUNT- DOWN, FIVE DAYS TO GO:

Day One: As supportive players in Mr. B's story the residents began to tell their own stories in relation to Mr. B's struggle. Mr. B's primary resident shared with me that the same manufacturing corporation had treated his grandfather very poorly years ago and told about how this had hurt his grandparents and his family. I found myself captivated by their sharing of hopes and dreams of having a family and about how they would want to be remembered. The residents also talked about their hope that they could help Mr. B beat the odds stacked against him thus enabling him to leave his family the legacy of a productive life vis a vis his pension, health benefits, and life insurance. I remember being intrigued by the team's conversation, particularly how it seemed to shift from confronting the bureaucracy (as a metaphor for death) to the enduring quality of one's legacy (as a metaphor for life).

Day Two: The nurses' station hummed with activity. In the midst of all this I quietly watched as the residents pulled calculators and poured over lab results and resource books trying to make the minute adjustments that might optimize Mr. B's condition. Throughout the day I observed how they talked frequently and at length with Mr. B and his wife about his condition and their attempts to forestall impending death. It struck me that I had never before experienced physicians relating their technical, medical treatment so directly to a patient's story. As the social worker, it typically is my role to ensure that a patient's voice is heard, that his/her story is not lost among other stories and that the care provided is respectful to the patient's narrative. In Mr. B's case, the residents seemed to he assuming this role; while this was gratifying to observe I must admit it also felt a bit unsettling in terms of my role.

Day Three: The residents and the care team were managing to keep Mr. B viable without putting him in the Intensive Care Unit (ICU); but his room was beginning to look like a mini-ICU with all the respiratory monitoring they were doing. Residents, nurses, and respiratory therapists were constantly strategizing with one another about possible technical interventions that might help keep Mr. B alive. I reflected on the phenomena of the almost military approach to treatment that physicians sometimes take in cancer care, which is often experienced by patients and families as distancing them from their physicians (Sontag 1989). However, in Mr. B's case such strategizing seemed to further unite the team with Mr. B and his family. Just when everyone thought Mr. B was unresponsive, he'd open his eyes and whisper , 'What day is it'? What time is it?" His will to survive until the first day of the month seemed to energize the residents and the team; they marveled at him and talked with me about how they did not want to let him down. I was amazed at the intensity of their efforts and of the feelings evoked in staff as they worked to keep Mr. B alive. I remember beginning to worry how the staff would cope if Mr. B did die before the first day of month.

Day Four (Second Thoughts and the What-Ifs): Everyone seemed to be getting tired. So close to the goal, but yet so many hours away. So much could happen in the next 48 hours. In contrast to the previous day, the residents seemed to need to talk about whether they were doing the right thing, instead of what they could do clinically. They questioned how far they thought they should go with invasive life-prolonging care, and were worried about how they would handle the situation if Mr. B died just hours or minutes before midnight of the first day of the month. One strategy they came up with, was to make sure that the resident on call the last night of the month knew not to respond to a call from Mr. B's floor until after midnight, unless it was to respond to a prearranged number set up with the

nurses. This is just one example of the "what ifs" that the residents faced and processed. The "what ifs" were numerous. What if Mr. B died on the 30th and they falsified the time on the death certificate? Who would catch that? Would they lose their license? Would they be thrown out of the residency program? What if they did have to intubate Mr. B today or tomorrow? Would his wife have to sign a consent form to take him of the ventilator? Would his living will help in facilitating pulling life-supports? What if Mr. B's employer figured out that they had kept him alive just long enough to receive his benefits? Could the corporation deny his wife the benefits then after the fact? I tried to address the "what if's " but they were overwhelming. I just kept reassuring the residents they were doing the best they could and validated all their efforts. It was a day of uncertainty clinically, ethically, and legally. The hours seemed to creep by.

Day Five, The Last Day of the Month: The last day of the month finally came; everyone was on edge and began counting down the hours. Intense, worried, but determined, the residents talked together about what they could do technically to keep Mr. B viable and alive until midnight. They continued to express fear about Mr. B dying before midnight. They also began to express sadness, anticipating that even if Mr. B made it through the day, he would die shortly thereafter. The focus of the medical team began shifting from fighting death to preparing for it and to saying good-bye. There were many good-byes being said on the floor that day; the residents would be switching to other medical services on the first day of the month. Typically residents celebrate going off the oncology service, but these residents were sad to be leaving. On the floors death is often viewed as a failure, as a defeat. Resident physicians tend to experience the oncology rotation as difficult because there is often so little hope of a cure. In Mr. B's case everyone seemed to accept death as inevitable, including Mr. B and his family , but the negotiated goal was to postpone his death. If successful, the team would have met the challenge of bureaucracy and won the battle against death by preserving the legacy of Mr. B's life.

Now there were only hours left to go. Mr. B's family also began talking about letting go; they believed that Mr. B would let go of the struggle to stay alive after he met his goal. I talked with family members about beginning to anticipate the end. They began actively grieving and arranged to spend the night with Mr. B. Their family minister came to sit with them through the night. When I went home about 5:30 p.m. everyone was settled in for the vigil. That evening it was so hard not knowing what was happening with Mr. B; yet, it seemed inappropriate to call in regularly to the hospital to check on Mr. B's status, so I decided that I just had to wait until morning.

The First Day of the Month: Morning of the first day of the month came. I anxiously called in to the oncology floor. Mr. B was still alive! When I got to the hospital. I saw Mr. B's primary resident; he told me that he switched his schedule around to be on-call for the oncology floor on the last night of the month. He said that he was too nervous to sleep so at 12:05 a.m. he went up to Mr. B's room. He said that Mr. B and his family were crying and celebrating that he had made it, but that it was a bittersweet victory celebration since they all knew that Mr. B would be letting go of his fight to survive now that he had met his goal. After talking with his resident, Mr. B opted not to be resuscitated. He also agreed to a morphine drip to control his pain knowing that this might suppress his respiration and thus hasten death. Respiratory monitoring and all blood work was stopped. On that first day of the month, Mr. B's family took turns staying at his bedside as he gradually became less and less responsive. Mr. B died on the first day of the month at 11:30 p.m. with his wife by his side.

CONCLUDING THOUGHTS

As I reflect on the case of Mr. B today I have renewed appreciation for the extent to which health care professionals contributed from their specific disciplines to Mr. B's care. Also, I am reminded of the power of story and of metaphor in the creation of common understandings in

patient care; paradoxically, we health care professionals may have to look upward to find our common ground. As illustrated in the case of Mr. B, unity was found in the metaphors of legacy and bureaucracy — or life and death, respectively. Sharing these metaphors enabled the health care team to acknowledge the vulnerability, strength and interdependence of the human spirit in each of us.

... We invent stories about the origin and conclusion of life because we are exiles in the middle of time. The void surrounds us. We live within a parenthesis surrounded by question marks. Our stories and myths don't dispel ignorance, but they help us find our way, our place at the heart of the mystery. In the end, as in the beginning, there will be a vast silence broken by the sound of one person telling a story to another. (1989, Keen & Valley-Fox, p.128) □

REFERENCES

Keen, S. & Valley-Fox, A.(1989) *Your mythic journey: Finding meaning in your life through writing and storytelling.* Los Angeles: Jeremy P. Tarcher, Inc.

Sontag, S. (1989). *Illness as metaphor and Aids and its metaphors.* New York: Doubleday.

UNDIGNIFIED DYING: "May His Memory Be for a Blessing"*

Sam was one of my first clients when I was a case manager for a program that served the frail elderly. I believe my work helped ease some of the pain of his last year. Yet, there were issues about dying that were very difficult for me to address. As I pushed myself to analyze this experience, I found another challenge: coming to terms with work that was good, but imperfect. While I feel vulnerable publicly sharing my struggle, I believe that this narrative offers valuable lessons for me, as well as, closure.

by Madeleine Rose,

Madeleine Rose, D.S.W., L.C.S.W. is Associate Professor, Department of Social Work, California State University, Long Beach, CA

Offended by our first encounter, I tried to dump Sam as a client. But my supervisor thought otherwise, and I became his case manager for three years. His dying left indelible memories, provoking reflections about my role and the uncertainties of navigating the blurry zone between life and death.

The case management program aimed to help frail, elderly, low-income persons avoid or postpone entry into skilled nursing facilities. Teams of social workers and nurses did assessments and provided access to resources such as Meals on Wheels, transportation assistance, and aides to do household chores. However, as I learned, case management involves more than linking people with services (Soares and Rose, 1994). Often, individuals and families refuse or sabotage needed services. Frailty stirs up conflicts about dependence and autonomy, disappointments and difficulties in family relationships, fears about death and dying. Sam and I plunged into this emotional whirlpool.

As the new social worker at the agency, I took over the caseload of a worker who recently left. Sam was assigned to me; neither of us had much choice. Systematically, I telephoned my clients to introduce myself and set up an appointment to meet. Sam's response included crude remarks about female breasts. Painfully self conscious, I was so embarrassed I was immobilized. When I ended the call, I headed directly to my supervisor and asked that he be reassigned. Wisely, she refused and reminded me not to take his words personally; after all, he had never seen me. Instead, his inappropriate comments provided vivid information about his troubled social interactions. Aching from loneliness, he chased people away. While I needed to set limits on obnoxious jokes and language, my initial task was to form a relationship with him. And that I did.

I first saw him at the office. This was not typical—usually I went to a client's home for an initial assessment or meeting. However, I thought the formal office situation would discourage lewd talk and I wanted others nearby to bail me out of a possibly sticky situation. He was a big man, tall with a prominent belly. I didn't like to look at him, and when I think back, sadly, I realize I was stingy with the comforting hugs that I often gave to my elderly clients. I may have held back because of my initial discomfort and concern that he might sexualize our interactions. But his stained and soiled clothes also kept me at a distance. His husky voice boomed a cheery hello. He

*From a saying often used at the end of a Jewish memorial service (Nuland, 1994).

seemed grateful to be invited to the office and quickly entertained me with a joke—this time, nothing obscene. As I recall, I don't think that was ever again a problem. He joked about not wanting to go to Egypt—to see the Nile. And then checked, "Did you get it? Senile, don't want to be senile." I would hear this joke and his fear many more times.

He laughed loudly at his jokes—a hearty laugh accompanied by a big toothless grin. Not far behind the laugh rolled tears. Other times it would be indignant tirades about the aide who didn't do what he wanted. Followed by tears. That's how it was. Hurt crouched behind boisterous banter or gusts of rage.

He called me often to talk—maybe two or three times a week. He would find an excuse, a new joke or fresh outrage. I responded with measured steps leading us to the place where his voice became small, then quiet. I would reach into the silence and hear his anguish, a wail emanating from wounds past and present. I gave him words for the pain, and we would pause to listen, while he released muffled sobs. Communicating the pain to someone who cared seemed to calm and steady him.

Sam was in his 80s and struggled with diabetes—he had lost the battle for his leg a few years ago. He maneuvered unsteadily on the wooden prop that replaced the amputated leg. Short of breath, he blamed the wooden leg that had lately grown heavy. He couldn't walk more than 10 feet without stopping for air. But he went each day to see his wife, Sylvia, in her nursing home.

Not that he saw much, for he was practically blind. The sight was gone completely in one eye, and he only saw shapes and glimmers of light through the other. It was his hope to see again that got him into this last skirmish. The surgery he feared and postponed many times beckoned as a chance to be free. If he could see again, he would drive, go to a restaurant, clean his apartment—without needing other people. He would bring his wife back home.

Rescue her, that's what he wanted to do. Like a storybook knight with a white horse, stride in, swoop her in his arms and carry her off. Instead, he limped in daily, cane in one hand, her favorite chocolate milk shake in the other, to visit her.

Countless times he told me how Sylvia would brighten when she saw him. He would greet her and tell her she was beautiful and that he loved her. Each day he asked her to marry him and she accepted. Until the afternoon was over and it was time for him to leave she would plead for him to take her home. But he could not. She claimed she didn't love him anymore and withdrew. He returned home defeated.

Punishing himself, he no longer slept in their bed—he squeezed onto the narrow, naugahyde couch in the living room. He referred to himself as "broken and incomplete," no longer a "whole person." It tore him apart to know he could not bring his wife back home. He couldn't even take care of himself. Fingers gnarled from arthritis, he couldn't button his shirt or change his socks. He was ashamed that when no one was there to assist him, he slept in his shirt and wore soiled clothes. Balancing on one leg, he could not bathe or shower without help. He learned to request, even demand certain services. Our agency hired aides for household and transportation assistance. But it was humiliating to be naked and helpless in front of a stranger. So he didn't bathe for months.

I was rather proud of my work with him. Although tempted many times, I tried not to respond to his angry outbursts and complaints about his caregivers by dismissing him or them. Instead, as he would tell me stories of how people infuriated him, I listened to a man raging against his dependency on strangers or worn out family. I engaged him by addressing the determination and the strength he mustered to be with his wife; I also recognized the severe frustration and loss in his struggle to maintain independence and dignity. Sometimes, I had a hard time figuring out how to react. I admired his refusal to be defeated by a weakening body; yet, I did not want to support unrealistic fantasies

such as being able to bring his wife back home. I helped him find a place to talk about his wishes, yet not be lured by false beliefs. With this goal we inched along together.

He was conflicted about eye surgery. Cataracts, glaucoma, cataracts compounded by glaucoma by macular degeneration. I don't remember the exact medical conditions any more. Sam vacillated between dreams of restored vision and dread that the doctors might take away the shapes and wisps of light he still discerned. The doctors carefully cautioned that cataract surgery might provide incremental improvement at best. No guarantees. After months of shopping for a doctor, Sam scheduled surgery.

In our last conversation, ostensibly to discuss transportation arrangements, Sam sounded anxious. He briefly opened and shut the door to his fears, while I was unable to keep it ajar. He could not admit to being frightened about the upcoming surgery. Yet, he said that he was scared for his wife and what would happen to her if there were any problems. He worried that no one would look in on her. I think he was trying to extract a promise from me, that I would visit her. But I had never met her, and given the nature of the program's funding, people in nursing homes could not be on our caseload. Still, I was tempted to reassure him falsely. Hearing me hesitate, he mustered his bravado voice and declared: "The surgery would be a success."

His family wasn't available to take him to the hospital. Although children and grandchildren lived nearby, they mobilized only sporadically for Sam. I felt uneasy anger then and experience it again now, more than eight years later, as I write. Countertransference? Probably. My parents died in middle age. I never saw them with wrinkles and gray hair. I never heard them clap with pride as their grandchildren performed at school recitals. Nor was I faced with burdensome care-giving needs that strain the relationships of adult children and parents. When I work with the families of elderly clients, I must guard against misplaced anger and envy about fantasized family relationships. I remind myself that when adult children resist forceful societal pressures to caregive, a troubled family history might lurk in the background. Not surprisingly, my conversations with Sam's daughter revealed a past colored with resentment and grievances. Unfinished issues that dying would resurrect.

As the case manager, I hired a just-above-minimum-wage aide to drive Sam to the hospital and bring him home on Friday, the scheduled day. With the governing DRGs this was considered routine outpatient eye surgery. But, surgery isn't routine for a terrified, 80 year old diabetic man. Sam never returned home. Something went wrong. No one's fault, perhaps. A bad gamble. He didn't wake up as expected from the anesthetic. Not able to breathe on his own, Sam was plugged into a ventilator.

Monday, I received the news in a telephone call from the doctor. This was not the eye surgeon, but the attending physician. Sam, a Medi-Cal (Medicaid) patient, was in a university teaching hospital. Sam's internist had retired; the new doctor didn't know Sam well and was not on the staff of this hospital. The doctors now responsible for his treatment and for participating in crucial meetings about his quality of life and death, didn't know him. They were strangers who had never talked with Sam, nor heard him joke or agonize about his wife. In a controlled voice the doctor informed me that Sam was in a coma, most likely irreversible. The doctors predicted" a permanent vegetative state"— a prognosis announced cautiously, after deciphering flattened lines from the EEG readings and repeated attempts at 24 and 48 hours to stir the unresponsive patient. The doctor indicated that there was a decision to make regarding whether or not to keep Sam on the ventilator. He asked me if I would help to gather relevant family members for a meeting with the hospital bioethics committee. Shaken, I agreed to help and then hung up.

I sat for a long time, trying to contemplate Sam as they

described him—almost brain dead. I cried as I thought about him lying motionless in a hospital bed, unable to will himself out the door, as he had willed himself to visit his wife. That night I had difficulty sleeping and tried to find words for my own pain. Sitting at my computer, I wrote an essay about Sam, our relationship, and his predicament. The next morning, still very upset, I brought the essay to our weekly staff meeting. As I read it aloud, the other social workers, nurses, and supervisors cried with me. We worked with a frail, elderly population and death was not uncommon. We had permission to care and to grieve. But clients' deaths were rarely so gut wrenching. Often, we could comfort ourselves with the knowledge that we had helped during the last part of life. But this was different. Sam wasn't dead; yet, he had lost the capacity to think and to convey his wishes. I felt guilty, for I had grown close to Sam and helped him to prepare for this surgery. And now, I wasn't sure what Sam would want us to do.

Sam had entered that four dimensional space between life and death—where laws, ethics, religion, and technology render perspective. His brain showed no cortical activity which means no language, no thought, no awareness, no capacity to interact. Part of his brain stem continued to function, allowing rudimentary reflexes. According to the law, brain death is death, even if the heart continues to beat (Nuland, 1994). Technically not brain dead, Sam was close enough that the ventilator could be turned off. He would die with the hospital, doctors, and family protected. This would not be active euthanasia or assisted suicide, still legally off-limits to the medical profession in the United States. Turning the ventilator off would allow dying to finish. But the family would have to make this decision.

In conjunction with the hospital social worker, a meeting was arranged within a few days to discuss Sam's plight. Seven family members attended—his daughter and her husband, their two daughters and spouses, and Sam's teenage grandson. Although I had previously met Sam's daughter and son-in-law, this was my first introduction to the other family members. I remember thinking of the irony of the family gathering to discuss Sam's dying, knowing he felt hurt that they were not available enough when he wanted their company and their help. There was another irony. Although I had previously talked individually with some of the family members, I had not attempted a family meeting prior to this crisis. I had met with the daughter several times, after calling to introduce myself and to explain our agency's role. Hearing references to her conflicted and stressful relationship with Sam, I had encouraged her to come to the office to talk about her caregiving dilemmas. Without hesitating, she accepted the offer. She felt angry and yet concerned about her father who needed help, yet was demanding and difficult to please. His temper was a familiar memory from her childhood. She was also having marital problems—her husband sounded a lot like her father — very critical, particularly of whatever time and resources she channelled to her father. I had met her husband twice when he stopped by unannounced at the office to demand angrily that the agency do more for his father-in-law. Although I have doubts about whether this family would have been willing to meet given their ambivalence about Sam, I wish that I had pursued a family meeting earlier with Sam present and participating.

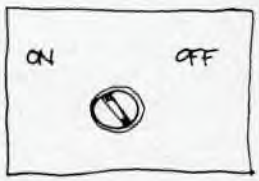
Another irony soon became apparent. Sam lived on the modest income available through SSI. With money from state and federal funding, our agency provided him the supplemental services that allowed him to live independently—taxi coupons to visit his wife, an aide to drive him to the doctor, someone to clean his apartment and shop. But budget restrictions limited the extent of these services and they barely met his needs. Once hospitalized, expenditures for Sam increased exponentially. I couldn't help but think that these funds would have been better spent while Sam was conscious and struggling to survive on his own.

The meeting with the bioethics committee took place in a hospital conference room. It was located in a separate wing from the intensive care unit where Sam lay connected to tubes that fed him and machines that breathed for him and monitored and recorded his bodily functions. People entered the conference room nervously and sat in the circle of chairs arranged by the hospital ethicist, a man with degrees in both medicine and law. The attending physician and resident walked in together and

joined the other hospital staff — a social worker, nurse, and chaplain. The family members were solemn and generally composed, although Sam's daughter became tearful several times. The subdued atmosphere underscored the weighty decisions to be discussed.

I will never forget that meeting. The ethicist took charge, asking each of us to introduce ourselves and identify our relationship to Sam. He asked the doctors to describe Sam's current medical condition, prognosis, and treatment options. The doctors emphasized the unlikelihood that Sam would ever regain consciousness. Clearly, the agenda focused on helping the family decide whether Sam should remain on the ventilator, or whether it should be turned off, allowing him to die. The chaplain knew that Sam was Jewish, but wanted to know more about his beliefs and whether he followed orthodox religious practices. According to his daughter, Sam was not religious; however, as her husband responded, it became evident that this was a source of tension between Sam and his orthodox son-in-law, who now attempted to impose his views about religion and medical intervention. The chaplain commented that in most religions there is leeway regarding the use or withdrawal of life supports such as respirators. The social worker acknowledged that families may feel conflicted about end-of-life decisions. In a dramatic query the ethicist asked each family member and me: "What decision do you think Sam would make?" He cautioned us to distinguish between our personal views and what we believed Sam would want. Silently, I remembered Sam's terror of senility, yet his unrelenting determination to see his wife and bring her home. After the family members said they weren't sure what Sam would want, it was my turn. With dismay I conceded that I, too, did not know.

The ethicist directed the doctors and nurse to elaborate on the implications for Sam if he remained on the respirator or if it were slowly turned off. He actively sought to debunk illusions people held. Dying, prolonged by the respirator, would not be an idyllic slumber. To continue using the respirator, the tube placed down Sam's throat and into his windpipe would remain in place. The machine would pump air into a body that would shrivel and contort with muscles stiffened into contractures from lack of use. There would be milestones along the way to death. Decisions about continuing tube feeding—the change from the temporary nasogastric tube to a more permanent and invasive tube that would go directly into the stomach or small intestine. Pneumonia, euphemistically referred to at "the old person's friend," would require a decision. Untreated, it could lead to death within a short time. Antibiotics could further delay death. Kidney failure and



decisions about dialysis—more tubes and machinery. Death would come sooner if the family ordered the ventilator turned off. Usually, this would not be an abrupt process; rather, the dial would be turned down slowly and the person, medicated against pain, would cease to breathe and die within a short time.

The meeting drew to a close after the family indicated that they needed time to make a decision. No one pressured them; in fact, they were encouraged to talk among themselves and to be in touch with the hospital staff as questions and concerns emerged. Of course, not making a decision was a directive to continue the respirator.

The family had so many unfinished issues pertaining to Sam that they remained unable to make a decision actively. Sam lingered for six more months. According to the hospital staff, the family rarely visited, finding it too painful to look at him. As predicted, he developed pneumonia. The family authorized antibiotic treatment. When his kidneys failed, they considered but rejected dialysis. He died soon after.

My formal role ended with Sam's hospitalization, for our program's services were earmarked for people living at home who were at risk of losing their independence. I did go to the hospital one more time to visit him, motivated by concern, curiosity, and a desire for closure. I found it almost unbearable to see this proud, boisterous man curled into a fetal position, catheterized, diapered, and connected to tubes. His sporadic involuntary move-

ments startled me. His unresponsiveness made termination one-sided and incomplete.

Although Sam's life petered out in a most undignified way, I imagine he would be pleased to know he made a lasting impression on me. I bring the disquieting memory of our experience to my teaching, professional work, and personal life. I believe my work encouraged and comforted Sam as he faced many painful losses, yet I found it difficult to help him and his family come to terms with his impending death. Looking back, I wish I had discussed with Sam his end-of-life choices. I am still struggling to explain why I did not. Certainly, the context has changed—this was a less commonly addressed issue eight years ago; patients were not routinely advised of their right to complete an advance directive. Also, cataract surgery, scheduled on an outpatient basis, is not considered major surgery, thus not demanding acknowledgment of substantial risk. I desired to be supportive of Sam's gamble and wanted to avoid upsetting him by confronting his denial and stirring up his anxiety—and mine. Lingering issues about the premature deaths of my parents perhaps made me skittish about another loss. Yet, denial and avoidance left Sam, for whom feeling in control was crucial, completely out of control in the last part of his life.

Sam's dying occurred in old age; yet at any age, injury or illness may bring us to the brink of death. Recasting dying as part of life encourages us to clarify our choices. To help our clients' voices be heard, we cannot dodge our own discomfort. Parallel to our clients, we must confront our pain and fears about death. Then, faced with end-of-life decisions, as professionals and as family members, we can listen, speak with certainty, and let go. □

REFERENCES

Nuland, S. (1994). *How we die.* NY: Alfred Knopf.

Soares, H. & Rose, M. (1994). Clinical aspects of case management with the elderly. *Journal of gerontological social work,* 22 (3/4), 143-156.

DO THE RIGHT THING[1]

As a beginning graduate social work student intern, I was faced with ethical dilemmas, moral conflicts and decisions that shaped my views about, systems, institutions and professional advocacy. This narrative describes my work with incarcerated women who were able to keep their babies with them while they were in prison. My practice, in support of the women's informal system which acted to prevent the spread of HIV and AID's, I believe was in the women' best interests.

By Annie L. Houston

Annie L. Houston, LCSW-C is Supervisor, Intensive Family Services, Anne Arundel County Department of Social Services, Annapolis, Maryland.

Author's Note

I wish to acknowledge and thank Dr. Barbara Levy Simon, Associate Professor at the Columbia School of Social Work for her endless patience and guidance in mentoring me through this narrative and my own professional career.

As a graduate student, I had the difficult assignment of working with incarcerated mothers who had their infants with them at a large correctional facility. This story describes my experience with the competing demands which are present within such a system: competition between concern for clients' welfare; and the social worker's responsibility to retain a focus on the governing bureaucracy.

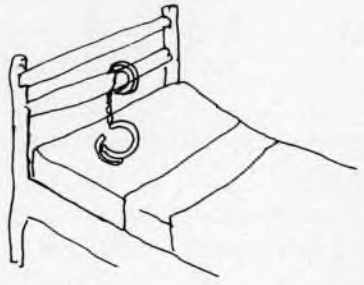
I was outposted in an agency that advocated for incarcerated mothers, but spent most of my time working inside the women's jail. I made this choice because of the conflicts that were present at the small agency in which I was placed. Working in the jail's restrictive environment appeared to me as the better decision.

The "nursery" housed 10 mothers and their infants. I felt glad to get to that part of the facility after passing through several series of barred gates. In the "nursery," painted in baby pastels, the mothers' cells lined up against the walls of a square formed a middle area for cribs, rocking chairs, TV, other family items, and a children's play area. There was an enclosed outdoor area used by the mothers to wheel their babies around in strollers. The "nursery," as the rest of the prison, was under the constant supervision of uniformed correction officers.

The culture of the prison hierarchy automatically gave special privileges to those inmates "in power." The sameness of guards, and those being guarded was striking, particularly in this facility. The population mirrored the tightly knit neighborhoods from which they had come. Everyone knew everyone else and occasionally it happened that a guard who had been arrested, "became" one of the guarded.

Due to their special circumstance, the incarcerated mothers were separated from most of the other prison population. They were considered uppermost in the prison hierarchy, along with the pregnant women who had yet to deliver. It was always disturbing to visit the hospital locked ward where woman in labor were handcuffed to their bed rails guarded by correction officers.

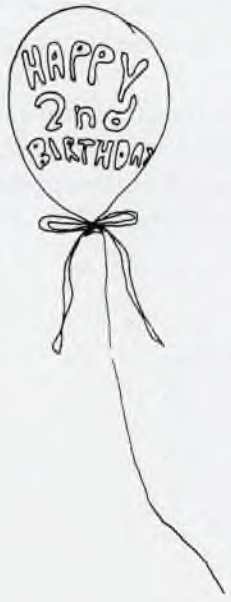
Individual and group counseling was provided to these women, along with supervision of their parenting skills. Most of



these women had other children in some form of placement. I was expected to advocate for their parental rights with foster parents, and extended families where their children had been placed. It was always a systemic challenge.

This program was the ultimate in family preservation treatment, at least for the mothers, and fathers with visiting rights that were incarcerated elsewhere on the grounds. The "nursery" was a time-limited option, much dependent upon the child's birthday and the mothers' sentencing. Children could not stay past their second birthday and if the mother were sentenced to any length of time, she was moved to another prison where such in-house programs did not exist. Critics have argued that the loss and separation experienced by mother and child, coupled with the restricted environment, often outweigh any bonding benefit gained during their time together.

Other women's issues that were relative to these mothers' needs cast constant anxiety on their day to day life. The most evident was their child's second year birthday: the mothers counted the days on their calendars with red and black Xs, as if counting down to the electric chair. Extraordinary preparation and group support surrounded this shared tragedy.



The other overriding theme was the women's experience with sexuality within the prison. Despite that fact that some women became pregnant after being incarcerated, the Corrections Department refused to supply safe sex paraphernalia and sex education because officially "there is (sic) no need, they're not having sex."

There was denial by the Department that there were widespread lesbian relationships; and of the women's concern about HIV/AIDS prevalent among the population. As a student in a large bureaucracy, I had suggested, what appeared to be the impossible to the formal structure: the distribution of condoms, dams, and safe sex education groups. I realized that although the formal structure considered these items contraband, the informal structure had a steady stream of drug contraband flowing into the women's correctional facility. Something was wrong with this picture.

A woman named Tyrae confirmed my feelings about the dilemma. Tyrae was 25 years old, a multi-ethnic woman of color, and the mother of Jamal, her 2 year old son who was with her. Tyrae was on her second incarceration for drug trafficking , and in the prison's methadone program (which was a daily assembly line) for her heroin addiction. Jamal's father also awaited trial in prison for similar charges. The parents had an intact relationship and planned to reunite in their neighborhood after finishing their sentences. Tyrae's 7 year old daughter lived with her parents. Tyrae's father was the police officer that had her investigated and arrested for drug trafficking. He was determined that she would "learn her lesson or die." Despite the unyielding expectations, communication between Tyrae and her family was good, although her father refused to visit her, saying, "I won't see my grandson behind bars, that's no place for a baby." Her mother visited frequently; and used her strong religious beliefs as the framework to encourage Tyrae.

My weekly intervention with Tyrae consisted of supporting her day to day needs while being an advocate and bridge to the free world, and planning for her release. Tyrae was one of the "lucky" ones as she only had 9 months remaining on her sentence. I am hesitant to use the term "lucky" as Tyrae's perspective on the remaining time ranged from the opposite of victimized to ambivalent. For her, day-to-day life was protective as opposed to restrictive, and routine as opposed to chaotic. Things were certain in contrast to uncertain, clean instead of filthy, provided instead of poverty. This is not to paint a glamorous picture of incarceration, but for Tyrae and some others like her, there almost seemed to be a choice— to be incarcerated and "cared for," as opposed to being "free" to be downwardly mobile in the street.

Basic human needs often precipitate the notion "starting where the client is," and can simultaneously present a spark of hope for, at least, a desire for change. The multiproblem, multineed situation presented by Tyrae's impending release was in sharp contrast to matching client to services that were almost nonexistent, and public attitudes which would continue to harden over the next 9 months.

Tyrae possessed several strengths and competencies on which I tried to focus. It seemed that several "systems " had long focused on her mistakes. I sought to redirect this energy. The pending changes that would alter her life space seemed to motivate her to make positive change in her internal focus. Tyrae's motivation was future oriented in that she embraced change, not entirely because of past events, she wanted a different and better future. She desperately wanted to succeed as a mother, lover, and daughter; and knew that the lack of financial and emotional independence were barriers to achieving these goals, once she was released.

Tyrae had sexual relations with another mother in the "nursery." She explained that she was not a lesbian, "It's just to satisfy me in here." She was one of the women concerned with safe sex who had requested contraband dams. I initially responded within the policies of the bureaucracy. I explained that her request was out of the question as it was against the prison rules. However, sometime after the first few months of my field placement in the correctional facility my perspective changed. I was always glad to drive across the bridge from the prison, and on home, but I started to realize why I was glad. I was glad because I hated the smell, I hated the food, I hated the guards, I hated the hierarchy, I hated the attitude, I hated the rules, and most of all, I hated being locked up! My appreciation for my freedom sparked my advocacy toward the women, par-

ticularly Tyrae. I was no longer just on the outside looking in. It began when I listened to, and became connected with Tyrae's needs and pain. We started to work as a team to accomplish the end while considering the means. (I might add that as a zealous student, I was caught up in the militant milieu of the environment, but still had enough restraint to survive field placement.)

Although the mothers' needs were provided for in terms of baby things, we could occasionally bring in through the gates a toy, pampers, and other such things. These items were searched by hand as well as by metal detector wands.

Of course, as I have said the informal structure really ran the facility. Many of the inmates, including Tyrae, had readily acknowledged the receipt of "contraband" in the form of protection, not only from visitors, but also from the guards themselves.

I explored this further, intrigued by the obvious double standard of the system. Needless to say, it was not difficult to find evidence of this as Tyrae was thrilled to death upon receipt of a package of dams from the outside after she confirmed that her woman partner was HIV positive. If you are wondering about her hiding the dams, much less using the dams, I can assure you that the informal hierarchy was more lenient on the inside than in getting through the gate. There was no question that I had made a conscious choice to look the other way concerning the contraband trafficking, thus condoning and passively participating in the activity. The end seemed to justify the means and I occasionally used my position to allow such contraband exchanges in the counseling rooms .

During this time I had befriended three female guards who were compassionate and motherly toward the infants and their mothers in the "nursery." These women seemed to feel bad about their role as guards and tried to down play it as much as possible. I had cautiously approached the subject of safe sex during lunch with the "nursery" guards. Casually we talked about the difficulty the inmates had, particularly around AIDS and being sexually active. The women shared stories and laughed about "looking the other way" when the inmates engaged in sexual activity.

An air of sympathy sur-

rounded the babies in particular with regard to their being incarcerated as extensions of their mother. This sympathy was key, as was the sameness among the prisoners and guards which fostered cohesiveness and responsibility for one another, allowing me access to the activity in the underground. With my field placement coming to an end I knew that the right of self-determinism could only continue for Tyrae and the other women with the help of others. Several of the guards exercised power collectively and began to smuggle in the contraband to help their sisters. In reading the signs of the times, the future risk was clear. I left the incarcerated "nursery" with a mix of emotions. I knew that during my short stay, I had made little impact on the formal structure, but perhaps the controversy had managed to mobilize the informal one.

There are some obvious ethical and legal conflicts present in this story. During that time I focused my primary responsibility as a social worker toward my client. In the broader perspective I can 'justify" my action as advocacy in the name of making services available to incarcerated women, and prevention of HIV/AIDS.

In retrospect, I have read and reread the NASW Code of Ethics and further explored my own dilemmas. I was faced with a situation where I was bombarded in my emotional responses to being surrounded with sights, sounds, and feelings of women like me, mothers existing in cells, dying of AIDS.

I truly struggled with what to do, while it seemed day after day nothing improved for these women. It was not an easy decision for me to make. I am a person who "follows the rules." I still believe this situation was an exception to the rule for me.

As social workers a priority must be set on our relationships with clients. In this extreme scenario, offering the possibility of hope, where systems denied it, was nothing more than humane. The concepts of social workers adhering to values of the profession are sometimes (this time) in conflict with the social worker's ethical responsibility to an employer and in this case, also a University. I have resolved my actions by reflecting on them as "for the greater good," albeit at risk of jeopardy for myself and others. It is difficult to make decisions against "the rules" for many reasons. However, many "rules have been based on prejudicial attitudes; and over time, many persons have made the difficult decision to go against them. The ethical and legal dilemmas about safe sex and incarceration may not be on the level of a major civil rights movement, but for me it was the "Right Thing To Do. "

The recent film Fried Green Tomatoes (1991 MCA Universal Pictures) comes to mind as Kathy Bates' character, Evelyn Couch, a woman scorned by the lack of respect for women by individuals and society, fights back. Determined to effect change over herself and others, her freedom cry "Towanda" yields power. I can't help but wonder, if even today the prison underground continues to supply the needs of the women in the "nursery." So for all the women in the "nursery," inmate and guard, "Towanda."[1] □

REFERENCES

[1] Lee, Spike (Writer, Producer and Director), Ross, Monty, (Co-Producer). (1989) A 40 Acres and a Mule Filmworks Production. A Spike Lee Joint "Do The Right Thing." Universal City Studios, (MCA Home Video, 70 Universal City Plaza, Universal City California 91608).

INDIVIDUAL OBLIGATION AND THE LAW
An Essay on "Do the Right Thing"

Respect for law arises out of our respect for each other. Laws that foster and protect our humanity are worthy of our respect and win our loyalty and obedience. But even when law fails to win in the court of my conscience I respect it if it wins support from the consciences of other persons. For there are times when I wish them to obey a law my conscience supports even though their conscience may view it as unnecessarily burdensome. Hence, whether this law would be supported by other members of the profession and the community at large is relevant to whether it deserves Houston's obedience The Social Work Profession is perhaps unique in that it advocates for those not well served by the law; and we rely on its members to protect our humanity and personality in the dark place of the law. This essay's brief survey of theoretical perspectives on the nature of law and individual obligation suggests that one ought not to take law at face value, but to examine the structure of its actual political, economic and social context.

By Samuel A. Richmond

Samuel A. Richmond is Professor of Philosophy, Department of Philosophy, Cleveland State University, Cleveland OH. Dr. Richmond had been the Chair of the Department of Social Work.

In "Do the Right Thing" A. Houston reports on her experience as a graduate student in a prison placement working with women inmates in a special unit with their children under age two. Dams for the prevention of sexually transmitted disease among women engaging in same-gender sexual activity in the prison were contraband. Houston reports that the response of prison authorities to legalization was that dams were not needed because sexual activity was not supposed to be taking place.

Houston affirms her "conscious choice to look the other way concerning the contraband trafficking thus condoning and passively participating in the activity." She felt her actions justified because they were for the greater good and served as a model of doing the right thing. Her report raises fundamental questions regarding the nature of legal obligation and its relation to professional ethics and individual conscience. What appeared to her to be right appears to some to be wrong. Where law and individual conscience conflict, does one of them have greater authority? What follows are answers to this question selected form the array of theoretical opinion relevant to this question:

Discussion of this question often begin with the classical statement by Thomas Aquinas of the natural law theory of the relation between legal obligation and moral obligation. According to this view individual conscience is not obligated by law that is contrary to human good:

> either in respect to the ends, as when an authority imposes on his subjects burdensome laws, conducive, not to the common good, but rather to his own cupidity or vainglory; or in respect of the author, as when a man makes a law that goes beyond the power committed to him; or in respect to the form as when burdens are imposed unequally on the community, although with a view to the common good. Such are acts of violence rather than laws, because, as Augustine says, a law that is not just seems to be no law at all. Wherefore such laws do not bind in conscience, except perhaps in order to avoid scandal or disturbance....

For Aquinas, a necessary condition of legal obligation is consistency with moral obligation: law inconsistent with morality cannot obligate; it is no law at all.

A sharply contrasting view is put forth in the classic statement of the positivist theory of the law by the utilitarian, John Austin. For him legal obligation is not a form of moral obligation. It is based on the power of the superior party to coerce obedience. Austin did not assume that the commands of the sovereign were for the common good. Neither did he think they were less obligating when not for the common good. We may be legally obliged to perform acts that are outrageously immoral.

Neither Aquinas nor Austin held that one is morally obliged to obey an unjust law. Nor did they hold that one is morally obligated to disobey. The idea of disobedience motivated by moral obligation was introduced by Henry David Thoreau's refusal to pay his poll tax. According to him law based on power is corrupt. He claimed individuals are obligated morally to find a way to disobey when law commands and maintains slavery or unjust war. Socrates stands almost alone as one who believes he rightly chose to obey the law even in an instance in which it was clearly unjust. He himself was unjustly sentenced to death and he argued he ought to comply rather than escape, and so he drank the hemlock. But he did not generalize from this instance to argue that one might act unjustly toward another in order to obey a law.

Since World War II, scholarly theories of law include second order rules or principles for the recognition of valid legislation and denial of invalid legislation. No contemporary academic theory of justice would fail to provide for individual disobedience to laws contrary to individual moral opinion, though each might conceive of its proper exercise differently. All believe that one must have a critical view of law; one cannot assume that because something is required by law one ought to comply. Obedience to law just as much as disobedience requires an individual to judge whether what is required is worthy of one's compliance.

It is perhaps the one great lesson of the twentieth century that one ought not comply with laws that require one to treat others in ways that conflict with one's conscience. According to Gandhi and King we are morally obliged where necessary to join together in organized collective disobedience to remove unjust laws. A policy of continued compliance is not morally permissible on their view.

Continental traditions of philosophical reflection on the law tend to be more critical than Anglo-American. Karl Marx viewed law in a capitalist system as inevitably in the interest of the ruling class and contrary to the interests of the working class; according to Vladimir Lenin the State is armed men and prisons in the service of the capitalist class and at war against the working class. Sigmund Freud saw civilization as the source of internal conflicts that pit individuals against themselves.

Jean-Paul Sartre and Michel Foucault hold that there is no politically neutral moral resolution to the conflicts of contemporary humanity, but that we are constantly faced with the problem of doing the right thing in an environment of power that corrupts our thought and discourse. Jacques Derrida in a critique of Walter Benjamin in "The Force of Law" contends that there is no justification of the violence of the law — none.

Historically, the force of law has been exercised in wars of national aggression, slavery, systematic oppression of women and persons of subpopulations differing in religion, caste, language, nationality, or other condition of birth. It is only in recent years that law has been an instrument for ending slavery, protecting rights, and extending freedom.

Robin West and Margaret Jane Radin, feminist critics of American law, have noted its history. Laws that govern women have paternalistic roots. Women's perspectives are not routinely represented in the law. There has been no systematic purge from law of this long-accumulated bias against women. The Equal Rights Amendment is designed to eliminate inequalities based on gender from the legal system. Women do not yet have constitutional protection from unjust legislation.

The brief survey of theoretical perspectives on the nature of law and individual obligation does not give much support to the view that there is a prima facie moral obligation to obey the law simply because it is the law. To the contrary, each school of thought alerts us to sources of criticism of the law which may

invalidate its claim to individual obedience. What are the sources and aim of the law? What function does it actually serve? Who does it actually serve? Are those governed by it among its authors?

Theoretical reflection on law suggests one ought not to take law at face value but to examine the structure of its actual political, economic, and social context. Does the law serve the common good? Does it burden people equitably and in proportion to their means regardless of differences of race, gender, religion, language, nationality, economic class, or social position, or other condition of birth? Is it within the authority of its author? Does it impose slavery or war on others? Does it serve the interests of one economic class at costs to interests of another? Does it divide human personality against itself or enhance its integrity? Does it rely on a pious lie, ideology, or power discourse whereby the conditions of its application are taken to be as they are supposed to be rather than as they are actually? Is the law itself a significant source of violence in the population? Law that commands obedience morally must meet high moral expectations.

When we ask these questions of the law denying dams to women in a jail in which sexual activity is taking place among inmates some of whom have tested HIV positive, many potential sources of invalidity appear. Few would allow that it is for the common good, since it risks increase in the incidence among inmates and in the general population. What ends does denying dams serve? Is such an end a proper aim of legislation? Is denying dams a proper means given the risks?

Does denying women in prison dams distribute the burdens of pursuit of the aims of the laws equitably? Placing women in prison at greater risk for incurring sexually transmitted disease places a disproportional burden of risk upon them. Drug laws of recent years have placed the burden unequally on lower-income classes. Disproportionate mandated sentencing accounts for most of the increased imprisonment of low-income people.

In recent years the larger context of law in which prison laws function has become an instrument for shifting burdens from those of great means to those of small means. Income and wealth have been redistributed from the bottom up. The impoverishment of the low-income people has had disastrous effects. Higher rates of imprisonment is one. Higher prison rates are an especially burdensome imposition on the least advantaged of our society.

What the law is depends upon actual practices of the law and the view of those practices held by conscientious citizens. Where the informal or actual practice is consistently and predictably different from the text of the law, the practice of the law may be a better guide to what the law actually is. Legal interpretation includes reference to practice, it takes into account limits in effectiveness, and it relies on the judgment of reasonable persons to interpret its meaning and decide its validity. The expectations of reasonable persons administering the law and governed by the law are in turn shaped as much by practice as text. Deference to individual conscience is built into law. The law is decided by judge and jury, and will they not assume the validity of their conscientious reflection in making decisions of law? Would we want them to act otherwise? Only those acts that survive the test of conscience rightly receive the sanctions of law.

Is looking the other way or more actively facilitating transfer of the means of disease prevention a form of fraud, deceit or misrepresentation that is inconsistent with the values of members of the profession of social workers or the larger community. What is the view of the faculties of schools of social work on whether denial of the dams is just? What is the view of the members of the National Association of Social Workers whose Code of Ethics is to guide us here? Prison systems involve us in contradictions that reach to our deepest values and sentiments. We rely on persons of good conscience to act with due consideration and discerning judgment that assigns high priority to the actual advancement of human life, human health, and human personality.

Covertly facilitating the transfers of dams does not seem to be an act that shows any disrespect for anyone. The prison system and the community at large are not as such persons. A fair number of persons within the prison system and the community at large seem to agree with Houston's assessment of the justness of the denial of dams to women in prison. She sought to

entrench the availability of this source of protection by directly participating in the prison's informal structure of support.

Note that it may be illegal to possess or transfer other forms of prison contraband such as drugs and guns outside of prison settings. Possession and transfer of dams is not inherently illegal; it is illegal only in prison. Note, too, that participating in the covert transfer of dams is not like vigilante justice in which violence is used against others who have been judged to act contrary to the wishes of the vigilantes.

Respect for law arises out of our respect for each other. Laws that foster and protect our humanity are worthy of our respect and win our loyalty and obedience. But even when law fails to win in the court of my conscience I respect it if it wins support from the consciences of other persons. For there are times when I wish them to obey a law my conscience supports even though their conscience may view it as unnecessarily burdensome. Hence, whether this law would be supported by other members of the profession and the community at large is relevant to whether it deserves Houston's obedience.

Discussions of civil disobedience often note that disobedience should be done publicly and with a willingness to accept the consequences — the punishments prescribed by the law for those who violate it. Where disobedience may appear to serve both one's conscience and one's personal interests, as in conscientious refusal to perform military service, one may be accept punishment, or an alternative risk of one's own life in the service of others, in order to demonstrate good faith. And where the goal is freedom and equality for an oppressed people, a willingness to suffer some of the consequences of disobedience in order to eliminate unjust laws may be necessary to keep the focus of other citizens on change. But there is no inherent reason for those who disobey unjust laws to suffer punishment. Suffering such sanctions arises from the need to show respect to citizens with whom one disagrees but whom one hopes to persuade by earnest action. It was unjust that Martin Luther King was locked in the Birmingham jail because the law which placed him there was unjust law.

Would we want no one under a Hitlerist or Stalinist regime to disobey to protect another person without doing so publicly and with acceptance of punishment? Would we want those who did so punished later? Houston reports seeking to change the prison practice publicly but unsuccessfully. Covert disobedience incurs additional risks that moral agents must take into account. It alienates and isolates people from each other.

Conflicts between individuals and the law often have to do with the tension between the hypothetical conditionals that are supposed to be the case under the law and what is actually the case. Thus the argument that there need be no protection because there is not supposed to be any sexual activity. Sometimes the human heart responds with compassion to what is actually the case and views as merely theoretical that which is supposed to be but is not. Moreover, it is difficult for the law to guide us under conditions that are contrary-to-law. Recognition and public discussion are often proscribed as well. Few wish to be perceived as urging violation of law for that itself may be proscribed. As a result the dictates of man-made law benefit from subordination to the dictates of the individual human heart. Would we have it otherwise? Would we have every decision so legalistic as to be premised only on how things are supposed to be without regard to how they actually are?

Social work students sometimes bring a fresh perspective to corrections settings. For example, a student in a sentencing setting lobbied for prisoners being told that no mail from home would be forwarded to them the first month of incarceration rather than believe no one had written.

The court changed its practice. Had the court not changed, would we want no social worker or student to tell any inmate the true reason they were not receiving any mail? We hope all will subject their actions to a close examination of their relationship to the ethical codes of our professions and individual conscience. A profession that depends on law for its recognition and license is bound to fidelity to what is sound in the law. Social work is perhaps unique in that it advocates for those not served well by the law. And we rely on the members of this profession to protect our humanity and personality in the dark place of the law. □

ADVOCACY OR UNETHICAL PRACTICE
"On Do The Right Thing"

Social workers behavior and actions are guided by a Code of Ethics. We are not lone rangers or vigilantes on a crusade to right the perceived wrongs inflicted by impersonal bureaucracies. We are employed in host settings and are taught how to bring about change in individuals, groups, organizations and communities. We place ourselves, our clients, and our profession at risk when we violate rules and regulations, and undermine authority.

By Sheldon R. Gelman

Sheldon R. Gelman Ph.D., ACSW, MSL is Dorothy and David I. Schachne Dean, Wurzweiler School of Social Work, Yeshiva University, NY, NY.

My reaction to the article, "Do the Right Thing" by Annie L. Houston, as a reviewer was so intense that in addition to writing my review I expressed my concerns to the editor. The decision of the Executive Board of Reflections to publish it with responses by educators should serve as both a teaching exercise and as a means of stimulating critical practice analysis.

Social workers are professionals whose behavior and actions are guided by a Code of Ethics. We are not lone rangers or vigilantes on a crusade to right the perceived wrongs inflicted by impersonal bureaucracies. We are employed in host settings and are taught how to bring about change in individuals, groups, organizations and communities. We place ourselves, our clients, and our profession at risk when we violate rules and regulations, and undermine authority.

Being a change agent and advocate involves both responsibilities and consequences. Advocacy is a means to an end, not an end in itself. To be a successful advocate, one must understand both the role and the environment in which one functions. While the client's wants and needs are critical to the process, not all clients' needs are legitimate nor are they necessarily appropriate or attainable. Respect for the worth and dignity of clients extends to our colleagues and employers as well as our clients.

In addition to the concerns stated above, I felt that the author, by submitting for publication a paper in which she chronicled her behaviors, was ethically vulnerable herself, and jeopardized both her university and their ability to utilize this facility as a field placement site in the future. It was also troubling to me that she appeared to function without supervision and that her faculty advisor had not raised these issues with her.

It has long been recognized that the

criminal justice system is faced with the often conflicting objectives of protecting society and rehabilitating the offender. The author would have been well served to have reviewed the goals and objectives relating to correctional policy before writing off the system and identifying so strongly with her client's wants and circumstances. Given my background in corrections, this particular program and setting appears to have provided an enlightened, if not innovative, approach to dealing with convicted female offenders who are pregnant and/or have very young children. The setting provided opportunities in which appropriate interventions could have brought about positive change in clients as well as broader systemic innovation.

The practice of social work in such settings is difficult at best, and requires a delicate balancing of roles. It is unfortunate that the student appeared to dismiss the learning opportunities and resources of program and facility staff. Her actions mirrored those of the one not engaged in professional education. The system's failure to act appropriately in enforcing policies does not provide license for a social work professional to engage in rule violation.

While the Code of Ethics teaches us that our primary responsibility is to our clients and that the worker is to make every effort to foster maximum self-determination on the part of clients, the Code also requires the worker to treat colleagues with respect, courtesy, and fairness, and to adhere to commitments made to the employing organization.

In this particular situation it could be argued that the worker had obligations to multiple systems which includes the prison system, the community at large, as well as clients. Pursuing the interests of one set of clients over the interests of others without fully comprehending the competing interests is incorrect.

Social workers should maintain high standards of personal conduct, should act in accordance with the highest standard of professional integrity and should not participate in, condone, or be associated with dishonesty, fraud, deceit, or misrepresentation. Violation of these ethical principles are grounds for dismissal in every social work education program in the nation.

The author's misguided belief that somehow she was righting a wrong or assisting her clients in becoming self-determining or independent is inadequate justification for engaging in unprofessional and potentially dangerous behavior. This is not, unfortunately, a women's issue, or an issue of power, it is an issue of proper practice and ethical behavior. Unfortunately, even after reflecting on the ethical issues involved, the author fails to identify with the principles of the Code of Ethics in assessing her practice. To write about practice without understanding the core issues involved is both frightening and sad. □

COMMENT ON "DO THE RIGHT THING"

By Mary Ann Jimenez

Mary Ann Jimenez, Ph.D. is Professor, The Department of Social Work, California State University Long Beach, Long Beach CA.

The author demonstrated her commitment to the profession of social work even as she ignored the rules of the institution in which she was placed. When human life and well being are at stake, as in the case of prison inmates who did not have the means to protect themselves form HIV infection during sexual contact, than a social worker is justified in rule breaking. Is this not at the heart of our profession, whose commitment to social justice, human dignity and client empowerment has distinguished it from all other professions since its inception?

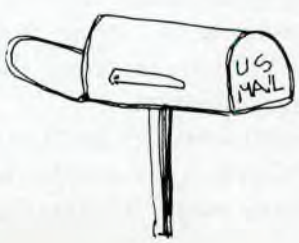
When prison officials implicitly allowed sexual contact to occur between inmates, inmates should have the power to protect themselves from life-threatening disease. Social workers are not only employees or students placed in custodial institutions. Like other professionals, we have a broader commitment — to the ethics of our profession and to our own consciences. Social workers who have been activists in social and political struggles in the past have been forced to break institutional rules (the rules about needle exchange for drug users come to mind). This story was no exception to this tradition. □

ON DOING THE RIGHT THING

Our aim is to figure out which duty or obligation should take precedence over the others, assuming that one of them must rise to the top of the entangled heap. I argue in this brief commentary that ethical decision-making needs to include a number of components if it is to be meaningful. Ethical decision-making is a difficult, sometimes agonizingly prolonged process, not merely an event and involves a series of problem-solving steps.

By Frederic G. Reamer, Ph.D.

Frederic G. Reamer, Ph.D., is Professor, School of Social Work, Rhode Island College, Providence RI. He serves as chair of the NASW (National Association of Social Work) Code of Ethics Revision Committee and the NASW—Rhode Island Committee on Inquiry. He is also a member of the State of Rhode Island Parole Board.



A number of years ago, I worked in a maximum security penitentiary. One of my responsibilities was to facilitate a treatment group for inmates. All of the inmates in this group (usually about 10) were serving lengthy sentences for crimes such as murder, aggravated assault, rape, robbery, arson, and drug selling.

One afternoon, after our group's meeting had ended, I was walking through the prison yard when one of the group's members approached me. This was a fellow who was serving a 25-year sentence for second-degree murder. I would say that this inmate and I had a very good working relationship. He respected me and my role, I think, and I was able to behave respectfully toward him (the fact that this man had matured tremendously in prison certainly helped me to respect him). As I walked through the prison yard with this inmate, he furtively slipped an envelope in my hand and asked me to keep walking. I was a bit startled, of course. The inmate then told me that he needed to mail a letter to his dying brother and asked that I drop the envelope in a mailbox outside the prison's walls. The inmate commented that the prison policy prohibiting him from mailing such a letter, because it was addressed to a former inmate, was unjust. I could understand the inmate's frustration (assuming what he told me was true), although I also understood why prison administrators wanted to prevent communication between inmates and former inmates. Clearly, the inmate was asking me to smuggle contraband outside the prison walls (which, by the way, is the direction opposite that in which contraband usually travels).

Given the circumstances, the timing, and the setting, I wasn't able to pause and ponder the situation at the moment. So as not to cause a scene and, frankly, to wiggle my way out of this awkward and immediate predicament, I simply nodded my head, slipped the envelope into my pants pocket, and kept on walking. Between the time of the incident and my departure for the day, I had forgotten about the letter. As I left the prison, I instinctively reached into my pants pocket to see what was taking up all that room and realized at that point that I had inadvertently walked out of the prison with contraband. "Now what do I do?" I thought. For a moment I considered dropping the letter in a mailbox, but ultimately decided not to. Three things occurred to me. First, what message would I be conveying to this inmate if I went along with his illegal scheme? Wouldn't I be reinforcing his

"criminal ways" and, at least indirectly, condoning the kind of behavior that landed him in prison in the first place? Second, wouldn't it be unethical to knowingly violate the prison policy that prohibits mailed communications of this sort? Was the policy so unjust that such "civil disobedience" was warranted? Finally, might I not get in some kind of trouble — perhaps even big trouble — if it became known that I smuggled the contraband outside the prison? Who would believe my defense that I had completely forgotten that the envelope was in my pocket, only to discover it after I had walked through the last prison gate? Was it really worth the risk?

My memory of this incident flashed back to me as I read Annie Houston's account. Houston describes what all seasoned social workers have encountered at some point during their careers: circumstances that require a difficult ethical choice (some more difficult than others, to be sure). Houston's predicament is certainly unique in a number of ways — the unique constellation of individuals' personalities and idiosyncrasies, institutional features, organizational politics, racial and ethnic issues, and interpersonal intrigue — but it also shares some common traits. Houston's scenario contains an ethical dilemma's two key ingredients: (1) the emergence of specific professional duties and obligations. (in this scenario, empowering clients, respecting clients' rights to self-determination and confidentiality, complying with agency policy); and (2) some sort of clash between these various professional duties and obligations (Houston's wish to empower her clients and respect their right to self-determination and confidentiality collided with her presumed duty to comply with agency policy concerning inmate access to contraband and participation in prohibited activities).

To use the language of ethics, Houston's ethical dilemma, and for that matter every ethical dilemma, involves difficult choices between and among what the philosopher W. D. Ross calls prima facie obligations and duties (prima facie duties and obligations are those we are inclined to fulfill ceteris paribus, all things being equal). Our aim is to figure out which duty or obligation should take precedence over the others, assuming that one of them must rise to the top of the entangled heap (what Ross calls one's actual duty).

Fortunately, contemporary social workers, unlike their predecessors, have access to a wide range of conceptual tools to help them navigate ethical storms that appear during their careers, whether they pertain to work with individuals, families, couples, and groups (for example, conflicts between a client's right to confidentiality and a social worker's obligation to disclose confidential information to protect a third party from imminent harm, or between a vulnerable client's right to self-determination and the social worker's duty to protect the client from engaging in self-destructive activity); nonclinical issues such as how one ought to allocate scarce resources (what are called issues of distributive justice) or, as in this case, whether one must always obey a law or an agency regulation; or relationships among professional colleagues (for example, how to handle situations where a colleague has behaved unethically). Especially since the early 1980s, social workers and members of other helping professions have

produced a rich collection of writings on ethical dilemmas, the application of ethical theory, and ethical decision-making.

My principal claim here is that there is, indeed, a way to think systematically about ethical dilemmas of the sort faced by Houston. Ethical dilemmas warrant rigorous exploration in much the same way that clinical, community organizing, advocacy, and administrative dilemmas in practice warrant rigorous exploration. What seasoned social worker would be willing to tackle such complicated tasks without some systematic education about, study of, and deliberation concerning all important facets of the situation? It's unthinkable. I believe that ethical dilemmas deserve the same sort of attention.

I certainly understand Houston's wish to be helpful to the inmates with whom she

worked. That's normal, especially in an oppressive prison, although social workers would likely disagree among themselves about whether "looking the other way" as the women received contraband and engaged in prohibited activities was the wisest way to react. And it's admirable that Houston consulted the NASW Code of Ethics to see whether the document contained any useful guidance.

But I would argue that ethical decision-making needs to include a number of other components if it is to be meaningful. Ethical decision-making is a difficult, sometimes agonizingly prolonged process, not merely an event. Ethical decision-making involves a series of problem-solving steps, as do all other domains of social work practice.

Here are the steps I would take were I in Houston's shoes (this is a necessarily superficial overview; see Reamer, 1995, for a more complete discussion of this approach):

1. Identify the ethical issues, including the social work values and duties that conflict. As I mentioned above, the principal conflict in this case is between the social worker's obligation to empower clients and respect clients' rights to self-determination and confidentiality, on the one hand, and, on the other hand, the obligation to comply with agency policy.

2. Identify the individuals, groups, and organizations who are likely to be affected by the ethical decision. Those most likely to be affected in this case are the inmates, prison administrators, the social worker herself, and the university. Inmates stand to gain if the social worker "looks the other way" when they receive contraband and engage in prohibited activities; they stand to lose if the social worker enforces prison regulations. (I suppose one could also argue that inmates ultimately would lose if their social worker implicitly or explicitly condones, and thereby reinforces, activity that violates rules or laws.) Prison administrators stand to gain if the social worker enforces its regulations (unless one argues that inmates who are denied their contraband and sexual activity will stir up trouble for the administrators); they stand to lose if the social worker or other staff deliberately undermine their authority and regulations. The social worker stands to gain if she believes that her primary obligation is to empower inmates; she stands to lose if she knowingly violates prison regulations, exposes herself to institutional discipline, and jeopardizes her own job (or, in this case, field placement) and career. The university stands to gain if Houston's actions do not lead to a strain in its relationship with the prison; the university stands to lose if prison officials discover Houston's deliberate violation of regulations and, consequently, are critical of the university's teaching or supervision.

3. Tentatively identify all possible courses of action and the participants involved in each, along with the possible risks and benefits. Houston's overview of her dilemma suggests that there was a fairly stark choice between complying with the prison's regulations and "looking the other way." I wonder, however, whether there might be some middle ground. I would like to know, for example, whether Houston approached prison administrators to discuss her concerns or advocated for some sort of policy that would protect inmates who engaged in sexual contact. Having worked in prisons, I know how recalcitrant prison officials can be. But I've also been surprised on occasion with the effectiveness of assertive, yet diplomatic advocacy efforts. One of the greatest lessons I've learned over the years about ethical dilemmas is that the choice rarely involves a simple "either-or." Very often, there are many shades of gray between the white and black options. Skillful social workers can use their talent and acumen to identify options others may not have considered and facilitate meaningful discussion of them, manage conflict that emerges, and move participants in the direction of a reasonable resolution.

4. Thoroughly examine the reasons in favor of and opposed to each possible course of action, considering relevant ethical theories, principles, and guidelines; codes of ethics and legal principles; social work practice

theory and principles; and personal values. It's not clear to me to what extent Houston attempted to track down social work literature on ethical decision-making and ethical theory, for example. This case provides a prototypical example of the ways in which classical ethical theory might help one think through how a difficult case ought to be handled. The so-called deontological perspective in moral theory, for instance, suggests that people have a fundamental obligation to obey laws, regulations, and so forth. In this case, deontology, a perspective embraced by Immanuel Kant, would likely suggest that Houston's principal obligation was to obey and enforce prison policy. In contrast, the so-called teleological or consequentialist perspective, typically associated with John Stuart Mill and Jeremy Bentham, suggests that one's ethical duty is determined by the nature of the consequences. An act utilitarian, for example, would argue that Houston should have weighed all of the likely "pluses" and "minuses" associated with the possible courses of action and pursue the course of action that is likely to yield the greatest balance of pluses over minuses (the greatest net "gain"). A rule utilitarian, however, would argue that it would be shortsighted to engage in this sort of calculus only as it pertains to this immediate case. From this point of view, the lens needs to be broadened to include the potential long-term consequences resulting from reinforcing inmates' deception and rule violation, providing inmates with a role model who condones deception and rule violation, and undermining institutional policy. Thus, from a rule utilitarian perspective, perhaps the social worker should not have violated the prison rules, whereas an act utilitarian perspective might have been used to justify breaking prison rules to empower the inmates.

Unfortunately, space does not permit full exploration of the relevance of these and other ethical theories, the NASW Code of Ethics, or social work practice theory and principles. Suffice it to say that these sources should be carefully considered because of their potential to help practitioners thoroughly examine the diverse ethical issues facing them.

5. Consult with colleagues and appropriate experts. Here too it's not clear to what extent Houston consulted with other prison staff, supervisors, attorneys, or ethics experts. Generally speaking, social workers should take time to locate thoughtful colleagues who may be able to offer valuable insight and opinions. Consultants won't necessarily provide unequivocal advice, but they may help to sort out various arguments and counter arguments, and they may help identify significant blind spots.

Certainly there is lots of room for legitimate debate about whether social workers should always obey the law, agency policies, and regulations. Although a strict deontological perspective suggests that laws, policies, and regulations should always be obeyed, most social workers can think of extreme instances when it may be justifiable, on ethical grounds, to violate them. There is no doubt in my mind that there is a place for principled civil disobedience, in the spirit of such luminaries as Henry David Thoreau, Martin Luther King, Jr., and Mahatma Gandhi (Childress, 1971).

In general, however, I think it's a mistake for social workers to take matters into their own hands and violate laws, policies, and regulations when it merely seems expedient or convenient to do so. In my mind, deliberate violation of laws, policies, and regulations demands extraordinary circumstances — for example, where lives are at stake or clients' most basic needs are threatened — and remarkably compelling evidence that no reasonable alternative exists. As Campbell (1991: 178) notes, "the functional and symbolic purposes of law in our society entail that its violation by acts of civil disobedience should be a last resort. That is, all other reasonable alternatives to redress wrongs and grievances...should be exhausted before resort to civil disobedience is advocated." Moreover, social workers who decide to violate laws, policies, and regulations must be willing to challenge that which they deem to be unjust and be willing to accept whatever penalties or sanctions might come their way.

Whether Houston's circumstances and actions meet this test is not for me to decide alone, particularly since I know only what I read about them and was not directly involved in the situa-

tion. I must confess, however, that this sort of insurgent social work makes me nervous, because of its potential to undermine organizational stability and convey the wrong moral message to clients. Houston concedes that she "made a conscious choice to look the other way concerning the contraband trafficking, thus condoning and passively participating in the activity. The end seemed to justify the means and I occasionally used my position and presence to allow such contraband exchanges privately in counseling rooms." However, as Campbell (1991: 174) astutely asserts with respect to the complicated argument that the ends justify the means, "the fundamental, though not sufficient, criterion for the justification of civil disobedience is to justify the cause. . . . The ends do have to justify the means, but this does not entail that the ends themselves are immune from moral scrutiny." I would like to hear more about Houston's claim that the ends (permitting inmates to engage in prohibited activity and have access to contraband) are sufficiently compelling to justify the means (the deliberate violation of prison regulations).

This sort of ethical dilemma is hardly new, as illustrated by Sophocles' play Antigone. Antigone, the daughter of Oedipus, wanted to bury her brother, Polynice, who had been killed by their brother Eteocles. Creon, the king of Thebes, forbade the burial, however, because Polynice was a rebel. Antigone challenged what she believed was the king's unjust order by giving her brother a proper burial:

Creon: "Now tell me, in as few words as you can, did you know the order forbidding such an act?"
Antigone: "I knew it, naturally. It was plain enough."
Creon: "And yet you dared to contravene it"?
Antigone: "Yes. That order did not come from God. Justice, that dwells with the gods below, knows no such law. I did not think your edicts strong enough to overrule the unwritten unalterable laws of God and heaven, you being only a man." □

REFERENCES

Campbell, Courtney S. (1991). Ethics and militant AIDS activism. In F. G. Reamer (Ed.), *AIDS and ethics* (pp. 155-187). New York: Columbia University Press.

Childress, James F. (1971). *Civil disobedience and political obligation.* New Haven: Yale University Press.

Reamer, Frederic G. (1995). *Social work values and ethics.* New York: Columbia University Press.

CALL FOR NARRATIVES
Stories of Transformative Teaching and Learning

"Faculty learn early on how to institutionalize their story, to get it right, in their reappointment and tenure files and in their cases for merit. But most faculty recognize at some deeper level that their vita is not their story and that the organizational structure against which they teach hears no stories - not about their teaching, not about their research, and not about their professional lives."

Diane Gillespie. In Change (1989):
"Claiming Ourselves as Teachers"

Susan G. Nummedal and
Diane Gillespie, Co-Editors

This special issue invites faculty to tell their stories of transformative teaching and learning as a way of both deepening the understanding of their own lives as teachers, researchers, and practioners and sharing that understanding with a wider audience. It is in the telling that the "raw footage" of our lives as teachers begins to develop into powerful understandings, surfacing layers of meaning and revealing tensions that connect who we are with our practice. And it is from a wisdom of practice, captured in the particulars of teaching narratives, that we discover what we have been and anticipate what we might become.

We encourage stories that capture a time in teaching when you were awakened to new meanings that transformed your way of thinking about - and doing - your practice. We are looking for stories located in the web of connections among what you teach, your sense of self, and your values that creates the context for your teaching. We encourage authors to weave practices embodied in their stories with theory. Suggestions for specific topics include:

- stories that evoke multiple readings of problematic teaching situations
- stories that focus on gender-identity issues in teaching
- stories that focus on social class issues in teaching
- stories that focus on cross-cultural and interdisciplinary perspectives in teaching
- stories that move the teaching/learning process beyond the class room walls
- stories that transform the connections among teaching, research, and practice.

Send manuscripts to:

Susan G. Nummedal, Ph.D.
Department of Psychology
California State University
Long Beach, CA. 90840-0902
Phone: 310-985-5021
FAX: 310-985-8004
Email: snummeda@csulb.edu

or

Diane Gillespie, Ph.D.
Goodrich Scholarship Program
University of Nebraska, Omaha
Omaha, Nebraska 68182-0208
Phone: 402-554-3466
FAX: 402-554-3776
Email:
gillespi@facpacs.unomaha.edu

Submissions due April 1, 1997

BETWEEN THE AGENCY AND THE UNIVERSITY

An interdependent relationship must exist between the university and the agency in providing field education. The behaviors and interactions of each partner are inexplicably related; one individual's disregard for the partnership may result in unsuccessful learning experiences and disruption of service and education.

By Janet Black

Janet Black is Director of Field Education, Department of Social Work, California State University, Long Beach CA.

As I read the narrative recounting Ms Houston's experience as a student in a corrections field work placement, along with the strategy she chose to deal with her concerns, I became more and more uncomfortable and concerned. By the end of the article, I was distressed and alarmed about what had occurred. Questions began coming forward faster than I could write them down: Where was the field instructor(agency staff) during this period? Was adequate supervision being provided to the student? Where was the university faculty field liaison(employed by the university as liaison between the agency and the university) during this period? Was adequate consultation and support being provided to both the student and the agency field instructor? What might be the consequences of the student's actions on the agency, on the individual field instructor, on the university, on the student, on the director of field education? Can the previously crafted university/agency agreement withstand the potential negative consequences of such an experience?

As a Director of Field Education at a large, public university, placing approximately 600 BASW and MSW students each year, I am intimately aware of the interdependent relationship that must exist between the university and its participating field work agencies. The behaviors and interactions of each partner are inexplicably related to each other; any one individual's disregard for the whole partnership system will result in unsatisfying and unsuccessful teaching and learning experiences, or worse, in disruption of partnerships that were developed to provide service and education to both parties.

I can't help but wonder if the field instructor was aware of the student's observations and concerns, or aware of the potential consequences of the actions Ms Houston took. What guidance might have been provided to enable a planful intervention that included all levels of the agency system. The field instructor's role as a supervisor and teacher requires assisting students with dilemmas such as this one, and maintaining communication with the student and university partners. The university field department's responsibility to provide consultation and support to both student and field instructor is most critical. I am concerned that these opportunities were overlooked or ignored by all partners.

I believe that our role in field education is to educate both our students and our agency field instructors to a range of intervention strategies, and be "open to learning new systems" ourselves, to become aware of current needs and issues, and incorporate that knowledge in our teaching and curriculum materials.

Avenues for new learning for field directors present themselves in this article. When placing students in the corrections system, what issues should we anticipate will confront the student early in their experience; how can we help the student prepare to meet these issues with thoughtful inquiry and responsive interventions that reflect an understanding of the systems perspective and professional responsibilities? An important step in negotiating an affiliation agreement with a potential field agency is my (Director of Field Education) visit to the agency, to talk with the agency executive and prospective field instructor, and to identify the potential learning experiences, and the potential difficulties or challenges that each setting poses. This allows for mutual expectations and needs to be clearly stated; and an agreement to work together that is consciously designed to achieve the goals and objectives we have set out.

How might a university field liaison have been involved in this student's situation? My experience (and my expectation) has been that field liaisons pay careful attention to concerns about agency policy and service delivery issues raised by students. How exciting to have the opportunity to provide a framework for looking at these issues with the student, and assist them in learning the skills of assessing and planning an intervention to respond to the issues, perhaps gaining a new perspective or vantage point ourselves.

A final series of questions. How might this agency and the university revisit their agreement to work together for future educational activities? What can they learn from this experience to enable both partners to be more conscious of potential issue areas, to jointly prepare students for the experience, to prepare the agency for the experience of having students (some of whom will have strong conflicts with the system's perspective of service delivery), and to assure that communication channels are open and available. How can universities and agencies extend their mutual participation in social work education and service delivery to identify system delivery policies that must become a part of the educational experience?

I am hopeful that these issues, critical to the field work curriculum, continue to be addressed to provide students with a challenging learning experience with educational integrity, and to provide clients with the most appropriate interventions and services. □

FROM THE 'GARDEN' OF POVERTY: Amazing Blooms

This is a reflection on my years as director of a community outreach, community development program in public housing. I have tried to convey a sense of the community and its people, and of the students and staff who were the essential players in our outreach effort. But I have also used this essay to try and come to grips with some of the moral and civil, political and social dimensions and issues that affect my understanding of poverty as well as our society's attitude about poor people.

by Dennis Saleebey

Dennis Saleebey, D.S.W, LMSW, is Professor and Chair of the Ph.D. Program, School of Social Welfare, University of Kansas, Lawrence KS.

I have started this reflection many times. I am not sure what has made it so difficult to write a narrative. Perhaps, it is the variety of points of view and perspectives I think I must represent. Maybe it is simply the passage of time and trying to capture the rhythm and flow of events and people reasonably and fairly, although I know that reason and fairness are not requisites for story. Perhaps it just may be the enormous responsibility of constructing, deconstructing, and reconstructing my own experience, knowing that as I proceed the experience will change its meaning and relevance right before my eyes. As some wag once put it, I'll see it when I believe it. Maybe I cannot see it clearly yet because I am not sure what I believe and understand about it.

Nonetheless, I must begin. I will do so in the simplest way, describing the scenarios of my reflections. It was part of the mission of the School of Social Welfare to extend itself into the community to develop community-based programs essentially staffed by students, supervised by a Ph.D. student, and overseen by a faculty member. These units provided education for the students, service to the clients, and research opportunities for the faculty. Most of these units addressed those individuals in several communities who suffered with what we now call persistent and severe mental illness. But it was the wish of the administration, and some of the School's faculty to really extend ourselves into a community where poverty, economic dislocation, and geographic and social marginalization played an important role in the life-chances and the life-world of the members of the community. After all, we reasoned, social work educators must visibly demonstrate their commitment to the pursuit of social justice and the restoration of social resources that underwrite personal, familial, and communal resourcefulness. We cannot just climb hortatory scaffolding in the classroom. We must build the lattice-work of our commitments in the worlds around us. As we can see from today's political rhetoric and often contentious argument, poverty is a reality that conflicts the American soul and intellect.

I am not exactly sure why I involved myself from the outset. I have always thought that as an educator I have an obligation to work in the world of my professional interests. I had long lost interest in doing "clinical" work.

Over the years, I chose another path. It brought me to the work of enabling the efforts of people in communities and neighborhoods to make their world better, to build something of value for themselves and their progeny. Most of these were fairly modest efforts on my part. However, two of the projects were fabulously successful and really caught my attention. The idea of the power in the people had been but an abstraction to me up to that point. I must admit that I did not plunge into any of these projects with the motivation and commitment that one would have suspected, had they heard me wax activist in the classroom. I believed every word I said. I even practiced some of what I said. But there was always some kind of holding back, restraining myself from fuller involvement. Radicals (in the more Marxist/Socialist sense of the word) can diagnose this problem from 50 yards away. While it may not be false consciousness, it is a problem of praxis, aligning belief and commitment (the easy part) with action and project in the world of suffering and oppression. I knew that I was falling short, fainting at the finish line. Knowing this, I also understood that, at some point, I was going to have to put up or shut up.

BEGINNINGS

The School decided that a public housing community would be an appropriate site for a community-based service, education, and research effort. I offered to (actually I wanted to, or needed to) take responsibility for getting the project off the ground and then, if it took off, to oversee its operation. I met with a variety of people to discover some of the ideas, principles, and practices that make for success and relevance. I met Diana, a Puerto Rican BSW graduate of our School. She and her husband had lived in New York city public housing. They had been active in mobilizing residents around a number of causes. At the time I met her, Diana was working with legal aid in a public housing community around a number of concerns. For example, the community surrounding Lifton Gardens, wanted the Gardens razed.[1] The neighborhoods had gathered considerable political and financial impetus for this effort. A coalition of the Gardens' residents, legal aid, some staff of the local housing authority, and faculty and students at the School worked diligently over months to prevent this from happening. Diana and a faculty member from the School were deeply involved in this collective effort that, in the end, was successful. Thus, when we selected a community it only seemed logical to us that Lifton Gardens might be willing to invite us in.

We began with several principles. We would not do anything unless the residents or resident leaders assured us that it was

LIFTON GARDENS

in their interest. (A noble sentiment, but naive. Leaders, as elsewhere, are not of one mind and sometimes may not represent the views of their constituency.) We would not do anything preemptorily. (We tried very hard to be loyal to this, but occasionally opportunities and crises presented themselves and we had to act.) We would strive to work with the residents to help them make Lifton Gardens the kind of community they wanted — but on their terms. We would be appreciative of and work with the individual and collective strengths of the community toward this end. Part of the philosophy of the School, the strengths orientation, requires diligence, real faith, and hard work to sustain. The residents we ended up working with live under sometimes siege conditions, personally and collectively. The damage, trauma, and crises must be attended to. These occasionally swarmed our capacity to attend to the strengths and resiliencies of the residents. Our program has had over the years three essential components: case management and direct services to individuals and families; technical assistance to the Resident Management Corporation Board (RMC); and community development activities designed to strengthen the solidarity of and

[1] Lifton Gardens is a fictitous name. The other names in this account, except for Diana, are also fictitious.

connections within the community.

Diana and I went before the RMC Board to present our proposal. There were about 15 members present. Most were African-American women, but there was an Anglo man and an African-American man in attendance as well. I recall being extremely nervous. I had presented to many "boards" before, but there was something at stake here. At the time I was not sure what it was. In retrospect, however, I think it may have been that, out of some moral and professional necessity, I was taking the success of our proposal very personally. The Board members asked some hard questions of us. After all, service providers, program developers, funders, governments, and bureaucracies had disappointed and disarmed the residents before. Thanks to Diana and the School's recent involvement with the Gardens, it seemed likely that the residents would invite us into their community. And they did. I was elated.

It was important to the RMC Board members and to us that we would be on site. I cannot tell you well enough how different work is from the inside looking out, even though we could leave at night. (Residents would sometimes pointedly remind us of that reality: "Bad stuff don't ever happen here 'til nighttime. You-all are long gone by then." So, while we were inside, we were not "insiders," and it was important for us to acknowledge and respect that.) The residents readily accepted Diana. The community would wait to see how the rest of us were. Would we be trustworthy? Would we deliver? Would we work with and not on them? Surprisingly quickly, with some reserve, the residents began to welcome and accept us. At the end of our first year, the "Outreach" program had established a degree of trust in the community. The majority of the students were white. Unless students chose to make something out of it, the racial differences were usually less important to residents than matters of daily living. I remember, as we prepared to begin the fourth year of work, encountering Ms. Wilkinson, a matriarch in the community and no person to trifle with. She flagged me down and said, "You and Diana going to bring us some more of those good white students to work with us?" Damn' right, I said to myself. "You bet, Leona," I replied. Using her first name was not the thing to do. I was so heartened by her comment her name just spilled out. "How do you know my name?" "Well, you just look like a Leona to me." She laughed. I sighed.

RECOLLECTION AND REMINISCENCE

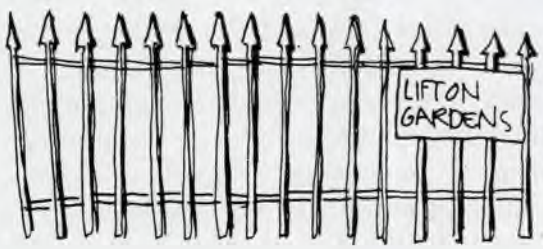
The Gardens

Lifton Gardens, if you squint, looks like a residential area with two and three story apartments of varying sizes. Made of red brick the buildings are unremarkable architecturally. To a casual observer the Gardens might appear as not a bad place to live. Once inside the complex, though, some elements of the topography struck me. I noticed that there were no flowers (this was late summer in the Midwest). There was little grass and a lot of scrabble. Dirt, weeds, and broken glass were prominent. Trash, leaves, and waste accumulated in the hallways and entrance ways of some of the apartment complexes. There were no people outside even though it was late mornings, sunny and not hot. As I recounted my promenade through the grounds, a friend pointed out to me later that I sounded more like a real estate agent than a social worker. Middle class biases aside, I wondered if we could actually help summon up a sense of community here. Perhaps I was, as any outsider should admit, unaware of the sense of community that already existed. Two things happened soon after we entered the community that suggested that my initial impression was off the mark.

The "Fence"

The Gardens had about 150 families, and some 400 individuals, many of whom were children. Most of the families were African-American, single parent—usually a younger mother, and in poverty, under-employed or unemployed. (Ms. Washington, who had lived in the Gardens since its beginning and raised 11 children, said it best: "This used to be a place where people of all races lived, where most people worked, where people trusted each other. But now it's mostly us Blacks, and too many young mothers, and too many people who don't work. And the drugs.") It would be hard to overestimate the individual and communal damage that drugs do in a community that has less access to a variety of supporting institutional

resources (churches, local schools, police, involved local merchants). And it doesn't take many dealers, who are usually outsiders, to terrorize a community—most often after dark. In response to an increase in drugs (drugs are a business and subject to variety of market and faddish fluctuations) and the crimes associated with dealing and using, the local housing authority through the Department of Housing and Urban Development (HUD) appropriated the money to build an electronic "fence" around the community. Each resident would have a card that could be used to open one of three gates into the community. Friends, relatives, and other visitors would have to contact the resident through an intercom system if they were to be allowed to enter, and their names would have to be entered in a roster so, if they caused trouble, they could be tracked. The fence, if you squinted again, looked attractive. Wrought iron and about 7 feet tall, it was reminiscent of the kind of tasteful deterrents/barriers cropping up around the country in more stylish "gated" communities. But the residents reaction was essentially: "Are they keeping drug dealers out? Or us in?" Many residents sensed it was the latter, although we were later to discover in a survey that security and safety were the major concerns of the residents. This incident was one of many, that demonstrated that a paternalistic impulse borne of good will is still paternalistic.



For people and communities who struggle to keep their heads above water economically, who are in effect sequestered by geography or prejudice, there is no end of programs designed on Broadway or the Beltway that are imported to the residents (or to clients of an agency) that have little effect but to assure those residents that they are needy, have problems, and cannot meet or solve these themselves. Worse yet, they don't work or they are withdrawn when appropriations run out. Paternalism is an attitude that is directly counter to promoting citizenship and participation. Programs devised without the knowledge and expertise of residents, no matter how well-intentioned, usually falter and fail. As I write these words, I find myself getting angry; angry at the way in which the fates of the poor and struggling are decided by individuals who have little idea who the people and communities they are addressing are. I also get angry at the gross and misshapen pictures of the poor that have become a part of too many local, state, and national colloquies about "What to do about them?" The current strand of thinking seems to be to make life even more difficult for the poor, to wage war on the poverty-stricken.

But it is not just anger that I feel sometimes, it is also anxiety that, in our outreach program, we will end up with the same preemptive, paternalistic style of interacting with the members of the community. With respect to the idea of the fence and its symbolism, I recently happened to see on TV Henry Cisneros taking a CNN reporter through several public housing developments in Cleveland, some rehabilitated, some not. As they toured one beautifully renovated community, the reporter asked about the fence surrounding it. Cisneros indicated that at first residents probably felt that they were being enclosed, they may now feel more secure because of the fence. I thought it might be worthwhile to ask the residents if they feel more secure because of the fence. Or do they feel more secure because they live in a neighborhood that has been built in such a way that it would be difficult for strangers to lurk about, appropriating hallways and entrances that cannot be seen until you are right upon them. Erving Goffman used to call these architectural angles, "lurk lines." Nonetheless, the fence at the Gardens, for good and ill, forever altered the conception of "place" for longtime residents, and further symbolized the separation between public housing and the surrounding neighborhoods.

The Car Phone

In our first year of operation, we were invited to the annual awards dinner sponsored by the RMC Board to honor members and agencies who have contributed to the life of the community in affirming and positive ways. It was a wonderful affair. Food and good will flowed bountifully. The students, for the first time, were able to see "the community" in

action. It helped that we—primarily thanks to Diana—were given an award for service as well. The students were a little apprehensive about being in the neighborhood at night. They had heard the stories, but the residents promised to make them secure and welcome. One of the students, Lorna, drove her van to the affair. She parked outside the community center where the banquet was being held. Being nighttime, some youth, not at the dinner, were hanging out. Lorna was a former mayor of a small community, prominent in that community and, as she put it, "hopelessly middle class." But in the few short weeks she had been working at the Gardens, like the other students, Lorna showed a remarkable ability to forge relationships with people in the community, a relationship borne of genuine and mutual respect. During the dinner, word came that her van had been broken into and her cellular phone stolen. The place was abuzz; the residents were embarrassed; the students' concern about safety became palpable. Lucille, one of the elders, indicated that we needed to call the police. She ran to the phone, dialed the police, and told the dispatcher, "We got trouble down here at Lifton Gardens. Someone broke into a van and stole a car phone!" (You might well imagine that, in the order of civil and criminal offenses, a stolen car phone in a public housing complex that is largely African-American and poor is not high on the law enforcement top 10 list of need-to-respond immediately.) Lucille understood that, too. She indicated that the van belonged to

a "White woman, a guest, from Elmwoods" (a fairly well-to-do middle class neighborhood in a suburban, mostly white, community). Lucille knew her stuff. Five—count 'em—five squad cars appeared, sirens blaring and lights blinking. Later, Lucille and others allowed as to how difficult it was ever to get the police to respond to their calls for assistance, unless the problem could not be ignored, like a shooting. Never did they mention the word racism. Rather, they saw their plight clearly and accepted it with an aplomb that is difficult to imagine occurring in, say, an Elmwoods.

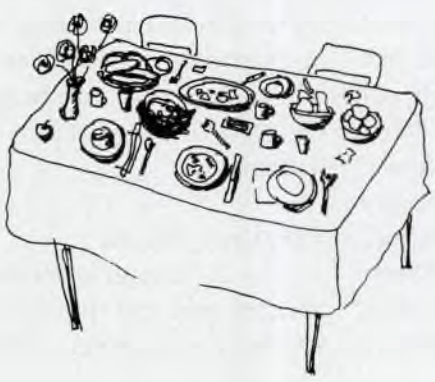
The burglary had two interesting upshots. Lorna, naturally, was shaken by the event. Was it a foretelling of dangers and assaults to come? She also worried that her husband, a lawyer, might insist that she find another less risky placement. She and the field supervisor drove around for about an hour to calm down and also to try to figure out how and what to tell her husband. She eventually mustered the nerve to tell him the truth, but with the assertion that she wanted to stay at the Gardens and would not consider leaving. He was upset but didn't push it. A week later, while he was at work in the downtown area, his car in the company parking lot was broken into and, guess what? His car phone—gone. The young man who took Lorna's phone had a long history of trouble. One of our students, Matt, a firefighter by trade, agreed that he would work with the young man, Rudy, to help him begin righting the course of his life. They worked together even after Matt's placement was over. It was difficult, not always successful, work. By the way, the car phone was returned when Matt first met Rudy and they agreed to work together. Matt and Rudy both knew the odds against a young African-American male with a rap sheet making it. But they both made a moral commitment to try.

To me, these early stories and happenings represent the difference between being with people and doing things together, trusting in each other to do as well as we can, as opposed to doing things for and to people because you know what is right for them. And, in myself, I find a similar tension, whether it is in teaching, in this work, in administrative duties, or volunteer activities. Sometimes, I think I know what needs to be done and am tempted to do what I must to make certain that it does. But almost always when I act pre-emptorily, things do not turn out as well as they might—in the long run. On the other hand, working collaboratively, eye-to-eye, or as Friere requires, in humble, loving dialogue, can be frustrating, a seemingly endless path. What eventually turns out or up, however, is well worth the patience and endurance.

Breaking Bread

A former community organizer told me during our first year of the importance of break-

ing bread with constituents, consumers, and residents. Eating together, enjoying a meal puts us at the same table, encourages talk and sharing, and is almost always organically good. He was right. All of us loved the times we spent with residents at the table, or in chairs juggling paper plates heaped with food. No matter how close your relationship is with individuals and families, having a meal together allows each to see and appreciate the utter and shared humanity of all. The best meals, and we had many occasions each year to break bread, were potluck. Individuals and families brought delectable and bountiful treats to the table. These were truly feasts. Two years ago, at the end of the year on the occasion of the students leaving, some of the elder women wanted to have a lunch to honor the students, (I was always gratified to see how close students and residents became, and how some students maintained their relationship with some residents over the years because they had become genuine friends.) For 24 hours they cooked, baked, assembled and that afternoon a banquet was put before us that would have embarrassed any haute cuisine. We sat for hours laughing, sharing stories about our families, reminiscing about the past year's trials and triumphs. To me, this is an outcome measure of extreme potency. Breaking bread, at another level, seems to me to be an apt metaphor for other interactions. Projects that students, staff, and residents created—a street fair, a talent show, a Kwaanza celebration, a Black history month celebration— to me developed into a kind of a homespun, modest praxis and a symbolic breaking of bread together.



Polaroidô.

In the second year one of the students began to take pictures, candid camera shots of events, everyday activities and events, a visual archive of what was happening in the Gardens. Women dancing and moving during the aerobics class (a minigrant project), children coming home from school, residents and students enjoying a Thanksgiving repast, students and parents handing out gifts at Christmas. But most of the shots were cameos of all the children and adults who came our way.

We plastered our windows with them. One day, one of the mothers was seen taking down a couple of pictures, one of her and one of her children. Of course, the initial response was that something is wrong here; this is not a good thing to do. But here's the story. Most of the parents and kids had never had their picture taken and had no

photos of themselves in their apartments. These Polaroids became a treasure, a revelation. Imagine that. We take the family photo album for granted, as expected as a piece of furniture. But never to have had a camera, or never to have had the wall of a room dappled with pictures of children, friends, parents, or lovers is almost incomprehensible. So the student with the Polaroid became the visual biographer for the Gardens that year. The hunger for this record, the sheer pleasure in receiving it, would be difficult to overstate. How much else in the life of the poor is missing because of lack of money? How many opportunities for family celebration are lost because of lack of money? How many family excursions are not taken because of lack of money? I think to myself: Add these all up and, in their summation, how do they conspire against family solidarity and comfort?

LESSONS FROM THE 'GARDEN'

Reflecting on the days, months, and years of our project, I draw a number of lessons.

Capacity

In an agency setting, a bureaucratically sculpted organiza-

tion, it sometimes is difficult to see and appreciate the competence, the skills, and the assets of both colleagues and clients. Often, the veil of social role and job dimension requirements is thrown over our eyes and we cannot see the person as clearly as we might. In the community, you must see the person or you cannot become a "member." Something that enthralls me are two seemingly antagonistic perceptions and insights. First, the dailiness of troubles for people struggling in poverty cannot be overstated. It isn't just not having enough money—that's bad enough in consumption-crazed culture. It is being labeled as "poor" or "underclass" and, thus undeserving. Worse yet, the "poor" are frequently dismissed by officialdom: social workers, teachers, police, physicians, and government officials among others. It isn't just being disregarded but segregated as well. Not just the segregation of place; this is the segregation in the public mind, the dismembering of a "citizen." We drive by the hundreds of Lifton Gardens in this country and shut our civil and moral senses to the people who live there in real time and real space—a drive-by "snooting," in effect. Second, however, once in the community one comes to know in short order not just the troubles, the trauma, the crises, the weaknesses of spirit and flesh, but the extraordinary capacity of people who confront adversity more often than they should. The strengths come from not just dealing with adversity, but also from people's own inner resources and knowledge: traits and virtues developed along the way. When first in the community, I struggled to see beyond the problems—whether it was drugs or disorganization, or just the mighty battle against the erosion of spirit and energy that alienation and poverty can set loose. But being there, with the guidance of Diana, I shortly came to see and appreciate, as the students did, the bounty of resources and skills in the residents.

LaShawn, with a history of being abused as a child and being battered and beaten by men in her adult life, mother of two boys with an array of learning and physical problems, and herself with a number of medical problems, takes leadership of the RMC Board. Her intelligence and dedication to the community quickly become apparent. For three years she guides the RMC with a steady, sometimes stern hand. The Board becomes a viable entity. Diana and the students help along the way, but it clearly is LaShawn who is doing the driving. Without compensation, LaShawn worked 30-40 hours a week on Board matters. In that time, the food pantry thrived, the thrift shop was a going concern, and each unit had a tenant organizer to trouble shoot, meet needs, and keep people informed.

Ms. Washington who had raised 11 kids, 8 of whom have survived and all of whom are financially independent, is now in her 80s but still active in the community in a quiet way. No matter what goes on around her, the porch in her little apartment—spring, summer and fall—is festooned with flowers and plants. Her faith and religion are what she claims keep her going and what kept her children out of trouble. "I was always there; made sure that we ate every meal together, and I read from the Bible every night." A student's cleverness encouraged Ms. Washington to impart a little of her wisdom to others (which she did informally). We had a mini-grant program where residents could get up to $200 for a project that a panel of students and residents determined would benefit the community. The student urged Ms. Washington to follow through on her idea of having a Bible study class by applying for a mini-grant to buy Bibles and refreshments for such an endeavor. She did. The "club" met every week and Ms. Washington dispensed to young and old alike a little of her folk wisdom about raising children successfully. The student thought that would happen.

Willie had five children, the oldest almost 6. I can only believe that in the eyes of pro-

fessionals and politicians, she would be a walking advertisement for ending welfare as we know it and getting tough on teenage mothers. No doubt Willie is in for it as her children grow and she contends with poverty. But Willie was a remarkable mother. Tall, lithe, and extraordinarily beautiful, she gave all of her kids unqualified love and attention. Her apartment looked as if it has been hit by a clothes and toys bomb, but that is not the point. The point is that Willie made a home for her kids. She also was smart enough to know that she should not have any more children. At one point, an old boyfriend and father of one of the kids called and wanted her and the children to move in with him. He was living in a large metropolitan area 600 miles away. Willie pondered the offer. The idea of having a father and a helpmate was seductive. She decided to go, knowing the risks. She borrowed an old car. The car had no front seat so Willie installed a wooden chair on the driver's side, packed up the kids and drove west. Imagine that 600 mile drive—with five little children. At any rate, she made her destination. In two days she realized it was not going to work out. She packed up the children once again and headed home. Her mother offered to take her in, to get her out of public housing. But Willie did not want to impose that burden on her mother who is not well. She wanted to make it on her own. Who knows what help she will need along the way? But whatever help is extended, Willie's considerable strengths, ingenuity, and capacity for love must be the centerpiece of work. By the way, Willie was 21 years old.

Lorenzo is trouble. Argumentative, wily, suspicious, he has been involved in the community for years, but much of his involvement is based in serious self-interest. Lorenzo is smart and is dedicated to a cause. He has become a Muslim. He believes—when he looks beyond his own gains—that the strength of the community lies in developing a strong, even militant spirituality. He has a theory of poverty that, while it might sound to a casual listener like a seedling of paranoia, has a lot of plausibility. He is slow to trust our outreach effort, thinking that perhaps we are another of the occupying forces of the housing authority. He knows —he is not wrong here—that a lot of service providers, individuals, and institutions make money off poor folks and do not deliver. Lorenzo and I talk a lot. He can infuriate me, but I know that there is a powerful intellect at work here, a curiosity about the way the world works. If Lorenzo were somewhere else he just might be an "official" scholar. In his own way, he is committed to the community even though he, too, makes a little money off the poor. "I am poor. I know what it's like and when I take money I know I am going to give it back." Whether he does or not, Lorenzo is a man making intellectual, moral, and financial capital out of being poor.

So many stories could be told of the hundreds of acts of kindness, intelligence, and courage that help to make the Gardens a neighborhood in a battle zone. If I lived in the Gardens, I would be hard-pressed to do as well as some of the residents do. As workers and policy-makers, we need to understand how they do it, to support it, and on the basis of what they teach us develop ways to support their hopes and visions—apart from public housing.

Students, too, amazed me with their aplomb and strength. Our "agency" is a hymn to flexibility, looseness or, shall I say, disorganization? Many first- year students find that discomfiting, if not baffling. Being in a public housing complex also immediately raises concerns about safety. Most of our students are middle-class and white. They sometimes come with the same biases about public housing so plentiful in the larger society: drugs, danger, disorganization, and destitution. Other students, both White and African-American, have come from relative poverty, a few from public housing. In some cases, these students had a different sort of conflict. They had come out of poverty, relatively speaking, and in their hearts initially wondered, if they made it why couldn't these individuals? Or they had come away from poverty and now had to be reminded of how it can grind your face into the ground. Nonetheless, the students, with very

few exceptions, and not without some anguish and pain, found themselves devoted to the residents they encountered, felt in some nearly ineffable way connected to and a part of the community. I cannot possibly do justice to all the students here but I hope a few brief vignettes will give the reader a sense of the hopes and fears, energy and excitement, frustration and glory, ingenuity and capacity of these students.

Nikki, who does not take "no" for an answer, is working with Ms. Wren. Ms. Wren weighs about 300 pounds and has numerous medical problems. Most of the time she is chair-bound or bed-ridden. Her two older sons try to take care of her but have their own troubles to attend to, so their care is unreliable. Ms. Wren doesn't trust doctors but, even if she did, she can't get to the clinic. After many weeks of work, Nikki finally gets Ms. Wren to go to see a doctor. But how to get her there? In the end, Nikki brings her, pick-up truck and a ramp. She wheels Ms. Wren into the bed of the truck, lashes her in, makes her comfortable, and off they go. As an aside. Ms. Wren lived in an apartment that was not handicapped accessible. Nikki with help from Diana got that changed, too.

Ray is a bear of a man but has the soul of a shaman. He is working with a single father who has a teenage daughter who is going through some difficulties at school. Earl, coming off years of struggle with alcohol, is frail, and has many medical problems that Ray makes sure are attended to. But it is his concern about his daughter and about being a better parent that bring Ray and Earl together. They spend hours with each other—on the grounds, in the car, in Earl's apartment—and as time passes you can see Earl take on some of Ray's spiritual heft. He gains more confidence and begins to strengthen his relationship with his daughter who begins to calm down at school. Ray and Earl have become friends, bound in the heart and spirit. In the summer, after Ray has gone, Earl dies suddenly. Ray has lost a family member, and like one, does what he can to help the rest of family face this transition.

Jeffrey is young, bright, activist by inclination, and in his budding career wants to bring law and social work to bear in helping individuals and communities where poverty is the rule. He is with the program for three years. During that time he works with the city-wide resident council composed of resident leaders and presidents of RMC Boards. This is a critical group politically if the residents are to have a significant voice in the affairs of city government and the housing authority in matters that relate to the quality of residents' lives. These are all women, many elders, very strong in their own ways. But the group has languished and floundered and they face a critical juncture. The housing authority is going into receivership thanks to a class action suit brought by Legal Aid. The voice of the residents must be heard clearly during this momentous transitional period. Young, innocent-looking (looking but not acting) Jeffrey, along with the lawyer who brought the suit to Federal court, works with this group over months, and helps guide them to a position of purpose and strength. Jeffrey knows that the coalition is fragile but leaves also knowing that they have new knowledge, resolve, and have experienced success (they did manage to have input in the selection of a receiver). Wise beyond his years, Jeffrey leaves us with the admonition that unless we become more politically active, nothing is going to change. He may be right.

Deena is African-American, dramatically beautiful, young and not at all sure she wants to be in this placement. After all, she later explains, "I came from this. I came from a life of poverty and abuse. I do not need to relive it." This after three months of not seeming to take hold. It now is too late to change her field placement. Anna, the Ph.D. student acting as field instructor, a woman of great calm, exceptional insight, and patience helps Deena confront her fears, remembrances, hesitations. She manages to get Deena connected to a young woman about Deena's age who has gone through some of the same turmoil Deena is facing but who may be subduing her turmoil with alcohol and

drugs. Reluctantly, Deena begins to engage Lynette. Soon, they are taking long walks together, discussing everything under the sun. Their troubles become less of a focus as they mutually crafted a plan to become more healthy and whole, more assertive, more knowledgeable and respectful of their African-American heritage and of the strengths of Black women in particular. At the end of the year, as a kind of ritual celebration of their journey, and as part of a street fair in the community, Deena, Lynette and other women and young girls in the complex put on a fashion show of African-American clothes. A stunning exhibition, I think to myself of the chrysalis of pain bursting into the beauty of identity.

I could have told 25 other stories. Stories about the determined feminist orientation of Marie, another Ph.D. student/supervisor whose commitments meant so much to some of the women residents. Stories about Lorna's capacity to embrace so warmly all of the residents she met. About Mitchell's work with young men fighting to get right. And, of course, about Diana's steadfast and remarkable presence through all of these years. I think you get the idea. I must also say these are my recollections and I bear full responsibility for them.

CONSCIENCE AND A SENSE OF THE COMMON

The anger I described earlier might best be understood as indignation. To see the effects of our attitudes about, our theories of, our research into, and policies around the poor is to be morally affronted. We still think that being poor is primarily a result of individual characteristics of those in poverty. Researchers delve into the attributes and personalities of the poor. Politicians make hay out of assertions that the poor, especially those on welfare, are bleeding the system dry and with purpose. Citizens' views of the poor are framed in fear and anger, propelled by unflattering and debasing labels, often code words for race. As a society, at many different levels, we scapegoat the poor, often, as Herbert Gans points out, displacing larger problems and concerns onto them where they seem more manageable and in safe remove. If the family is falling apart, it is because of the increase of teenage pregnancy, especially among African-American females. If the budget deficit is growing it is because the undeserving poor have attached like leeches to the veins of the welfare system. If crime is growing in the inner city, it is because poor families (read African-American) are disreputable and disorganized and because their children drop out of school and deal drugs. The current designation or, rather, label that sticks in the minds of the media, politicians, and social scientists is underclass. This creates a powerful image, often racial depending on the user, of a people apart and beneath the rest of us, apart civilly, morally, psychologically, and behaviorally. If they are apart, of course, it is of their own doing. Rarely do we look at the structural, historical, political and social forces that, in our society, assure that "the poor you shall always have among you." To demand that the welfare mother go to work when the job market is shrinking wildly in her part of the country is nothing short of, well, nuts. But, in the end, to disparage the poor is to not know them; to not be aware of or familiar with the fact that they are like us. They have virtues and strengths, weaknesses and failings. They have triumphed and fallen from grace and redeemed themselves. Their stories are our stories. They are us...except they are poor.

To work in the community, as student or professional, is constantly to be aware of peculiar moral tension. Jeffrey, at the end of this year, said it in an essay he wrote for my community development class. There is perhaps an irresolvable conflict between working from a strengths perspective and working to organize a community. In the former instance, we are in danger of forgetting the political and social realities that shape and nurture poverty. Maybe we are even in danger of playing into the hands of those who would hurt the poor by insisting they either lift themselves up by their bootstraps or suffer the consequences. In the latter case, our work is driven by the need to appreciate and be

keenly aware of the structural factors that grind the poor down.

We must commit ourselves principally to act against those forces. To do that means mobilizing the poor and their friends and confronting directly the policies and practices that separate, discriminate, and oppress. I am not sure that this is the way to describe the tension but nonetheless there is a sense sometimes of doing the trivial when only the heroic will do.

There is another source of discomfort. We do not want to fall into the Rousseauian trap of romanticizing people who are poor. Appreciate and understand we must. We also must clearly see the situations before us. Two female students this year, fragile in appearance but strong enough in will, were accosted by a man whom they knew, wielding a knife. He had them alone in our apartment and spurred, at least, by alcohol, threatened to show what he could do to them with the knife. Fortunately, Diana entered the apartment and intervened, tossing the man out on his ear and calling the police. Some of the residents were upset at her for the arrest. They regarded Jacque (the assailant) as innocent enough. Diana's attitude was that anyone wielding a weapon and full of alcohol has lost his/her innocence.

So we must hone our conscience as we work in the community. No matter what the focus of our work, whether it is building on the assets and strengths of members of the community toward making the community a little stronger or whether it is helping a middle-aged man get his VA benefits, we do well to develop the capacity for critical consciousness. This is a state of mind, a condition of perception, a framework for cognition, and a moral complexion that directs us to be aware, no matter that we are helping Jaime learn how to drive so he can apply for jobs, but there are institutional reasons Jaime is going to have trouble getting a job, reasons that extend far beyond the modest domain of his life. To be indignant, not angry, is not to be paralyzed or overwhelmed at the scope and dimension of poverty but to be motivated to do whatever has to be done within the limits of one's time and energy to assist people, together and singly, to move down a path toward a better life. To not act because one awaits the valiant impulse, the moment for the sweeping gesture, is to demur, albeit dramatically. But I worry, usually late at night, that being in the Gardens, whatever the auspices or intent, only reinforces the status quo.

A sense of the common goes a long way toward helping one work in the community—the moral disharmony described above notwithstanding. I think that a sense of the common involves many subtle appreciations and skills. The students who did best seemed to either have or develop it. Of course, I hope I have it, too. At the least, "closeness to the people" is a requisite. By that phrase, I mean a disposition to work side-by-side, hand-in-hand, to obliterate obvious class, racial, ethnic differences in the service of "being there." We honor and respect the folk wisdom laid before us. We appreciate the tempo, rhythm, and meanings of another's world and are more than willing to partake heartily of that world.

The second meaning of a sense of the common is what we would expect. Anyone doing

work in the community should have common sense: A set of capacities, attitudes, inventions, ideas, and behaviors that point one on the direction of the most practical, the most relevant, the most interesting, and the most consequential ways of doing something or achieving a goal. Ralph Waldo Emerson said, "Nothing astonishes [people] as much as common sense and plain dealing." One of the most common of the attributes is the capacity of for caring and connection. Whatever else it may be, work in the community is about being able to establish relationships, to connect people with each other, to express caring and steadfastness in the dailiness of the experience. All else flows from that.

A FINAL WORD: CITIZENSHIP

We work, when it comes down to it, to establish the citizenship of the disaffected, disowned, and alienated. Eventually, citizenship is secured by policies, practices, and laws that ensure full rights and responsibilities for all. Most of the poor people in this country are not in fact or in effect fully endowed citizens. Michael Walzer argues that to be without membership is to be in a condition of infinite danger. Our program cannot bestow citizenship but we can help assure participation, connection, and access; we can assist in the strengthening of personal and communal assets and resolve; we can advocate for; we can help create small venues in which citizenship is experienced. But I and others must face the fact that there will have to be a cultural, social and institutional change of heart about people who are poor and about poverty before citizenship is a palpable reality. Until then we live with the discomfort of falling short. We also live with the remembrance and reality of the courage and patience of the people and families who are the faces of "poverty." □

MAKING THE MOST OF BREAST CANCER

The narrative chronicles my reactions as a health care consumer receiving treatment for breast cancer and how self disclosure of those experiences has positively impacted classroom teaching.

By Yvette Murray

Yyvette Murray, Ph.D is Associate Professor, Southwest Texas State University, Walter Richter Institute of Social Work, San Marcos TX.

With the beginning of the fall semester only days away, one of the essential items on my "to do" list is a trip to Jodie's Coiffures. As Jodie cuts my hair, she remarks that it is very thick and needs thinning. She jokes about how this time, two years ago, she felt guilty about charging me for a haircut because I had so little hair. Jodie intends to be complimentary, but her comments produce an all too familiar knot in the pit of my stomach that happens when I recall the most frightening experience of my life.

There was no warning that anything was amiss. I felt very healthy and energetic, as I waited my turn for a mammogram. The weather was warm and sunny, and I resented having to spend time in the clinic on such a beautiful winter day. It was also one week before classes were to begin, and there was still much work left to be accomplished. Since no one in my family had ever had breast cancer, the examination seemed to be an inconvenience simply to please my gynecologist. After completing the procedure, I left the clinic feeling confident that the matter was resolved for another two years. Three days later, the clinic called and asked me to return for more x-rays, stating that the previous ones were unclear. That explanation sounded peculiar because the technician had checked the film before I had been allowed to leave the clinic.

Since there was no point to hassling the receptionist, I made another appointment. This clinic visit was very different; the procedure was painful and many more x-rays were taken. By this time, I was suspicious and asked to speak to the radiologist. I was told that he was very busy. When it became apparent that I was not leaving without an explanation, the radiologist appeared. He perfunctorily informed me that I had a lesion in my left breast and would need a biopsy.

The news that I needed a biopsy was unsettling, but I was still not unduly concerned because I thought that only women with a familial history of breast cancer were seriously at risk. My assumption was that I probably just had a cyst, or that the lump was scar tissue from a softball injury. With the semester beginning, I wanted to get the problem promptly dispatched. Both my primary care physician and gynecologist recommended the same surgeon.

I was pleasantly surprised that the surgeon was a woman. Her office staff was very friendly and helpful in arranging an appointment that did not interfere with my teaching schedule.

Several days before my appointment, I went by the radiology clinic to pick up the

mammogram films for the surgeon to review. They handed me the x-rays in a large unsealed envelope. Before driving away from the clinic, I sat in the parking lot and opened the envelope. The words in the radiologist's report leaped off the page - a two centimeter lesion having the characteristics of carcinoma! At that time, my world turned upside down, because to me, breast cancer equaled death. I was familiar with the grim statistics that over 46,000 women die annually in the U.S. from breast cancer. My fatalistic outlook was also colored by the propensity of the news media to hype sensationalistic accounts of deaths from this insidious disease. Success stories about women surviving breast cancer are far less prevalent.

The ensuing days before the biopsy were filled with suffocating fear. None of the relaxation techniques that I used as a social work practitioner were effective. I could not eat, sleep, or concentrate because a red neon sign kept flashing cancer, cancer, cancer in my mind. The opportunity to verbalize my terror would have lessened its impact; however, I could not unburden myself to friends or colleagues because my illness had triggered their own mortality issues. To retain my sanity, I continued to teach until the day of the biopsy. When the pathology report confirmed breast cancer, it was not a surprise since neither my personal physician nor the surgeon had held out any false hope.

The days following the biopsy had a sense of unreality about them. How could I possibly have breast cancer? There was no palpable lump, no overt symptoms! I felt as if I were sleepwalking through a dream from which I would eventually awake. As I planned with colleagues to cover my classes and made decisions about the type of surgery to undergo, it was as if someone else were doing these things. When the day for surgery arrived, there was some relief in that I was taking steps to resolve the problem. This sense of relief was short-lived, when the morphine haze wore off, and I became fully cognizant of the extent of the five-hour operation. In addition to a modified radical mastectomy, I had chosen to have reconstructive surgery at the same time to avoid two separate surgeries with general anesthesia. Mistrustful of implants, I had opted for a procedure in which abdominal muscle and tissue is used to reconstruct a breast. As a result, I was dealing with both the mastectomy and major abdominal surgery. It was excruciating to cough or sneeze, and getting out of bed required four-letter words and considerable loss of tooth enamel. I tried to rationalize that the misery was worth the price to get rid of the cancer, but then came more bad news, the cancer had spread to one of the lymph nodes. When the oncologist explained the details of the post- operative pathology report, he mentioned that my chances of being cured would improve if I took chemotherapy and Tamoxifen. That was the first time anybody had mentioned that there was a possibility I could be cured! That ray of hope enabled me to endure the miserable treatments that were to follow. On many occasions in social work practice classes, I had spoken of the need to instill hope in clients. The importance of this message, previously delivered on an abstract level, came home to me in a very personal, intimate way.

When I was able to leave the hospital, I found out firsthand the true meaning of a support network. My freezer had been stocked with casseroles for lunch, and every night, a friend brought over a hot meal. After days of nausea in the hospital, the home cooking really helped me recover some strength. Friends took turns taking me to doctors' appointments, picking up prescriptions, and keeping my furry housemates in cat chow and kitty litter. My social work buddies all pitched in to cover my classes and advising responsibilities. They continually reassured me not to worry about the students, and reminded me that my job was to get well. Even though students were not given my unlisted telephone number, some resourceful individuals still managed to call me, while others sent cards and flowers. Being on the receiving end of caretaking for the first time in my professional life taught me valuable lessons about the practical necessities of support systems. Additionally, the tremendous validation of my personal worth,

which I received from such a wonderful support network of caring friends, colleagues, and students, gave me a heightened sense of purpose about teaching, and the courage to use to my experience as a health care consumer when I returned to the classroom.

In the weeks following surgery, I was faced with decisions about adjutant treatment. At issue was whether to take six months of wretched chemotherapy, or simply take Tamoxifen, whose main side effects are hot flashes. While agonizing over the decision, I consulted with my surgeon and two oncologists; however, they were not proactive in supplying information. If I knew the right questions, I received explanations. Nothing in my previous life experience had prepared me for this situation; consequently, I did not always know what questions to ask. Facing decisions with such serious implications without adequate knowledge only exacerbated the profound sense of helplessness that I felt in dealing with a life threatening illness.

With the tantalizing hope offered by my oncologist that chemotherapy would improve my chances of being cured, I agreed to undergo this ordeal. In retrospect, "ordeal" seems too lenient a description; chemotherapy is barbaric! In the clinic where I received the treatments, patients had little choice but to line up in rows of chairs spaced no more than two feet apart, with as many as a dozen people receiving intravenous drips simultaneously. It was terrifying to see other emaciated patients who could barely walk and wonder if they depicted my future. Probably, it was also depressing to them as well to see me in comparatively good health.

The seating arrangement in the chemotherapy room also precluded any privacy. With the chairs so close together, I heard all about other patients' bad veins, low blood counts, and miserable side effects. Perhaps, I am being too polite by referring to this deplorable situation as simply a lack of privacy. It was inhumane! Under guise of "we are trying to save your life," there was little respect for the dignity of the patients. When repeated injections of corrosive drugs made the veins in my hand and arm unusable, I had to have a catheter surgically implanted in my chest. This catheter was exposed while I received the intravenous treatment, which meant sitting with my blouse open for the hour it took to complete the drip — in full view of other patients and their family members, both male and female. When I confronted my oncologist, a senior partner in the clinic, about this communal misery, he replied that the staff had taken a poll which indicated that it was good for the patients to be together for treatment. Good for nurses, maybe, because they could easily monitor everyone, but I surely did not see any camaraderie among the sufferers. Obviously, allowing patients some modicum of modesty was not an important consideration to the medical staff.

Another problem with the chemotherapy was that despite repeated queries, my oncologist never fully disclosed the side effects and efficacy of this treatment/torture. I knew there would be hair loss and nausea, but I was not prepared for the extreme fatigue, painful mouth ulcers, and persistent bone and muscle aches. Had I known that these side effects were likely, and would become progressively worse during treatment, I would not have tried to resume a full work schedule. Only sheer stubbornness enabled me to finish the semester. As the side effects worsened, I consoled myself with the notion that the chemotherapy was working, only to find out that there is no scientific way of evaluating its effectiveness in destroying latent cancer cells. My oncologist belatedly admitted that the chemotherapy is assumed to work if the cancer does not reoccur!

And then there were other unpleasant surprises. After a couple of months of chemotherapy, laboratory tests indicated abnormal blood sugar, cholesterol, and liver function. With my confidence already badly shaken by cancer, these findings only increased my terror, especially, when the oncologist was evasive in answering questions. Later, after I was physically able to do some library research, I eventually learned that chemotherapy attacks all body systems, which, in time, generally return to normal. A considerate explanation at the time would have alleviated this needless source of anxiety

The journey back to wellness has taken one year for physical recovery and an addi-

tional year for some semblance of psychological health. While I no longer wake up thinking of breast cancer, news stories and quarterly checkups still bring back the fear. Unfortunately, there is no closure with breast cancer. Unlike other forms of cancer where five-year disease free survival is considered a cure, breast cancer may return many years later. In dealing with this dilemma, there is a choice to be made — I can be a victim or a survivor. The former implies accepting powerlessness which is alien to my nature. In the psychological struggle to be a survivor, the challenge is to live provocatively, as opposed to living reactively with the knowledge that if the cancer reoccurs, I will likely die from it. For me, the key to winning this psychic struggle has been to find value in the experience of having breast cancer.

The past two years have been a period of reflection and growth which have directly affected me as a social work educator. Facing a life-threatening illness provides the focus to sort out what is genuinely important in life, and I discovered how much I truly love teaching. I also realized that the difficulties which I had encountered as a cancer patient provided valuable insight which would be useful in preparing students to be social work practitioners.

Before I could translate my experiences as a health care consumer into classroom learning opportunities for students, I had to first overcome feelings of embarrassment at having had breast cancer. Intellectually, I knew that there were no rational reasons for these feelings, but emotionally, I understood why women have kept breast cancer a secret. For me to overcome the mental stigma, I had to come out of the closet. Early attempts at disclosure involved speaking at Herstory, a lecture series on topics of interest to female faculty. Initially, I almost choked when uttering the words breast cancer in public, but the response from the audience was very warm and encouraging. Afterwards, several faculty members privately shared their own personal experiences with breast cancer.

Buoyed by the positive audience response at Herstory, the next step was disclosure in the classroom. How much should I tell the students? Would disclosure facilitate learning or be a distraction? As I agonized over these questions, an inner voice kept whispering - do you really want to be known as the professor who has had breast cancer? In resolving these concerns, I tried an incremental approach. The first course in which I summoned enough courage to share some of my experiences involved social work with the aging. At the juncture in the course when the focus was on death and dying issues, I mentioned that I had faced a life-threatening illness. I explained how important it was to me at that time to be able to discuss with an empathic person, my apprehension about the process of dying. I also shared my fears about being in a debilitated state without an advocate to see that my living will was respected. At first, the class was unusually quiet, but eventually several students related emotionally moving experiences concerning the deaths of elderly family members. Since death is usually discussed in abstract terms as something that happens to other people, I also decided to personalize the issue by having the students write their own will. Class feedback on course evaluations was quite positive. Students commented that the class discussions on death/dying issues and the assignment to write their own will had made them more comfortable with the idea of working with clients who are nearing the end of their life.

In the aging class, I skirted the nature of my health problems by simply referring to a life-threatening illness. The following semester, I fully emerged from the closet and named the villain in two advanced practice courses and an elective class on health care. By disclosing my reactions to the diagnosis of breast cancer, students seemed to grasp a better understanding of crisis intervention techniques, and the psychosocial connection between mental and physical well being. One student remarked that discussing intervention theories had not been boring!

Thus far, it appears that my concerns about self disclosure in the classroom were unfounded. Rapport with students has never been better. By confiding in the students, a learning environment is created in the classroom whereby students are more willing to take risks and confront their own personal issues. Student feedback indicates that by relating my experiences with breast cancer, I have become a real person to them as well as a teacher. Perhaps, that it is what modeling genuine behavior is all about.

Although dealing with breast cancer has been frightening, it is consoling to find that this ordeal has positively impacted my abilities as a teacher. When I discuss social work values about respecting the dignity of clients and their right to self determination, I can awaken students to the importance of these values by relating my own experiences as a patient. There is also passion in my voice now when I mention advocacy in class, which communicates to students the realization that as social workers, they may be the client's only resource in an indifferent service delivery system. Since self-disclosure has been so effective as a teaching tool for me, I have encouraged other social work educators to consider sharing their own life experiences with students — in doing so, communication in the classroom becomes truly empathic, and ethical concepts move from the abstract to real life.

In making the most of breast cancer, where do I go from here? In a recent conversation with one of my doctors, he pointed out that while I have been primarily focusing on social workers, it is the medical establishment that really needs to hear from me. I have taken his advice and volunteered to be a presenter on women's health issues at conferences which target all types of health care professionals. And just maybe, if I am persuasive enough, some patients will receive a little more kindness and respect, and perhaps be treated as an active partner in their own health care. □

MY EXPERIENCE IN THE STREETS OF LAREDO

It is important for me, to help people understand that Hispanic culture does not perpetuate high-risk behaviors associated with AIDS. I think that the social science community lacks a real understanding of how assimilation, economics, and individual experiences can play such an integral part in people's behavior. To compress the norms of a culture to explain a phenomenon such as AIDS is impossible and irresponsible. My research in Nuevo Laredo , Mexico has importance to me because I am Mexican-American. It was my interest in AIDS research and my love for Hispanic culture that drove me to investigate the AIDS epidemic and the professional response.

By Cesar Madrigal

Cesar Madrigal is Assistant Professor, Department of Social Work, Illinois State University, Normal, IL.

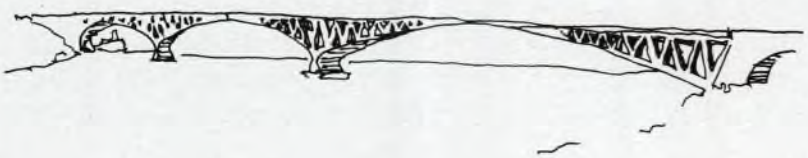
Jorge Quillan was Co-researcher in the project.

NUEVO LAREDO

As a professor in the Department of Social Work at Illinois State University, I am not given much chance to think about the country that my parents are from: Mexico. It has been five years since I have been back to the city of my family's origin, Nuevo Laredo in the state of Tamalipus, a northern state just south of Texas. This is a gateway city separated demographically from its United States sister city Laredo, Texas, by the Rio Grande river. The separation between politics and economics, however, is more noticeable. The international bridges between these two cities are continuously congested with commercial trucks, busses, and the everlasting flow of human beings on foot, bicycle, and automobile all going to and from Mexico and the United States.

The economic shortages are quickly observable entering Nuevo Laredo: they are directly seen in the eyes of the children that either sell goods or beg in the busy streets. It is also symbolically noticeable, as the shops and markets advertise marginally acceptable goods. The weathered fruit, the discolored felt sombrero, the unplayable Spanish guitar: all barely catch the eye of an American tourist. The mariachi music that pedestrians hear in the distance is a reminder of another Mexico, the romanticized one that is still maintained in many tourist-flooded cities such as Cancun and Puerto Vallarta. Because of political and economic circumstances, however, Nuevo Laredo is denied the physical and cultural beauty that exists in these other cities. It is a desperate land where importers and exporters are the economic lifeblood. The dependence upon American commerce and tourism is great. Events in both countries' economies impact every single moment of existence, from the price of a taxi cab to the availability of milk.

I teach courses in human behavior to social work students at Illinois State University. My role as a researcher focuses on HIV/AIDS concerns, which originated when I was a college student in the early 1980s. While in college, my professors remarked that HIV/AIDS was a global crisis and that the U.S. government, under President Reagan, was moving too slowly in responding to it. In the next decade, I recalled those remarks as I saw the number of cases double, triple, and reach the staggering numbers that



they are at today. A colleague of mine was the first person I knew personally infected with HIV. He was a young, talented therapist and my friendship with him motivated me to understand this social problem.

Working for several years as a substance abuse counselor, I have seen several clients living with AIDS. It disturbs me that our government continues to move slowly in finding solutions to the various related problems that have emerged as a result of the AIDS crisis.

I have been involved in various research endeavors, studying Latino issues associated with AIDS. However, my focus had been on Latinos living in the United States. My goal in these past studies was to investigate the various factors that contributed to the high rate of HIV transmission among Hispanics. A recent research project on AIDS and Latinos, however, gave me the opportunity to return to Nuevo Laredo in a role that I had never envisioned: to investigate the AIDS epidemic there and the professional response.

PREVENTION?

There is concern that the AIDS crisis in Latin America has been greatly ignored by governmental officials and that the consequences of this suppression could have a lasting effect in these countries. It is understood that the slow policy reactions in the United States in the early 1980's led to a high rate of HIV transmission as well as public apathy. It was not until a collaboration of efforts developed between community organizations, public health departments, and committed social advocates that we saw positive policy responses toward AIDS prevention, education, and treatment. Countries such as Mexico, however, introduce different challenges due to the vast poverty and inaccessibility of health related services to Mexican citizens.

The Mexican culture presents another challenge. True, no society has been adequately prepared to respond to the AIDS crisis. But the Mexican culture, which has undergone a great deal of change in recent years in regard to gender issues, continues to perpetuate traditional and conservative norms. HIV prevention strategies in the U.S., such as dispensing clean syringes to high-risk populations and mass condom distribution, would present a challenge in this context.

It is true that Hispanics in the U.S. are significantly overlooked in the categories of people living with HIV and with AIDS. Researchers have not significantly explored the role of culture and high-risk behavior. I feel strongly about this issue, for I take offense at researchers in the field of AIDS who suggest that there are predisposed cultural influences that make Hispanics vulnerable to engaging in high-risk behavior. I strongly disagree with this suggestion: furthermore, I feel that Hispanics are overlooked in AIDS statistics in the U.S. due to economic limitations and environmental restraints that deal less with culture but more with inaccessibility of resources such as effective prevention, education, and other health services.

Through my inquiry, I find that the high- risk behaviors of HIV positive Hispanics relates more to low self-esteem and lack of adequate knowledge of prevention. This dispels a variety of literature that overly generalizes Hispanic culture as being sexually irresponsible and reluctant to use safe-sex practices. In fact, writers on the subject have implied that there are social mechanisms, such as the concept of machismo, in the Hispanic male that perpetuates promiscuity and reluctance to use condoms. In addition, the Hispanic female is often described as passive toward the requests of her male counterpart. Hispanics are also often described as homophobic. I struggle with these stereotypes as there is a great deal of diversity within the Hispanic people.

It is important for me to help people understand that Hispanic culture does not perpetuate high-risk behaviors associated with AIDS. I think that the social science community lacks a real understanding of how assimilation, economics, and individual experiences play an integral part in people's behavior. To compress the norms of a culture to explain a phenomenon such as AIDS is impossible and irresponsible.

It was my interest in AIDS research and my love for Hispanic culture that drove me to do this study. My objectives were to locate various professionals in

Mexico who had information about prevention and treatment resources available to Mexicans. I hoped to attain preliminary information from these representatives about Mexicans' attitudes toward AIDS and to obtain a better understanding of the availability of AIDS education, HIV testing, and treatment associated with HIV/AIDS.

THE OFFICIAL RESPONSES

For this project, my co-researcher had the idea of investigating Mexicans living in one major city in the U.S. and comparing the data to Mexicans living in a city in Mexico. Data would include the availability of AIDS information and the individual's attitude, knowledge, and behavior as related to HIV transmission. I selected Nuevo Laredo as the Mexican site, believing I would be familiar with the location and the language. Also, being just across a bridge from Texas was demographically convenient (in case I needed the use of an American university library).

Nuevo Laredo, a city with 250,000 inhabitants, has a history of commercial trade and interdependence with U.S. businesses. My previous experiences in this city were limited to social gatherings, such as weddings and Christmases with my relatives. Now I was returning to Nuevo Laredo as a researcher, which gave me several reservations about my two-week stay in Mexico. First, I have never worked with a social worker representing Mexico and I was uncertain about how, if any, rapport could be established. Another problem was the political and economic turmoil that Mexico was experiencing. A high ranking political official was recently assassinated. The peso was being devalued in the world market. There was rebellion in the southern state of Chiapas. The Mexican government was being criticized by the world press for corruption. I was entering a city that was suffering greatly as a result of investors losing confidence in the country's economy.

Furthermore, I did not know how I would be received by Mexican health officials in discussing the AIDS situation. I was not a guest of any political or economic significance.

In Nuevo Laredo, my first encounter with a health official was at the health department, a run-down old school converted into a medical facility. With pink colored walls that were practically chipped to the original off-white plaster, it was not difficult to see the massive poverty from which this agency suffers.

Dr. Herrera, the medical official in charge of all HIV services, introduced herself. She was defensive at first, asking why I chose Nuevo Laredo for my research since she felt that there was no significant "AIDS explosion" in the state of Tamalipus. In fact, she informed us that "the health department has received few requests to test for HIV and that they have approximately 16 HIV cases a year." She informed us that the health department is very thorough in its inspection of the prostitutes at the "Zone of Tolerance."

The "Zone of Tolerance," the government regulated prostitution district in Nuevo Laredo located just outside the city proper, is an enclosed compound made up of several taverns that many Mexicans and American tourists visit. There are 200-300 prostitutes working in the taverns. These prostitutes are licensed through the city; to maintain this license, they must regularly be tested for HIV. If they test positive, they lose their license to practice. "What do they usually do if they lose their license?" I asked. She replied, with no emotion, that they work the unregulated bars in the city. "Nuevo Laredo," Dr. Herrera explained, "is a poor city that forces many of its inhabitants to do anything to survive." Then, I asked her about the seemingly low number of reported AIDS cases: she replied that many of the citizens worry about other things and thus do not bother to get tested. "Many physicians in the area do not bother with people with AIDS because there are so few resources available," she remarked. Apparently, "homophobia" and the stigma associated with the disease have made the subject practically taboo.

Dr. Herrera, now speaking in a louder tone, felt that AIDS has not been accepted yet as a public crisis in Mexico, but that "it is regarded as a moral retribution for those who practiced immoral behavior, even among doctors." She

continuously asked me how this differs from the attitudes in the U.S.; this was a difficult question for me to answer, considering that I know many Americans who similarly feel that AIDS is a type of moral retribution. I believe that this perception is highly naive and ignorant but, more importantly, dangerous. Dr. Herrera, becoming increasingly impatient, continuously glanced down at her watch and reminded me of her busy agenda. I told her that ignoring the AIDS problem would only result in further infection and inhumane treatment for the sick, to which she agreed.

Next, I visited the Nuevo Laredo City Hall because my colleague and I wanted to determine the municipal government's role in the AIDS response. My colleague, originally from Mexico, knew the importance of city hall. The city hall in a Mexican city is the center of public information and of a variety of human services. The police officer at the information window noticed us and asked us our business. We informed him that we were American professors studying AIDS in Mexico. Speaking in a friendly tone, he stated that he had heard of "many citizens who are sick with AIDS, but these individuals leave the area." Nuevo Laredo faces various problems due to a depressed economy and political turmoil. "Because Nuevo Laredo is so dependent on the U.S., we have recently been hurt by the shortage of U.S. tourism and commerce. We are too busy worrying about other things to worry about AIDS."

As he spoke, I observed various people in line paying parking tickets and handling other civil responsibilities. I thought of the enormous tragedy that this city would face if the AIDS epidemic were to explode in this region. The people we spoke with expressed fatalism and pessimism toward living in overwhelming poverty. It is obvious that in an environment in which people are not obtaining resources to satisfy their most basic needs, any attempt at health prevention would be difficult. Then, I asked this officer if he knew where HIV tests were available, but he did not. I realized at this point that my investigation would be difficult.

Later, we visited the large and busy public hospital, which is called "Hospital General." Asking to see the area in which HIV testing is conducted, we were escorted to a blood lab which appeared understaffed and limited in resources. There were no literature or posters on the walls about AIDS. The hospital did not advertise any AIDS information. There was institutionalized denial at every level.

The nurse on staff told us that testing is conducted on a daily basis and is confidential. "Free condoms are distributed," she said, "and pamphlets are given to people after hearing their results." However, she remarked that many people are reluctant to test because they prefer not knowing their health status.

The lab technician, a man in his fifties, was clearly reluctant to speak about AIDS. He told me that various people test for HIV antibodies and are then given AIDS pamphlets. He remarked that "the medical community in Mexico depends on the U.S. Center for Disease Control and Prevention for the most current AIDS information."

I asked him what he says to the patient who tests positive, to which he replied, "I give them information on available resources, as scarce as they are in this area. They are better going off to the U.S. if they can." I thought that the bitter irony of this is that services for people with AIDS in the U.S. are far from optimal. In its short history, AIDS has evoked several ironies as governments and medical communities have moved slowly in addressing this public issue. Nuevo Laredo is merely a reflection of

many areas in the world. The lack of resources and understanding of the social implications of AIDS leads to repression and denial of the issue itself.

While in Nuevo Laredo, I read many of the newspapers available. Being from Chicago, I was not accustomed to papers with so few pages. They struck me as being like the tabloid papers in the U.S. Pictures of car accidents and arrested citizens filled the pages. The local news was like a tragic play. Everyday, the international border was a stage for drug related arrests, violence, and poverty. The newspapers

only discussed the individual victims and perpetrators. It was an analysis of micro events disregarding the macro factors. Poverty is the continual explanation for the social problems.

When AIDS was mentioned in the papers, it was clear that it is a fearful topic. AIDS messages contained skeletons warning that unsafe sex leads to death. I felt that so much more needed to be conveyed about the issue. This imagery had created a wall between everyday living and AIDS. The general population attempts to overcome the difficult challenges of surviving. AIDS is seen as a tragic illness that occurs to "others." AIDS victims are somehow removed from the mentality of the public and are placed in the social unconscious.

My attempts at finding people living with HIV or AIDS was futile. I had contacted various medical facilities, but they were not cooperative in discussing any research endeavor. "People with an HIV+ diagnosis who cannot enter the U.S. go to Mexico City." I was a bridge away from the U.S. border, and yet stuck in an amazing bureaucracy of denial. The city of Nuevo Laredo, with its continual hustle and bustle of trucks and business exchanges, makes no provisions for such potential crises. All the signs of an AIDS explosion slapped me in the face: the poverty and minimal access to adequate health care, the congestion of people who enter and exit across the perpetually busy international bridge, the legal and illegal sex trade that is an accepted form of escapism for many. The most serious symptom that I saw is the mystery of it all: medical personnel, government officials, and community leaders lack knowledge of any viable services for AIDS treatment or prevention.

Many of the college students in Nuevo Laredo that I interviewed perceived AIDS as a problem of the U.S. that they hope does not affect Mexico. One nursing student in her senior year told me that "Mexicans are less promiscuous and less prone to use drugs than citizens of the U.S." Also, she remarked that AIDS is a homosexual disease. I felt numb when telling her that it is a crisis that affects persons through a variety of behavior, practices, or patterns. It frightens me that so many of the myths surrounding AIDS still exist.

LEAVING NUEVO LAREDO

My colleague and I left Nuevo Laredo with several pamphlets and addresses of various health officials dispersed throughout the 32 states of Mexico. On the plane, my colleague spoke of how "NAFTA would open the doors between the U.S. and Mexico, so that health promotion may improve as a result of this relationship." However, I struggle with the idea of an economic and political agenda improving the conditions of citizens.

Spending time in Nuevo Laredo reminds one of the delicate balance of economic trade. The bridges that lead to the U.S. are the very arteries through which flows the lifeblood of Nuevo Laredo's existence. Within this city, survival is a roulette game. Some businesses flourish while others fail. Nuevo Laredo citizens keep a watchful eye over the political activity of both the U.S. and Mexico, hoping for an improved quality of life.

There does not seem to be room in many quarters to consider the AIDS issue. It is a social problem that requires strategic planning and a variety of human services. The people I interviewed did not believe that this process could be realistically implemented.

I returned with more questions than answers about the AIDS issue in Mexico. The economic situation that I witnessed throughout Nuevo Laredo leaves a sense of great pessimism. Hopefully, some faction in Mexico will bring the AIDS issue to the forefront. In the U.S., it took radical formations of social advocates to make AIDS a national issue. These advocates continue to be confronted with despondency and political apathy. I am sure that these barriers will exist in Mexico for some time. My research about cultural differences, however, is at a standstill. It is hard to determine the disparity between the Mexi-

can and Mexican-American experience due to the differences in social circumstances. Poverty, inaccessible health care, and other economic shortages greatly affect the existence of the Mexican people. My colleague and I reevaluated our research greatly in examining the economic limitations and cultural influences. Things became more complex than just asking people to use condoms during sex. Attitudes, education, and self-esteem became significant factors to address as well. Naively, we believed that effective AIDS strategies could be designed by studying cultural influences in the two countries.

Now, we focus on questions pertaining to the accessibility of resources. My colleague and I plan to return to Nuevo Laredo next summer equipped with economic and geographic data. Nonetheless, our research concluded with the realization that Mexico is a diverse country even within the parameters of a city's walls. □

LAURA EPSTEIN
Interviewed by Carol Coohey on February 2, 1995**

Epstein started work at the School of Social Service Administration (SSA, University of Chicago) in the sixties as a faculty field instructor. In 1970 two major changes occurred. She became an assistant professor, tenure track, and she and William Reid began the Task Centered Casework Project, a combined methods, fieldwork, research sequence that continued for over a decade, and resulted in two books with Reid (Task Centered Casework and Task Centered Practice), *numerous articles and research reports, and hundreds of presentations in the USA and other countries. By 1980 Epstein was a full professor and had written her own book on the task centered practice, called* Helping People. *Since the first edition it had gone through three major revisions, and is now a book about brief treatment in general,* Task Centered Model. *For two years during the 1980's Epstein taught at Wilfred Laurier University. Returning to Chicago, Epstein began to work in new directions. The therapeutic idea and a Foucaultian analysis of the history of social work are two major themes of her present work which she continues as a Professor Emerita at the University of Chicago. (L.B).*[1]

Carol Coohey, Ph.D. was a doctoral student at the School of Social Service Administration, University of Chicago, Chicago Ill. She is now Assistant Professor, School of Social Work, University of Iowa, Iowa City, IA.

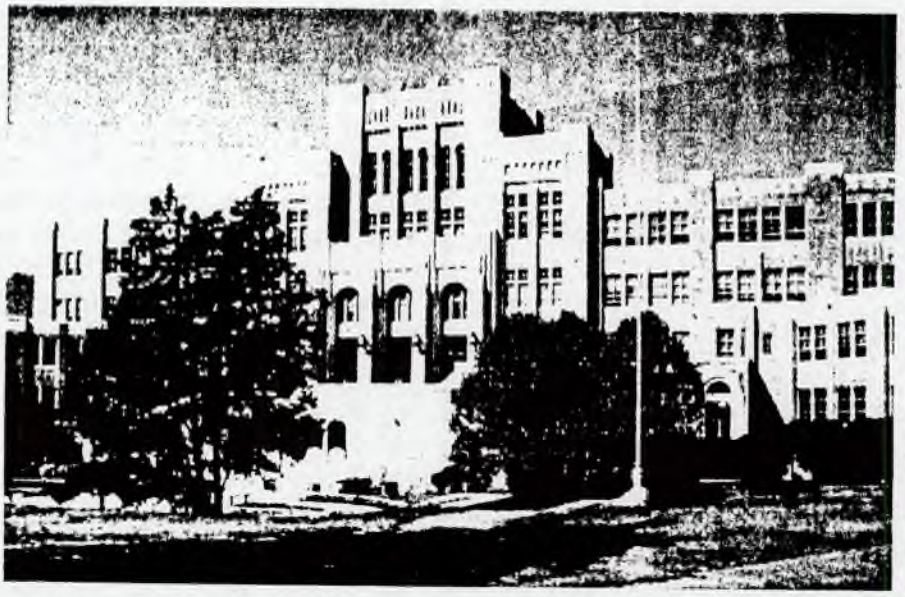
LE: All right, listen. First of all, my career path is an extremely unusual one, and it took some very sharp turns. And I think those sharp turns are to a large extent historical accidents. I just happened to be a person at the right place at the right time. But the thing was, that I used to take advantage of historical accidents. When something would happen that seemed unusual or interesting I would follow it. I don't think it's unusual for people of my age. I think it's unusual today, because people are brought up with an idea that there's such a thing as golden plan. But when I was coming up, the furthest you could plan for was tomorrow morning, it just didn't seem as if it was worthwhile to plan any further than that.

I went to a high school which in those days was like an extension of the Lab School. (University of Chicago) It was a place where all the poor smart Hyde Park (Chicago) kids went. The Lab School was where all the rich Hyde Park smart kids went. I lived in an atmosphere where education was extremely highly valued, and the road out of the rut that my parents lived in, was education.

I was hardly aware that I was a girl. I didn't realize at that

[1] The anecdotes contained in this oral history article are typical of those I have heard during the nearly three decades of my friendship with Laura Epstein. Her life struggle has been that of a woman intellectual Rarely has any accomplishment not involved the struggle for equality and access that so often has been typical of the women of accomplishment in this and other countries. Sometimes Laura's abilities were recognized and opportunities were made available to her, e.g. Dean Harold Richmond's support of the Task Centered Project. In general Laura made her own opportunities and has made a significant contribution, not only to social work but to all of us. The events I witnessed and/or heard about provided me with an inside view of how to negotiate the obstacles that would occur during my career; just as the events captured by Laura and her interviewer Carol, may help others as they make their ways in the world where access and opportunities are not always readily available. I consider myself fortunate to be able to call Laura "my friend." (Lester Brown Ph.D. ,(L.B) is Professor, Department of Social Work, California State University, Long Beach CA)

stage of the game that being a girl was going to make a difference in the way my career went. It just never occurred to me. I mean, I just assumed that boys and girls had similar box seats in the world. I don't know where I got that crazy idea from. I knew an education was my road out and The University of Chicago (UC) struck me as being a kind of a promised land. I was young and healthy and I didn't see any reason why I couldn't go. I was going to do it! That was my attitude, so I went there.



Then came graduation. It was 1934, and I was getting my bachelor's degree, and it seemed like overnight I came up against this "What am I going to do now?" I'd had spent summers looking for jobs, and nobody would hire me. I didn't have any experience. I was fat, and sort of a smart ass. I didn't come across like a girl was supposed to. Another thing, I came from the UC, and this is really a very big deal. I kept getting turned down for jobs, because I was a student at the UC which was supposed to be a hotbed of communism. That's what they said, I had an employment interviewer tell me that. But pretty soon the WPA (Works Progress Administration) came along with a summer student program. So I got a job doing WPA work. It was absolutely horrible. It was in the days before they had xerox machines. The University was producing boxes of mimeographed materials. They would have rooms filled with huge tables with piles of papers. Page one, page two, page three, page four ... page fifty, all around the table. There would be this crew of about fifty kids just walking from pile to pile, putting one on top of two, on top of three ... underneath, underneath, underneath. Then we would get pages mixed up and all get hysterical. I earned my living by putting one page on top of another page.

Somehow toward the end of my college days, I envisioned an occupation that I would like to be in. I wanted to be, what we would today call, a clinical psychologist. I had run into some women, one named Irene Kaman, and liked the way they looked, and the way they conducted themselves. I liked their attitude, which was sort of kindly and compassionate and I thought the whole idea of doing good was simply wonderful. From my limited knowledge of the world, it seemed to me that the ones who did the most good were clinical psychologists, and I wanted to be one of them. I went to my advisor, Alva Kinsbury, he was a big shot in the department of psychology. He was in this real old building, and I told this guy, whom I trusted, that I wanted to get a Ph.D. in psychology. He turned me down. He said, "It wasn't a field for women." This was when I first came flat up against this wall. I had seen this Irene who was a psychologist at Juvenile Court. She had given a speech to a class. He said it wasn't a field for women. I said "What about this Irene Kaman?" He said, "Well, you know, there are exceptions. You are not an exception. It is not a field for women. You can't do it, and that's that." He says, "Why don't you go across the street and enroll in the School of Social Service Administration (SSA)" and I said, "What's there?" He said, "Well, they train social workers." I said, "I didn't know." He filled out some kind of papers ... the upshot of that conversation was that I wanted to go to the bathroom, and I cried for about four hours straight. I knew that

The University of Chicago
School of Social Service Administration

Academic Year 1932-33

Winter Quarter begins January 3, 1933
Spring Quarter begins April 3, 1933
Summer Quarter begins June 19, 1933

Courses leading to the degree of A.M. and Ph.D.

Qualified undergraduate students admitted as candidates for the A.B. degree

Announcements on request

something absolutely catastrophic had happened to me in that room. And actually something did. I was "raped" by this old guy who told me I was a no good female, a worthless female. I cried for about four hours. I went to the bookstore, and I bought ... a huge Hershey bar and I ate it all, about one pound. I just sat in the bathroom and cried and ate this Hershey bar. A girl, Ann, came in and caught me doing all this. She was very sympathetic and real scared of what was going on in there with all this crying and me eating a Hershey bar. It went on four hours. I mean I'm saying four hours, I don't know, maybe eight, maybe it was two. It was a long time, and I mean I had no idea what had hit me. I could not understand this thing at all, why he said, because I was a girl, I couldn't go, couldn't be a student in psychology. I absolutely could not understand it at all! There was something or other that was missing in the way I was brought up in my home, the subject never came up any way at all.

CC: It had nothing to do with being Jewish?

LE: Well, it could have, I didn't think of it at the time. It wouldn't surprise me. Those things never occurred to me at that stage of the game.

CC: Did Helen Perlman* ever tell you what happened to her at the University of Minnesota? She had the identical experience. She went in to talk to two women who were professors in English, and made a proclamation: I'm going to be like you. I'm going to get a Ph.D. I'm going to be a professor in English. They discouraged her because she was a woman. She said, but what about the two of you. How is it that you are here and able to do this but I can't? And they said we're exceptions, and it's really hard, and you'll never get a position. The next day one of the women called her up and said, I can't sleep. I've been thinking about this, and the fact is ... the reason is, you are a Jewish woman.

LE: Oh! I wouldn't be surprised if that played a part or maybe decisive in my case. The woman, sort of like my model Irene Kaman, was Jewish, but again, she was the only one. She was all there was at the Juvenile Court. At that period of time discrimination against Jews was very overt, but somehow I always thought that it didn't affect me. But then all that stuff was happening out there. I mean discrimination against women, discrimination against Jews. I knew what was going on about the Jews. I didn't know about the women. Somehow I didn't make the connection, anything to do with me. I never had any evidence from Kingsbury that it was a Jewish business, but he was straight-forward about the woman business. The upshot was that I was suffering from extreme depression the whole summer. Then I got this letter from the UC saying I had a scholarship to the SSA, so I figured, well, talk about ignorant youth, I can handle this.

Meanwhile, I made some effort to find out was a social worker. I found it was somebody who went into poor neighborhoods and talked to unpleasant people and gave them relief — what today they call welfare. I didn't want anything to do with that. The farthest thing from my mind, it made no sense to me whatsoever.

At the beginning of thequarter I went. SSA was lo-

cated in Cobb Hall, and it was the first time I met Edith Abbott.* I said, well, here I got this letter. I got a scholarship. I said, "thank you very much. I don't want to go into social work. I want to go into psychology." Well, I knew that I did something wrong. I was really a great kid, I would walk in a lion's den and say boo! to the lions, that's what I did to Abbott, I said "boo" to her. I just was 19 and I wasn't going to take this off of anybody, including Alva Kingsbury. She looked just like that, [pointing to Abbott's portrait on the wall] except she wore a big black big hat. She had a kind of a half way sensible conversation with me. When she found out my age, she just went, " tsk, tsk, tsk, tsk." I could see that she was contemplating what to do with me. Of course, I wasn't too aware of that, because I was only there to tell her what I was going to do about me. I didn't pay any attention to her, and I was not going to any school of social work. But she made it crystal clear, as far as the bureaucracy (UC) was concerned that the money that would pay for my tuition was coming from SSA. It wasn't coming from anywhere else. If I didn't go to SSA, I wasn't going any where, so I went to SSA.

CC: 1934?

LE: Yeah, the fall of 1934, and Hitler was moving around Europe at that time...

CC: It was the height of the depression; was there a huge number of students?

LE: Right, huge. It became a way of life, and it was the thing to do. There was a big court yard where all these people stood around. I began to get a little educated about what public assistance was, and how it started . It started to interest me. Then it began to get interesting. I had some women teachers who were certainly the weight of Kaman. There's one woman, she was a big shot. She was the number one lady at the University of Chicago settlement house.

CC: That was Mary McDowell.

LE: Yeah, right. She taught some class, that's the kind of woman that's okay, she's as good as they came. I said I wanted to be like her, I think I ended up exactly like her. I mean she was a

doer. Relatively big mouth activist doer. I thought, well if there are people like her around, I thought they were a respectable bunch of women.

CC: What was the curriculum like?

LE: We had a case book of some kind. I bet there are copies still around. It had cases of social workers taking nits out of kids heads, and I did not know what a nit was. I had enough sense not to ask in class. I asked my mother, and my mother went into shock when I said the word, because nits apparently are little bugs which get into dirty kids' heads, and you have to take it out by washing their heads in gasoline. When I said nit to my mother, it was like I said sex. I told her the circumstances, she came through, she explained what a nit was. But then I'm not ever going to go and take any nits out of kids heads, I mean that's not my idea of anything I want to do, I was going to ignore that business. They taught us... it wasn't bad what they taught us, it wasn't bad at all, those case books were a sort of modernized version of Mary Richmond. I have recently read Mary Richmond cases in her book *Social Diagnosis*. I wonder where they got them (cases)? Bernece Simon* once told me that the case book was Sophonisba Breckinridge's* cases, and when Bernece said it to me, Breckinridge's cases, like you know, some holy person's writing

CC: Breckinridge must have gotten her case descriptions from her summer work at Hull House.

LE: She taught case work in 1920's. This system of teaching cases survived at this school until people like me changed it. I was one of the pioneers who changed the way the stuff was taught, because I started using tapes. I used to ostentatiously carry a tape recorder with me even when I didn't need it because it was like a symbol of my ...

CC: Modernness.

LE: Modernness. We gave all our students tape recorders with the grant money, and it was like the men had undid their zippers and were running around the school... that's how they felt.

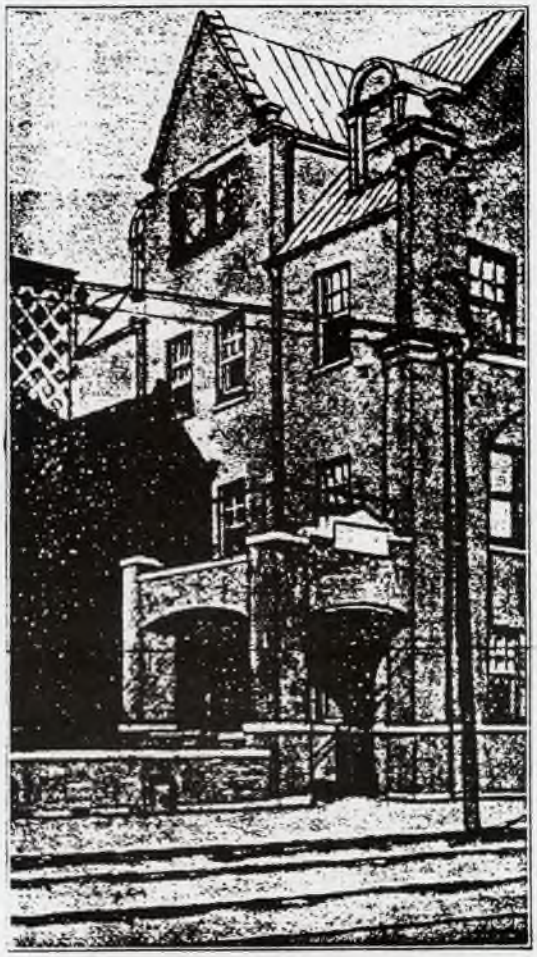
CC: Was it a symbol of science?

LE: No, it was a symbol of lack of confidentiality. That's what it was. You were making public, you unzipped your pants...you...

CC: You were exposing people?

LE: Exposing. You weren't exposing anything...they were just on a tape recorder, like everywhere else in the world, no different. When I went into field work I kept asking myself, "are those people like the ones in the case books?" They weren't, the people in fieldwork were not anything like those people in the casebook.

The worker would visit a house, generations of social workers wrote up their case records to sound like these case books. I actually even wrote stuff like this. "The worker opened the door and walked down the hallway..." They would say things like that. What they depicted in these cases



were working class women (there were hardly ever any men in the cases) who were bitterly complaining that their husbands didn't bring the money home. They were drinking or gambling away the money, they didn't bring the money home so the rent was behind. The women had...the complaint of the physical labor of floor scrubbing, washing clothes without any machinery, and a lot of cooking, and without adequate money to buy food, a lot of unruly children that they had, and , monkeying around with, and sickness... the so called casework was very much like the Mary Richmond days, but the casework that we were taught to do was to listen compassionately, and...We

were supposed to run around and see if we could find the husbands and ask them politely to sort of help out in the house with chores like washing the clothes and stuff; but they never did. That's about it.

CC: What about resources? Trying to fix them up with resources or negotiating with agencies?

LE: I think we did that.

CC: So the goal was to listen compassionately...

LE: Well, there wasn't Gordon Hamilton, yet, there wasn't any Perlman, there wasn't any Laura Epstein. There was just Mary Richmond.

LE: The rest of the curriculum was more interesting actually, we had courses on sociology, on juvenile delinquency. We had a course on law and social work, we were run through all the current social legislation, the different social security laws. We were taught a lot about the laws that govern public assistance.

CC: The emphasis really did seem like it was more on social administration and policy than on case work practice.

LE: Right, there really wasn't any such thing.

CC: But there was a case work sequence.

LE: I know but it was to listen compassionately, and then go to field work and that was an entirely different world, no connection between that, and what was going on here [at SSA], no connection that was very real. Out there in the field there were real people weeping their buckets out, sicker than dogs, broke, fighting, fighting, fighting, with landlords, with husbands, with wives, with children, getting pregnant, getting horrible sicknesses and going crazy ... everything was going ... the real damn world was going on out there.

CC: Did you feel a sense of incompetence?

LE: No, no, I was just curious. There was nothing we could offer that would make any real difference, I mean a few bucks here and there. We were really hooked on getting a few bucks to these people ... if we could worm it out of the agency. But other than that, a few bucks of cash. It was perfectly obvious that there was nothing we could do at all. Here was this bunch of lower middle class kids who were in school and had all come out of depression families, and we were just trying to find out what the world was like; so we were learning, it was our university out there teaching us about the world. And we felt very democratic with the clients, we didn't feel any social distance with the clients, they were sort of our peers... it was a relatively easy arrangement because we were behind the eight ball, and our families were behind the eight ball, and they were behind the eight ball, we were just all behind the eight ball.

CC: SSA was there any sort of belief about which clients were good and which were bad?

LE: No. Oh, it was...I think Charlotte Towle* who conceptualized that for us. Her view made an impression on me. It was a decent view ... that for the most part the clients that we were seeing, she called victims of circumstance. They were victims of circumstance and that they were entitled to respect, they were very, very, very definite about that, that they were entitled to respect, to politeness, I think they called it acceptance, they made a technical word for that, acceptance ... and they were not to be put down or anything like that, and as far as morality was concerned about things like drinking, drug taking was sort of unknown but occasionally came up, drinking, drug taking, extramarital sex.

CC: Prostitution?

LE: All those things were considered, sorrowful things that happened to people because they were struggling. They were not to be put down or belittled or made small because of those things it was like a phrase that people used to use, "nothing human offends me." That was the moral posture of people like Charlotte Towle, and all the rest of them. I think I've told you the story about the little old woman Sophonisba Breckinridge. Supposedly, she was mugged on the midway and she was on the ground and this mugger was standing over her with her purse and she looked up and said, "my good man, what can I do to help you?" That was what they were like [at SSA]. Students told that story about Breckinridge and made fun of it. But at the same time they made fun of it, it was an extreme version of what they considered and believed.

I've got that quote up there, and I appreciate (her office); I still believe all that. You know, I can't believe that a woman like her coming from Kentucky was not loaded with some Victorian morals. They tried very hard not to act out ... they didn't have that phrase then, leave

people alone, live and let live. And I thought that was okay with me. I don't know if I was like that before they got hold of me. I don't know what I was like, actually I think they formed my social views so strongly that I don't know what kind of views I had before them. I haven't changed.

CC: Some of the women I have talked to that were here during that period felt that there was a sense of having pride of being a social worker and feeling empowered, the new word.

LE: I'd say very much so. When I ran up against being treated as second fiddle out there in the real world, they had a hard time making second fiddle out me. They never truly succeeded. It would slide right off of me, because I knew I wasn't. This place [SSA] did do that to you, and to a large extent it still does. I think that attitude is still inherent, it is still here. But it was infinitely more so then. Look, when you sat in a classroom, we had huge classes because there were so many students sitting in the basement in some kind of huge amphitheater where that one [pointing to the portrait of Edith Abbott] is sitting up in front of the room with this big black hat on in hot weather, and the room is full of these people, mostly women. But we didn't pay much attention to that. It wasn't that it was mostly women, it was that it was mostly important, active people who were going to do something, be something. We had a whole room full of these vigorous people, and from the back a messenger arrives, races down the center aisle, runs up to Edith Abbott who is on the dias, lifts up this piece of paper and gives it to her. She stopped everything, reads it, and says, I got to go, Washington is on the phone. She races out of the room down that aisle and we know that our leader is running across the street to talk to Washington. It was Harry Hopkins. We all knew who Harry Hopkins was because we read about him in the newspaper all the time. Don't think that didn't send you a message.

CC: You're connected. There is a pipeline. And Grace Abbott* was there at the time.

LE: After all those years of practice, I tried to come back and get my Ph.D. and right at the close of World War II, when the world was changing so much. The Ph.D. program in those days was extremely small. They had about four or five students. I didn't know, that at that time they were only taking men, and they were men with a long career already in administration. They were only taking real high up bureaucrats, men. At that point it just seemed to me, that was the next step. I was a supervisor at Traveler's Aid by that time, a supervisor and a field instructor. I thought I was an upstanding person in social work. The Dean of Students threw cold water all over me. She depreciated my record, and indicated I didn't really have the qualifications for admission. I wasn't a male; I wasn't a CEO-type. But, she would be glad to give me an application, but it was useless for me to fill it out. I took it and threw it in the garbage. I realized later that if I had pursued it, I could have won. But I didn't, by the time I did that, I had much experience in being depreciated and diminished. I wasn't looking for another miserable experience, so I just threw it away. That was the end of my trying to get a Ph.D. I really didn't realize it, until much later, that I could have come back a couple years later and been admitted. But I didn't know that. She just went on my hate list. I refused to give any money. During that time, I became a highly regarded as a field instructor. As a result of that GI bill, the university just got bigger with all these men coming back to university, and the universities were drowning in students. I got a letter from the person in the field work department, Marian Tillotson.* She wrote that SSA was really up against it because we were becoming inundated with students. They were trying to locate faculty that would be able to deal with this new type of student and she thought I might be one of those. They were looking for a new type of faculty member, the idea never occurred to me in my wildest imaginations. They hired me as a faculty field instructor.

When Harold Richman became the dean, the decision was made to get rid of the line of field work faculty. He laid down a challenge to us at a faculty meeting. That those of us who were on the field work line, we could if we wanted to, move ourselves over to the regular academic line. Or we would probably find ourselves without a job in a short period of time. I decided to do that.There were two of us who chose.

You know, I see that this is a historical accident and I sort of try to run with it. That decision

though, cost me, because it cut me off from all my peers. Like overnight, my friends on the field work faculty quit talking to me. Or talked behind my back, and said terrible things like I had "sold out" to Harold. They used that phrase "sold out." Traitor, et cetera.

CC: That was pretty nasty. What was the issue ... they thought that they weren't given the opportunity that you were given?

LE: No. They had the same opportunity that I had. They thought that I was a traitor. I had changed sides.

CC: You entered the ivory tower, did you abandon practice?

LE: No, I'd abandoned case work, is what that was. I didn't enter any ivory tower. I had abandoned case work, which by this time had become a religion. And what was called social administration, that administration stuff was considered...not an enemy, but...

CC: Peripheral?

LE: No. Well, we'll call it an enemy...something like an enemy. I just went over to the enemy for the purpose of personal advancement. To get academic status. I had sold out my girlfriends in the convent of casework.

CC: You were teaching case work though.

LE: I was teaching case work but they could see I was moving away from ... strict psychodynamics and embracing interests in other things like behavior modification and working with Bill Reid* and developing research, going around with tape recorders.

CC: Was the religion...the problem solving process?

LE: No, the true religion SSA's version of psychodynamics. That was the true religion. They...and I had belonged to their religion. I was a full time member of their religion. I had two psychoanalyses myself. I was a true member of the religious order. I practiced their form of psychoanalytically oriented case work and I was beginning to teach, write and talk differently. In Chicago, I was in the process of moving out of the true religion. I hadn't truly left it. Eventually, I left Freud. People literally stopped talking to me like I was ... a Nazi or something.

CC: [referring to L.E. vitae] I was looking at the presentations you did on task-centered in 1970's, and there's kind of a proliferation and it becomes less local and more national in terms of the people you are presenting to...

LE: That's right.

CC: And it builds and it builds into the late 70's.

CC: Tell me about the origins .

LE: It goes like this...I had come here from the Traveler's Aid Society where I had been for nine years, where their specialty was, what they called short term treatment. There were one or two intellectuals who were top of it, and they had made some sort of an effort to conceptualize this short term treatment they were doing. But they were kind of ashamed of it. It was regarded as kind of a low class type of treatment. But I'd had a lot of experience with it by that time, and also, right before I came here, there had been a new thing that had shown up on the scene...namely crisis intervention, which had some relatively good academic credentials. Short term treatment did not have good academic credentials but crisis intervention did. So I rapidly attached myself to this crisis intervention idea as being sort of a legitimation of what we were doing at Traveler's Aid. And then, it was from that I came here and I was already full of all that crisis intervention stuff, and I'd written an article about crisis intervention, which people had regarded very highly.

Bill Reid had also just come (to SSA) and had recently finished this book that was called *Brief and Extended Treatment*. It was the report of this research that he and Ann Shyne had done in New York, and he had been talking with the publisher at Columbia University Press about a sequel to this book.

As typical of Bill, I think he needed a woman collaborator. [chuckles] And he appealed to Bernece Simon who was a big shot on treatment. He approached her for a name of somebody to collaborate with in developing some work about short term treatment that might end up in a book. She suggested me. And he approached me to sort of inquire about my background. We didn't know each other at all. So, I told him, short term treatment, but at the time, I did not know he was interested in short term treatment. I had never heard of his book. It was not yet published. It was still in manuscript. It was around October or November, this conversation took place. He gave me the manuscript, and I didn't think much of it because I thought, "Well, who's he?" He doesn't know anything about short term treatment. I'm the only one who knows about short term treatment

— why is he writing a book on short term treatment? He doesn't know anything about it. I put the manuscript in my drawer. And then..I was busy, and when Christmas time came, I said, " I've got to really read that manuscript because it really isn't fair, you know. It's very impolite. This man gave me his manuscript and it's in my drawer all these months." So I took the book home with me over Christmas holiday and I never quit reading it. I started the first page. I went ... I don't know, what is it? 48 hours or something, I suppose. And I went and saw him. I said, " This is the greatest thing in the world!" I was so excited I could almost die! So the next thing you know, he arrives in my office one day, just walked in, with this editor, this John Moore from Columbia University Press. And he had a proposition. Would I write a book? It's going to be a sequel to *Brief Treatment*. By this time the book was out, this was probably in the spring, the book was out and was making a big splash. I think Bill and I had begun talking. So he came to me with this proposition that we write a book to try and explain why brief treatment was a success. So, you know me. I said, "Sure." Then I got cold feet. I said, "How we going to write this book?" We don't know why it worked! So, we made a chart on the board. I thought that was pretty clever. I have done this ever since with every book I'd done. Made a chart on the board. We made a list of chapters and we put a bunch of dates after the chapters. He figured it out mathematically how many pages we would have to write. We had a year — how many pages we would have to write a day. It seemed like about three or something. It became very reasonable. So, we did it. And then it began to emerge.

CC: How did you divvy it up?

LE: It was a mess! A stark raving mess. I haven't wanted to think about it in years. It was horrible! We didn't really divvy it up. We were working on the book and about exactly the same time we had decided that we were going to teach this course together. We talked a lot and we didn't write anything down. We just talked a lot. Then we began.... I don't know about what he did. I began reading a lot of books. I began reading everything, I started becoming very, very well acquainted with the literature on this subject. As I read I would change my mind and we would talk everything over. And then, ... decided to teach this course, we originally called it Task Structured and then we decided to call it Task Centered(T.C.) because one day in a faculty meeting, Harold [Richman]* made an announcement that we were going to do something about task — and he couldn't remember what it was called. And John Schuerman* yelled out from the back of the room, "Centered! Task Centered!" And Bill and I, all of a sudden we looked at each other. That's the name of it! Task Centered. That's how the name was born.

Then in the meanwhile, the School was in a revolution of stuff going on. And, we were going to do this team taught course in which we were going to combine research and practice... That became our religion, to combine research and practice. And, of course, the first year I severed all of my relationships with my former field work pals because, according to them, you couldn't combine these two things. It was like mixing...Freud and Pavlov.

CC: Research diminished practice. It could never capture practice? What was that?

LE: It was the enemy of practice, the way they reacted.

CC: It was cold and uncaring?

LE: The way they acted it was wrong. They didn't bother to explain it intellectually like you just did. It was just not explained. It was immoral to even do it.

CC: When did the T.C. project end?

LE: I had been doing a series of workshops on T.C. at the Department of Child Welfare in Madison. I was scheduled for a very big workshop on Task Centered with Ron Rooney who was at that time on faculty at Madison(University of Wisconsin) and who had been a doctoral student in our program. Ron called me up and told me that they had cancelled the workshop because they had some problem with the funding. And that the funding had been pushed over to a project on child abuse. From then on it seemed to me that a lot of the avenues that had been open for workshops on task centered had rather rapidly moved over to, somehow or other, in one form or another, dealing with child abuse as a problem. At this time, there was also a... it was slow process of alteration going on in our field, in academe. In the part of the field that deals with conceptualization. There was a related development

taking place in the curriculum which all had to do with why I took a two year's leave and went to Canada at this point. What was happening in the curriculum was also a switch over to much more attention to problem areas. And a sort of like a putting in the background, of a kind of a general methodology. See, the curriculum at SSA was remarkably affected by this in that the curriculum for a decade or so had been organized around methods, sort of like specializations. Generalists. What they called FIGs.

CC: Families, Individuals and Groups?

LE: And Task Centered. And I don't know, behavior modification. There might have been something else. All these things were going on a the same time. And it was...it was unclear as to how you divided up the time and the curriculum between the problem focus and methods. And the Task Centered curriculum piece was clearly method focused. And the in-service training which Bill and I were doing all over were absolutely method focused. At that time, intellectual interest in the field of practice was around how can we make our methods efficient and not wasteful? And you could take the Task Centered Model, make adaptations to particular settings or particular problems. But then, the money began flowing very heavily into specific problem areas having to do with extreme types of deviance, the underclass, the problems that were supposedly associated with the underclass.

We were entering into the period where the judicial system was changing to you know, longer sentences and less judicial judgment. People began to go crazy about so-called drug addiction problems. The whole notion of abuse, ...abusive everything. Child abuse! Wife abuse! Drug abuse! Everything abuse. The social fixing system began to be focused... and the money went too, and the money determined where you all went.

CC: Right. There was a big Juvenile Justice and Delinquency Prevention Act during that time.

LE: Yes. Permanency planning, and all that sort of stuff wiped out the money for the general methodological approach.

CC: And therefore, it wiped out the incentive structure, the commitment to developing methods.

LE: Right, that same particular experience with the money almost completely dried up for research in social work methods. It vanished. We operated on money for social work practice, clinical research, was what kept us going.

CC: Where did the money come from?

LE: Our particular money came from HEW. (Department of Health Education and Welfare) Our big money came from HEW by accident. Nixon time. And we got our grant for the purpose of devising a scheme that was usable in public assistance agencies throughout the nation that would get people off welfare. And the task centered approach attracted the grant givers as having the potential for getting people off welfare fast. So, we took the money for that. And when we wrote up our report, of course, we did put in a paragraph about that subject, but we used the money for everything else. We used it to fund the whole development of the task centered approach. That's what we got the grant for, the development. Our grant money was sent, and this woman who was the grant monitor went nuts with us because it was perfectly obvious to her that we weren't going to get any people off welfare with this stuff. But we knew that before we started! You know. We were just very calm while she was having fits. And she lost her job because she couldn't get along with people they gave money to. She was on the wrong political side of everything. But, so the money dried up. At the end of the seventies, all these strands came together that basically the bottom line was the money dried up for in-service training for stuff like task centered. Meanwhile the school curriculum was in the process of changing away from this heavy emphasis on method to a sort of a mixture of emphasis on problem areas and the beginning of the "Core"

CC: And they included a research sequence. They included some methods. They included some policy class. You know what? This is very interesting. I'm looking at the evolution, if you want to call it that, of the curriculum here. And the "Core" is exactly what they had at the very origin of the school in '24 when Abbott became Dean. It was called the Generic Approach.

LE: That's right.

CC: And the classes are the same ones. So we've come full circle.

LE: Right. "The Core" came on. At the same time that was happening, Bill's wife Audrey did

not get tenure. That was really sad. She did not get tenure. She was Black, and she was a woman. She didn't get tenure.

That was one thing that was going on. The other thing that was going on is that the school had to go the route of instituting the "Core" because it was going on all over social work education and we could not stand still. And the thing of it was they made me the chairman (sic) of the committee Actually, I was the chairman (sic) of that committee that brought the "Core" into existence, and Bill was very upset about this. And here I was once before, ten years before I had sold out case work by going into Task Centered with Bill and into research and now I sold out Bill and Task Centered by going into the "Core," by making the "Core." I was the one who brought in the report, the first report, to the faculty meeting about how the "Core" should be organized. I moved its adoption and I hoped it would be defeated. And I sold that to people. I'm going to make the motion and I want you to vote against it. But they voted for it. Weakly. Harold used to tell me, "Now, what the Core is going to do," he said, "is make the Task Centered curriculum that you guys worked out, make it across the board for everybody." But Bill knew and I knew that we would sink. We knew and I knew that the Task Centered curriculum, by itself, was not enough to run the whole clinical program. We also didn't know how to get away from the avalanche which was drowning our fiefdom as it were. Partly, we approved of it. At that particular moment in time, I don't know about Bill, but I know, I approved of the idea of the "Core," I just didn't like the way it was being put into effect. And the committee, that curriculum committee that was in charge of drawing up the plan was a mess. It was internally striven with extreme conflict....

CC: The generalist experiment was still in place.

LE: Right.

CC: And FIGs was still in place?

LE: Right.

CC: How is it that Harold Richmond could suggest to you that your approach could usurp their approaches?

LE: He didn't think they would go along with it. As chairman (sic) of the curriculum committee, I was supposed to bring this in. He thought I had two things that he was counting on. One was that I was brave and a risk taker, personally. It didn't make any difference whether I won or lost because even though I was a full professor, I wasn't a real academic because I didn't have a Ph.D. And everybody always knew that This was that, that weird woman who made it to full professorship in this day and age without a Ph.D. But at the same time, that was my extreme vulnerability. They wanted to end the generalist. They wanted to end FIGs. What else was there?

CC: There was a behavioral sequence.

LE: Yeah, that was the final conflict that was to end the power of the old guard psychodynamists, although they continued a life in the school, weaker and weaker as time went on so that the ground was laid for what eventually happened, those old religious wars were over. Harold was going to end the religious wars.

CC: Who were the intellectual leaders?

LE: Bernece. The one you mentioned. Mary Louise Somers, Paul Gitlin.*

CC: Were you and Bill considered one of the powerful people?

LE: Yes.

CC: John Schuerman?*

LE: John Schuerman was very much in this mix and got stuck in the corner. So there was a mini-paradigm shift. That whole shift plus the evaporation of the money to hire in-service training plus career ambitions.

There was that group of doctoral students that came out of our program that all wanted to stick together. And all wanted to move with the times. Here we are, we have research and development and everything. Bill only wanted to be their consultant.

CC: Did Bill minimize your involvement or contribution to Task Centered at any point?

LE: No he didn't... So anyway, I was fed up. And I began looking for another job. I was, going to conferences all the time so I started pitching people for jobs. But amongst the other things that were unbelievable. I mean there was an ad in the "Journal of Social Case Work" and I can't remember what it said. I took it to Lester Brown. I said, "Doesn't that sound like me?" And I had never answered an ad for a job in my entire life. So, I answered it. I wrote them a letter. It was in Canada. I wrote them a letter and Lester laughed his head off. He said, "You'll never go there."

And then this telephone call came. I didn't know who it was because I couldn't remember having written the letter. It was these people in Canada. So they offered me a job and I went. I stayed there two years and had a very good time. When I came back the whole world had changed.

CC: You took a leave?

LE: Two years. The students played a very interesting and heavy role in all of this. The Task Centered Project lasted ten years, and for about the first six I would say, before the Core, we had interested students. They were sort of self-selected. Vigorous and bright. A lot of men. They weren't really run of the mill. They quickly got in to the groove that they were doing something special, that they liked doing. So they dragged off with their tape recorders all over this place. And they started fights with people. They were sort of like our missionaries. We actually developed the Task Centered Model in the classroom with the students. And so would discuss with them in class: do this, do that, do something else. They would then come back and argue with us. They would go out with real clients and would come back to classroom. Because we didn't separate classroom research from field. So they would come back and we would listen to the interviews. Bill listened more than I did because I couldn't stand it. But he enjoyed it. He liked listening to the tapes. I didn't. Then we would discuss what actually happened. And, you know, we didn't have to monkey around with what anybody said. We had the tapes. And we would invent with them right in the classroom, you know, responses and analyze possible explanations for what had happened. We would bring in various theories that were around about to explain what had happened or what had caused or what the possible results would be of this, that and the other thing.

CC: Behavioral and social theories? Or other practice theories?

LE: All of them.

CC: Anything

LE: Anything. It was a gargantuan intellectual piece. People who participated in it look back on it as being one of the highest points of their lives. I run into people — I don't even recognize them and they start telling me stories about that classroom and their eyes begin to dance. We all felt the same way, that it was an experience, of incredible richness in productivity. And everybody left, sort of rode on it, riding on it for the rest of their lives.

CC: Were other students discontented about what they were learning?

LE: Uh, some were and some weren't.

CC: Was there a faction of students who were interested in social change and weren't satisfied with what they were getting out of SSA because it was oriented toward individual intervention? I'm thinking what impact did the sixties and seventies have on it?

LE: Well, the students who felt that way were in the macro side. The clinical students were not dissatisfied. If they were dissatisfied, they went to the other side. They went to the macro side. I call 'em macros because they've had so many names. I don't even know what their present name is. What do they call 'em now?

CC: Social Administration.

LE: All right.

CC: I thought they didn't have those kind of splits back then.

LE: Yes, we did. Very strongly.

CC: Well, there was the generalist approach and it bridged individual, group and community work. Do you consider that a micro approach?

LE: Micro.

CC: Oh, I see. Okay.

LE: It's pretentious — and the students knew that.

LE: I'm looking. [Referring to task-centered book]. Oh, here it is! This has got itself all over the United States and Europe. This is a list of how you do task centered. It is all structured. You know where the source of all that is? It was the way I used to teach in field work. That's where all that came from. That came out of myfield work, my notes about

how to teach people what to do in field work. It was considered to be exceedingly marvelous and teachable because it was neat, plain, made an immediate connection with what people felt they were experiencing, what they were actually seeing in clients. It didn't require a whole lot of convoluted learning about invisible things that were perhaps going on in the mind. That was also considered by some people to be its major defect — that it was oversimplified. That it ignored whole areas of human experience that were not visible. That was considered to be both its major draw back and its major advantage.

CC: Or relative advantage and relative disadvantage. Did it usurp problem solving process?

LE: Usurp it? Probably ... yes. You mean the book, Helen Perlman's book?

CC: Did it have some advantage over problem solving?

LE: Yeah. The advantage was that it, its rhetoric was contemporary. The major advantage was we used contemporary rhetoric.

CC: It was old fashioned? (problem solving)

LE: Old fashioned and sentimental and lacking in specification. So that ours was ... I'm not saying that ours was new fashioned, sophisticated and ... I'm just saying that it appeared that way because of the change in the way the English language was being used and the changes in the way that certain rhetoric was up front and fashionable. I mean, we were in style. Our rhetoric was in style.

CC: Probably, the same description could have been made about the problem solving approach in the late 50's.

LE: Exactly and it was. Exactly. Let me see. That remark I made is not to be considered to be a serious criticism or anything. It's just the way it was perceived in general.

CC: Well, it has to do with the next point, compatibility, I think, as well.

LE: Yeah! Sure. Because T.C. went along with this whole idea of no hidden agendas. That was, be up front. Be honest. Let it all hang out. All that fashionable rhetoric. No hidden agendas. Concentrate on the problem as perceived by the client, that's what the client wants and ... we're not elitists. We're not above the client. We're not saying, "We know best and you have to think the way we think." We think your thoughts are legitimate. Legitimate the problem as perceived by the client. That keeps being said in the T.C. stuff.

LE: Now, this business about where did T.C. fit into the existing practice framework? You see, that's also an issue where it was both its advantage and its disadvantage. Task centered can be set on sort of a template on top of absolutely anything else. You can stick it in and ... you can give it a psychodynamic version, and it has been done. Of course, and you can give it a behaviorist version and that has been done. You can give it any kind of version you want.

CC: You moved into group work at one point.

LE: That's right. You can do that too. In fact, people have even written articles about the task centered approach to field instruction, and in community organization.

CC: Yeah, I was very curious about that. You know, because in the generalist experience here, problem solving process was used as the "template" for individual, group and community work so there's some commonality between the two approaches in that it could be made applicable to those three different methods as well.

LE: At one point I had a project that was going to do that but nobody would fund it.

CC: Is the problem we've run out of new ideas? Has anything new happened in the field in the last ten or twenty years in terms of major approaches?

LE: No.

CC: Is that part of the dilemma?

LE: The reason we've run out of new ideas is because the old ideas are coming apart at the seams. Because they have been intellectually mined. They've been worn out and found very much wanting. And the whole idea of clinical intervention is now come upon a very bad time because, first of all, very serious academics have thoroughly discredited the whole machinery of psychological manipulation that is what this whole clinical enterprise is about. It's hocus-pocus! You know, like the TV in tapes of the O.J. case where the prosecution wants to put on this guy who is going to say that O.J. told him that he had dreamed about killing his wife. So the commentators get on and this woman from CNN says, "You can't bring that kind of hocus pocus"... I'm quoting. "You can't bring that kind of hocus pocus into a court of law! Courts

of law deal with events! With facts. Not with hocus pocus!" This whole business of psychological intervention is regarded nowadays in almost all intellectual and political circles as hocus pocus. I mean, after all, there are a lot of careers invested in this hocus pocus. So they're...you know, trying to rescue it! And make it look ... look respectable in academic eyes. But they're failing. And they're also failing out there in the world of practice because of the Gingriches and even the Clintonites who have really thoroughly given up on the whole idea that you can ...

CC: talk someone ...

LE: talk, counsel people into a new type of lifestyle. And basically, I agree with them that I think the whole thing's washed up myself. But...

CC: Do you think clinical practice is washed up?.

LE: Done for. It may survive for another hundred years because it has a very important political value. It's important politically, so it may survive for a hundred years and it will undergo alterations. But the enterprise itself, in terms of how it was originally envisioned, is finished

CC: Well, we talked about what its advantages were and what its perceived disadvantages were. We talked about how compatible it was to existing ideas, societal values, and that in fact it was very contemporary. We talked about how it fit into existing practice frameworks and that it was very flexible. It could be adapted to work with individuals, groups, community and we may have talked about, it was appropriate for a variety of different problems in living — I guess that's the Perlman phrase. But maybe you want to talk a little bit about its applicability to different problems. In the first book you mention things like conflicts in living, inadequate resources and so forth.

LE: Yeah. That's a very common subject. I'd like to append that one for a time when I'm fresher.

CC: Okay. T.C. was very easy to understand, not complex at all. It was taught to high school students. Okay?

LE: Could be tried out on a limited basis.

LE: Could and was. Was. Right. Communicability. Very easy. People would understand it right away. The only thing that people couldn't understand about it was when we said concentrate ... when we dealt with this underlying problem business. That was the thing that people couldn't, couldn't understand, although the political wind that has blown and providence has more or less dampened that problem by pushing it under the rug. But people in this culture are equally committed to a belief in underlying problems as being governing in terms of causality. Okay? Now, I generally attributed that, strength of that belief to the strength of psychoanalytic thought in our culture. But I think it goes much further than that but I don't know how further back. But people in our culture are deeply committed to the belief that there are some hidden underlying causes to apparent problems. Then, the thing that was and is very difficult to get across to practitioners is that they can deal with the pragmatic problem as it is currently perceived by both the client and oneself. In fact, I do not believe in this underlying problem. I don't know what the underlying problem is.

CC: I don't understand what the practitioner's goals are. Why they're so heavily motivated and interested in changing underlying problems.

LE: I don't know what they think exactly. Well, I think they value it so much because that's what they've been taught. They're taught that in schools of social work and than those who haven't been to a school of social work are taught that by their supervisors who have been to a school of social work. There's probably more to it than that ... but in current society, that value is produced by an adherence to the psychoanalytic model of behavior theory which has historically in our time been viewed as the highest the most used, the most sophisticated, the most valued, way of explaining human behavior. And so, naturally, you want to attach yourself to the best! And the best, it has been sold as the best is that actions and thoughts are derived from some hidden sort of secret unconscious that can be read by very high class specially trained professionals whose uniqueness rests on their ability to read your mind, your unconscious. And that has been widely disseminated and widely bought. That theory has political power and stems from ... well, Focault is the master at figuring this stuff out, although I don't think he's got the last word either but anyway, it stems from the fact that in a capitalist society, it is very important to have large numbers

of people who are relatively docile, who are relatively submissive, who are relatively good guys who play by the rules as Clinton calls them, the guys who get up every morning and work hard and come home with nothing. It's very important to produce these kinds of people in a capitalist society, and, the teachings of the psychoanalytic religion have made it possible.

CC: Even though there's not a clear demand for it? To me, if you look at what, people need, most people aren't clamoring for talking therapies when they have needs. Yet we develop an immense industry, profession around it.

LE: No, but the ... but the rulers, the congressmen/people of the world are looking for devices which control behaviors of the working class and at the same time appear to be democratic, appear to be non-coercive. And the theory of underlying problems motivating present misbehaviors which need to be dealt with, changed by a large cadre of human service workers, clinicians of all various types, that will, manipulate the thoughts is something very appealing.

CC: So the origin of the problem has to do with the psyche and not the society.

LE: Right.

CC: And it gets them off the hook by giving us legitimacy to produce and reproduce ourselves despite the clear...

LE: Sometimes these working class people will come up with requests for therapy because they have been indoctrinated with it ... You hear them on TV asking for therapy. You hear some Congressmen from New York — who rant and rave about the need for therapy for drug addicts. Now, and you do find ... There are long waiting lists for people to get drug treatment. But this is, you know, this is an act of desperation. They don't want to get AIDS. They'd like a place to live and everything. And sold this as a bill of goods, that drug therapy will do this for them — which it won't. But, but ... this is the extraordinarily complex intellectual ... This is what I'm trying to unravel some of this in my work I'm doing now. Listen, I'm so old that ... I mean I had to be this old before I could understand it, you understand? And I don't have enough time to work this all out. So ... But, anyway, let me put it to you this way.. There's a big industry of, of sociological types who are all working on this problem. And, you know, we all owe our origins to Foucault . He started this whole thing in the seventies. And there are lot of intellectual types who are working, trying to understand these questions that we're talking about. A lot of people trying to understand. Nobody in social work is trying to understand this, which absolutely appalls me.

CC: In practice, you don't have time to stop and think. You're ... You don't get a perspective on things. You become mired down in ...

LE: Universities should be giving a perspective and they're not — not enough. Anyway, some do, some don't. ...

CC: What's going on right now in the U.S. with T. C. ?

LE: What happened to task centered is it became part of the common lore of the deal.

CC: Right. I was trained in '80 and when I looked at your book, it sounded exactly like how I was trained. And it was never called task centered. It was called problem solving.

LE: Right.

CC: But it doesn't look like Helen Perlman's book. It looks much more like this book.

LE: Well, that's what ... that's what you find all over. I mean, task centered has really ... how should I put it? It lost all the battles and won the war [chuckles]. I have become absorbed into the practice wisdom in the field. And I'm also getting ... my brain is wearing out. [laughs]. □

The editors had permission from Carl Coohey and Laura Epstein to edit the interview.

* All starred names are, or were faculty members and Professor Emeriti of The University of Chicago, School of Social Administration, Chicago Ill.
Gordon Hamilton was a leading expressionist of the "Diagnostic School of Thought." She was on the faculty of The Columbia University School of Social Work (1987) *Encyclopedia of Social Work.* 18th edition. 926-927.

** The SSA History Project was initiated in 1993 by Jeanne Marsh, Dean of SSA, to document the development of School during Edith Abbot's deanship (1924-1942). In addition to interviews with alumni, memoirs, curriculum material, correspondence, telegrams, unpublished manuscripts, audio/videotapes, diaries, and other artifacts were collected. The Project was later expanded to include in depth interviews with faculty emeriti of SSA. Laura Epstein was one of these individuals; Helen Harris Perlman, Mary Louise Somers, Alton Linford, and Bernece Simon are some of the others. The transcripts of the interviews, along with the other materials stated above, have been transferred to the Joseph Regenstein Library at the University of Chicago. Some interview transcripts will not be available until the year 2002.

LOSS OF A HOMELAND:
Insights of 'Strangers' for Teaching and Helping

"...displacement provides unique opportunities for new vision"
Janet Wolff. In: Resident Alien (1995)

Golie Jansen and Marian Aguilar

Being born and having lived outside the United States offers a certain experience of being a stranger. The manner of loss of one's homeland colors one's outsider status and reflections depending on reasons for being in the U.S.: as an exile, a refugee, a permanent alien, an immigrant. In addition, being white (mainly of European descent) or being a person of color (Asian, African, Latin/Central descent) impacts how one finds one self responding to the contested historical and contemporary politics of accommodation, integration, resistance and transformation within the United States. In particular, involvement in the helping professions and social change activities in one's country of origin also colors one's perceptions and perspectives on human services in the Unites States. As the helping professions increasing commit to a focus on cultural diversity and diversity of color, the voices and perspectives of those we serve are getting more prominence. What is lacking in the genre are the voices and insight of faculty and practitioners in terms of what being an outsider means to them in the context of teaching or working in the helping professions.

In this special issue we invite academics and practitioners to share narrative personal accounts of their lived experience as "outsider/stranger" and how this identity affects their teaching and practice. Suggestions for specific topics include:

The personal meaning of cultural (linguistic and geographical), economic or political marginality for teaching and practice

Identity politics:

- Displacement and self recovery;
- Revisions of home and a new homeland;
- "Home is (not) where the heart is;"
- Private and public issues of being Ethno-American.

Color politics:

- Stories of "passing" but not belonging;
- Stories of resistance and conditions of Americanness;
- The meaning of being a stranger and a person of color;

Politics of solidarity:

- Contributions of strangers to a transformative political agenda;
- Beyond color for social justice

Send manuscripts to:

Golie Jansen, Ph.D.
School of Social Work
Eastern Washington University,
MS-19
Cheney, WA 99004

or

Marian Aguilar, Ph.D.
School of Social Work
University of Texas
2609 University Avenue
Austin, TX, 78712-1703

Submissions are due:
January 1, 1997

CSULB, in compliance with the Civil Rights Act of 19964 (Title VI and Title VII), Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans with Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, ethnicity, religion, sex, handicap or age in any of its policies, procedures or practices; nor does CSULB discriminate on the basis of marital status or sexual orientation. This nondiscrimination policy covers all CSULB programs and activities, including employment.

In addition to meeting fully its obligations of nondiscrimination under federal and state law, CSULB is committed to creating a community in which a diverse population can live and work in an atmosphere of tolerance, civility and respect for the rights and sensibilities of each individual, without regard to economic status, ethnic background, political views, sexual orientation or other personal characteristics or beliefs.

REFLECTIONS

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Department of Social Work – 1-11194
1250 Bellflower Boulevard
Long Beach, California 90840-0902

ADDRESS CORRECTION REQUESTED

Nonprofit Org.
U.S. POSTAGE
PAID
Long Beach, CA
Permit No. 301