

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



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Letter from the Editors

Michael A. Dover, Editor

Abstract: In this Letter from the Editors, the Editor stresses the continuity of the journal since Cleveland State University School of Social Work became Publisher in May 2012. The editor welcomes new additions to the *Reflections* team, and introduces the contributions to this latest issue of many to come. The inaugural entry in the Many Ways of Narrative series is published, and further contributions are sought. The appointment of Cathleen Lewandowski as Director of the School will bring a published *Reflections* author to the leadership of the School and the role of Publisher of *Reflections: Narratives of Professional Helping*.

Keywords: Exposition; narrative; reflections.

Simultaneously with publishing this issue, we are pleased to announce that all previous issues are now on our website as full-issue PDFs, exactly as published beginning in 1995. Until now, this precious collection of cover art and narratives was available only via interlibrary loan from libraries having the full collection of printed issues. The issues are now available throughout the world on our website. Also, the constituent articles are also available via EBSCO SocIndex. This ensures that this beloved journal can be consulted by prospective authors, read by practitioners in the field, assigned in classrooms, and used in agency-based training and continuing education.

I am thankful for the patience of the authors published in this issue and awaiting publication of their submissions. Cleveland State University published two previously scheduled special issues last Fall, but this is my first as the editor primarily responsible for editorial decisions. We will also be publishing at least two additional issues soon this Summer. As is standard practice when a journal misses a publication date, we publish this issue in May 2014 as Volume 18, Number 4, Fall 2012. Our goal this year is to publish four issues in Volume 19 (2013) and four in Volume 20 (2014) and be up to date by the end of 2014 or shortly after. But that depends on you the reader writing and helping to solicit narratives for this journal.

Our 2013-2014 Graduate Assistant Steven "Leo" Leopold, laid out this issue, our first to successfully incorporate photographs in the body of an article. Now an M.S.W. graduate of our School, Leo will continue to serve as Issue Production Manager. He will oversee the use of our open source Scribus

desktop publishing software, which produces the PDF files we publish using the Public Knowledge Project's Open Journal Systems. The authors of this issue know Leo well as the person who has also overseen the proofreading process.

Rachel Broa, our student Development and Marketing Coordinator, is working this Summer to continue uploading the back issue articles as well as to contact social work librarians about the new electronic availability of the back issues.

However, funding for both positions is dependent upon the support of our subscribing individuals and libraries, as well as support from individual and institutional Friends of Reflections. Beginning with Volume 19 we will begin notifying our 600 readers that beginning with Volume 20 paid subscriptions will be required, in order to remain registered as a reader. New author registration will remain free, although we certainly encourage authors to subscribe. We are not an author fee-based journal, like some online journals. We are a reader supported journal. Library subscriptions and Friends of Reflections support are also essential to establishing a firm fiscal foundation for the journal's long-term survival. Please see Subscriptions and Friends of Reflections on our website.

Beginning with this issue, Johanna Slivinske serves as Assistant Editor for Issue Quality. A published *Reflections* author (Slivinske, 2012), Johanna has also served as a reviewer. Last Fall, Johanna became more active in helping ensure the quality of our issues. An M.S.W. alumna of our School, Johanna is co-author of *Therapeutic Storytelling for Adolescents and Young Adults* (Slivinske &

Slivinske, 2014). She practices at PsyCare, and teaches in the Department of Social Work at Youngstown State University, where she is affiliated faculty for the Department of Women's Studies.

This issue's cover photograph by Jill M. Chonody was selected by Art Director Robin Richesson of California State University. Her continued involvement is one expression of the continuity we seek now that the journal is published at Cleveland State University School of Social Work. For another example, founding editor Sonia Leib Abels and Paul Abels recently joined me in presenting a workshop, Giving Voice to Clients and Communities: Writing Narratives for Reflections, at the 4th Annual Cuyahoga County Conference on Social Welfare.

The conference was held in March and was co-sponsored by C.S.U., the Ohio chapter of N.A.S.W. and the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University, where Paul was formerly Associate Dean. We had rich interchanges with a lively group of practitioners who reminded us that this journal is ultimately rooted in the writing of a very interdisciplinary group of helping professionals. They draw on their day to day work and reflect retrospectively on the lessons of their earlier work, in order to write rich narratives that enrich the literature in our fields of practice.

Geoffrey Greif's article reminds me how I learned as a social work student that seasoned practitioners often have what might be called a bag of tricks. By this I mean those techniques of practice, rooted in practice wisdom, that reinforce the practice behaviors and competencies on which education in many helping professions are now based.

One value of this journal is that it portrays such tricks and techniques, as well as honest examples of things we have not yet learned to do. Geoff honestly lets us know up front that he had trepidations about undertaking a fathering group in a federal prison. He shows how to reframe the discussion when necessary, and how to use genograms in the group work context. He provides an example of how to move from the issues raised by a few members to the commonalities faced by many in the group. He shows pushing and probing,

and even asking permission to make a suggestion. These are all valuable techniques of practice, but they are part of something more fundamental. They involve seeing the members of the group for who they are as fathers, rather than what they are in that dehumanizing setting: prisoners. We, the readers, are made privy to the narrative content Geoff embedded in the story he was telling.

Matthew Corrigan's article is retrospective in nature. It draws on his practice as a student placed in a psychiatric center. The reader should be prepared, as this issue contains not one but several versions of what Matthew refers to as sappy social work stories! If one reads them, one discovers exposition which sets the stage for a showing of moments within vignettes of practice. We see the very human helping professional trying to connect with a patient, as Matthew was trying to do, or trying to connect to a group, as Geoff was trying to do. Sometimes the turning point seems to have come in one powerful moment, until you realize that for the client it had begun much earlier. As my former teacher at Columbia University School of Social Work, Professor Irving Miller, once pointed out, "By the time you finally give an interpretation, you don't have to."

Matthew concludes his narrative by suggesting that if in our practice we overcome our fears and "lead with our hearts" we can provide important human companionship as part of relationships that matter. He provides a cautionary note to any reliance merely on techniques, although by stressing the importance of portraying tricks of the trade I am certainly not suggesting that they substitute for professional relationships. Rather, techniques are just some of the more observable aspects of the practice wisdom with which we approach professional relationships.

Nancy Kennedy Brown, whose previous narrative in this journal along with all of the hundreds of precious articles from 1995 to present can now be found in EBSCO SocIndex (Brown, 2003), draws deeply into the well of her personal life to explore the meaning of another concept key to being a helping professional, namely the use of self. Her article should be essential reading for practitioners in the field of hospice care. Yet somehow Nancy manages to offer some comic relief to an issue that

shows that while practice is a form of emotional labor, writing about and even just reading about practice also requires a great deal of emotional energy. Practice never makes perfect, and becoming effective requires the patience to seek to understand the person, group, organization or community you are working with. This is shown by all of the articles in this issue. But in Kennedy's narrative, the need to understand life over its course is stressed via her story of her mother's life. This is the exposition that set the stage for her narrative content. In the end, to the ranks of the many girlfriends who were central to her mother's life was added one social worker.

In Bharati Sethi's account of her own hospitalization, we learn the wisdom of Ernest Hemingway's statement, "There is nothing to writing. All you do is sit down at a typewriter and bleed." Bharati tells us that for her, writing itself is sacred, and that first person accounts illuminate the lives of the people and institutions portrayed. She shares that she prefers to bleed instead of choosing the safer route of silence. She complements her narrative with rich theoretical reflection and discusses the meaning of madness for policy and practice.

Jill Chinody, Travis Martin and Jill Amitrani Welsh's account of participatory photography combines the voices of several practitioners, each reflecting on a shared experience. Their accounts embody applications of theoretically informed practice, and the article's conclusions reflect further on those theoretical foundations. The narrative shows how a single article can tell a compelling story about practice, show the nature of some of the interactions that took place, and present important reflections applicable to a variety of settings.

As the late Josh Canary (1979-2013) points out in the inaugural essay of the Many Ways of Narrative series in this journal, narratives are of many kinds and can vary greatly in length. His article urges the writer to both show (narrative) and tell (exposition). The telling is the story. The showing is the narrative content. Often, one must first begin with expository content that sets the stage for narrative content that shows what happened. Then it is almost as if the reader were there to hear, see, and feel the nature of the interaction. Josh provides two accounts, one

devoid of narrative and one rich in it. This journal will long be enriched by Josh's contribution as our Graduate Assistant.

Available on a link from our Review Guidelines since early 2013, dozens of authors and reviewers have already drawn on Josh's wisdom. We hope his piece will lead to future contributions to this series. Just as Ann Hartman pointed out there are many ways of knowing (Hartman, 1990), so there are many ways of narrative. Please considering submitting a contribution to the Many Ways of Narrative special section, based on your own experience writing narratives of practice. Such essays need not be narratives themselves, but I would certainly encourage someone to try to write a narrative about the process of writing a narrative!

There is one important development which strongly reinforces our ability to both survive and thrive. On April 8, 2014, we received this communication from Cathleen Lewandowski, who since March 2013 has served as Editor of the Special Issue on Therapeutic Relationships with Service Members, Veterans and their Families, to be published soon: "I am totally committed to the journal's success and very much look forward to joining my new colleagues at Cleveland State on July 1." At that time Dr. Lewandowski, Professor and former Chair at the Department of Social Work at George Mason University will become Director and Professor at the Cleveland State University School of Social Work. In that capacity, she assumes the role of Publisher of this journal. Welcome soon, Cathleen!

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Many Ways of Narrative Series: **Show and Tell (Narrative and Exposition in *Reflections*)**

Joshua Kanary

Abstract: In this inaugural contribution to this series, the late Josh Kanary (1979-2013) clarified the distinction between exposition (telling) and narrative (showing), and how they reinforce each other in *Reflections* articles.

Keywords: story-telling; reflection; writing style; narrative style; expository style; manuscript; inspiration

Reflections: Narratives of Professional Helping is a journal that focuses on the narrative style. Here at *Reflections*, we recognize that there are many forms that the narrative style can take, some of which are waiting for you to pen. We eagerly look forward to each unique story that makes its way to our desks, and we want to make sure that each story is told in the best way possible. To that end, what we are looking for in a submission is writing that leans heavily towards the narrative, story-telling style and keeps away from the expository style that lacks the details, emotions, and scene setting that the narrative style beautifully embodies.

Now, the definition of a narrative is very broad. It encompasses any form of story, regardless of how long or short the piece. Because of this, expositions and narratives will often overlap – narratives require some amount of exposition in order to tell the story, after all. However, a narrative is going to require much more description. In order to tell her/his story, a narrator is going to have to “show” the reader what happened, as opposed to simply “telling” the reader what happened. “Showing” is the narrative style that *Reflections* is looking for. “Telling,” on the other hand, tends to be exposition.

Exposition will often just set the scene of a story in order to provide the background information that the reader needs to understand in order to follow the narrative that comes after the exposition. However, in many submissions, the narrator never seems to leave the expository writing style and never seems to develop the piece into more of a narrative. As stated previously, the exposition simply “tells” the reader what happens, and although it is an important style, it should be used sparingly throughout the

narrative. For example, the following is exposition:

I realized the families at our agency needed a support group. However, there were no support groups in the area to which I could refer them. So, I needed to start my own. I went to my supervisor, and after some discussion, he approved it.

When *Reflections* asks for a narrative, we are asking for more than what the above example provides. There is so much more begging to be described here. How did you realize the families needed a support group? What was the moment when you had that epiphany? How did you feel when you realized you had to start your own support groups? And, most of all, what was the discussion with your supervisor? How did you convince your supervisor to approve it? Don't just “tell” us what happened, “show” us what happened. Here is an example:

It was Friday, and the clock's hands slowly moved to four thirty. The pain of a week of roadblocks pounded in my head and the call of the first warm weekend of spring made it difficult to concentrate. However, I knew my supervisor was feeling the same way. I knew that when he was tired and ready to go home, he didn't want to argue and would resign more easily to the requests of his employees. It was manipulative of me, but it was for the families.

“And I suppose you want to spearhead this,” he observed after I explained to him the need for a support group for our

families.

“I would be honored to, but I'd be happy with anyone as long as we could refer our families there,” I replied, knowing full well that this project was not going anywhere unless I took charge.

“You think you have time for this?” he asked, looking up from his e-mail with a doubtful glance.

“I'm sure I can find the time, and if not, I'll make time,” I replied, “It's for the families.” He sighed. He hemmed. He hawed. But, most importantly, he approved it.

There is a clear difference between the previous expository style and the above narrative style. It doesn't have to be long or extensive, and you don't have to go into more detail than you're comfortable with. However, a narrator needs to draw the readers in and put them right there in that room with you.

Most importantly, give yourself a voice. Make it clear that only the author and nobody else could tell the narrative the way you tell it. Let the reader hear you, understand you, and get to know you. This is your story – make it come alive!

So, now that the difference has been explained, get over to that pad of paper, typewriter, or computer. Tap into that narrative deep in your memory that the world needs to hear. *Reflections* is always accepting submissions, but don't use that as an excuse to put off perfecting that manuscript of yours. Get at it now while you are still feeling inspired. Once you're finished, we will be happy to work with you to make sure the manuscript is the best that it could be.

About the Author: Joshua Kanary (1979-2013), M.S.W., Cleveland State University School of Social Work, was an English major at Grand Valley State University. He served as a *Reflections* Graduate Assistant during 2012-2013, overseeing the copyediting process for *Reflections* and writing this piece, which was added in early 2013 to the Review Guidelines to assist reviewers, authors, and editors.

What I Learned Leading Fathering Groups for Federal Detainees

Geoffrey L. Greif

Abstract: Leading a group for fathers in a federal detention facility can be transformative for the leader as well as the members of the group. The author describes his initial trepidations about working with this population, how the group began, the potential benefits to both the leader and the fathers, and how fathering is an equalizer.

Keywords: fathers; fathers' groups in prison; prison groups; prison programs; ambiguous loss; commonalities

I am a chicken. Not that there is anything wrong with wishing to avoid physical fights at all costs (this is a reframe), but I have always been more intrigued by running away rather than staying and battling it out. When my physical safety is not challenged, I am capable of a modest amount of professional courage. So when a judge telephoned me and asked if I knew of someone who was capable of starting a fathering program at the local federal holding facility (she knew I had a professional focus on fathers), I gulped, asked a few questions, paused a little longer, and volunteered myself.

As a chicken, I had a visceral fear for my physical safety and the safety of my family when I thought more about working in this high security facility. I was at war with myself because the social work side of my personality saw the professional challenge and the importance of trying to help fathers improve their parenting while incarcerated. I teach a full course load – advanced family therapy to second year MSW students and foundation practice with groups and families to first year students. This opportunity would put my areas of presumed expertise to the test in a way I had not been pushed in years. It would also give me “street cred” with students. I would be able to share with them on a current basis some of the challenges of running groups in prison and helping men from diverse backgrounds with family-related matters.

Getting Started

The first step was to visit the urban facility, meet with the warden and staff, review the literature (Loper and Tuerk [2006; 2011] have written a great deal about mothers in prison, but little has been written about fathers, according to Mendez [2000]), and determine what group structure to recommend

for the fathering program. I always want an “out card” when I begin a relationship with an agency; with volunteer clinical commitments, I schedule them with a short-term contract so that if I feel uncomfortable or that it is not a good fit for the agency or me, I can honor the contract and then change course. In the past I have run parenting groups for a range of involuntary and voluntary populations from methadone maintenance participants (e.g., Greif & Drechsler, 1993) to parents in Baltimore schools (e.g., Greif & Morris-Compton, 2011). So I felt comfortable with the topic, just not the population and the setting. I did not know if I would be effective. We agreed I would co-lead a four-week group for 10 fathers for three separate cycles, and then evaluate the success of this approach after three months. I asked that a caseworker be in the room with me. A guard would be stationed outside the door. The caseworker who attended my initial meeting with the warden was assigned to the group. He sent out a flyer asking fathers who were interested in the program to contact him. Over 100 responded, enough to keep us busy for a year.

The caseworker had never run a group of this sort before. He is a tall African who has worked in the prison system for 25 years. He has a master's in international studies, an undergraduate philosophy degree, and is the father of a four-year-old. By nature a gentle man, he takes a strict tact with the detainees, but is also willing to go out of his way to help them with family related matters when his job permits it. The initial plan was that I would train him for three months in running the group and then he could go solo after I moved on.

Countertransference

I teach about countertransference in all my courses.

I was trained by Salvador Minuchin in Structural Family Therapy in the 1970s while I was living in Philadelphia. He, along with Jay Haley, were the anti-countertransference gurus. Their notion was that the therapist takes charge of the sessions and does not reflect on his own internal processes. I have a strong appreciation though of how my feelings affect practice. I do an exercise in my family therapy class where students view a video of a family with the volume turned off. The students are asked to say if they like or dislike the family members and to guess what is going on in the family. With no information about the family, the students project onto the family their own feelings about a father who appears overbearing, a mother who appears passive, and a son who appears trapped in the middle. Those who want to rescue the child may see themselves in that position in their own family. This exercise gives students insight into themselves, what they may project onto families, and the importance of considering countertransference in their social work practice.

I was agitated before the first group. I lost sleep. My fantasy was that a detainee would slip me a note saying, "Leave \$10,000 at the McDonald's on Charles Street or I will have your house burned down." But the week before the first group convened, a friend who had worked in the prison framed it differently for me. "You will be like the minister or teacher who helps in the prison. They will treat you well," she reassured me.

The First Group

The first group consisted of seven African Americans, one Latino, one white, and one Middle-Eastern father. They had been hand-picked by my co-leader from the large number who had responded to the flyer. He wanted the group to succeed and for me to have a positive initial experience. They were bright, articulate, and diverse in their backgrounds and reason for being detained. I received the list of names in advance, as did other facility officials who would review the list and ensure that members from rival gangs were not in the same group. The criminal charges were not included with the names that were circulated but, when the names were distinctive enough, I could do my own detective work on Google and get a sense for why they were in the facility. Crimes included drug dealing, armed robbery, extortion, money laundering, murder while

in prison, and immigration violations.

I quickly learned my initial fears for my safety were unfounded. As I taught my students when first starting a group, the leader can bring in notes about what to say to the group. The social worker does not have to memorize his opening remarks. As I began talking from my notes about the purpose of the group, its structure, my own history of working with groups, and the role of the social worker and the group in helping fathers make meaningful connections with family members, I became more comfortable. I focused on what I knew, not on what I did not know. I emphasized that we all have different approaches to parenting, that we come from different backgrounds, and that the group would provide a venue for the fathers to help each other.

The co-leaders would have ideas about parenting that we would share but that there would be a lot of wisdom among group members about how to be better fathers. I also talked about the socialization of men in our society, both as breadwinners with financial responsibility to provide for the family and as secondary caregivers who take a backseat to mothers when it comes to childrearing. This socialization makes it hard to feel worthy as a father if they can no longer provide financially while in prison. Finally, I stated that as a social worker, I was required to report any instances of child abuse that the men raised during the group. (Over the past 24 months, I have made only one report to DSS.)

During the first meeting, everyone in the group introduced themselves, described their parenting situations (e.g., some fathers had fathered numerous children by different women; others were married to one woman with whom they had one or two children), and stated what they wanted to get from the parenting group. As we went around the group, the Middle-Eastern man related that in his culture, as distinct from American culture, it was a significant "shame" on the family for a member to be in prison. His children who lived overseas with their mother did not know he was in prison and believed he was in the U.S. on business. "In that way, I am different from everyone else in the group." My co-leader then replied that it was also a greater stigma in his country of origin to be in prison than it was in U.S. culture. Even though the

other group members did not react, I wondered if the Americans would take offense at this, the implication to me being that criminality is an accepted part of U.S. culture. To myself, I interpreted the comment as the father's attempt to distance himself from the group.

While I could have zeroed in on how time in prison is viewed in different cultures, I reframed the discussion for the group into one of secrecy from children. "All of us have some things in our past we might want to keep secret from our children. In that way, we are all the same. It is only a matter of what we keep private." This led to a discussion about how to talk to children about personal histories of crime, which turned out to be a universal theme in future groups. In each subsequent group there have been fathers who either have not told their children they are being detained or have refrained from disclosing why they are detained.

Fathering is the great equalizer. While the specifics may vary, no matter where we live we struggle with connecting with our children and trying to raise them as well as we can. As the group progressed, the commonalities became more manifest as they stretched across generations and parenting issues. The second week of the first group, all the fathers except for one returned. He was in court. We focused on the fathers' upbringings and how the ways they were raised have affected how they parent. I brought in a large drawing of a genogram and described how the messages we received from our parents or the other adults who raised us get handed down to our children.

Many of the men were raised in loving families, and others saw little of their parents growing up. Grandparents were often involved in raising them. A few fathers described how at 12 or 13-years-old they turned to the streets for money or if school was no longer a good fit for them. A handful mentioned they had no idea how to be a father because they never had one. Some fathers grasped the learning behind the genogram quickly and talked about "breaking the cycle" of poor or inconsistent parenting.

The third week dealt with the fathers' relationships with the mother(s) of their children. While there were many loving and supportive descriptions of the

mothers, one father told the group his wife called him toxic, and said that he should stay away from the children. Others described the multiple relationships they were trying to balance with different women involved in raising their children. One man, who looked to be in his mid-20s, opened up an issue that many men in the group must have had at least considered. "I worry that my girlfriend is not going to wait for me if I go away for a long time. And then I won't have contact with my kids if she moves on."

"Yikes! How do I handle this vitally important issue?" I wondered. My projection was that he was correct and she probably would not wait for 10 years, especially if she had other options. One of the advantages of groups, especially by the time the group has met for a few sessions, is that some group cohesion has formed and other members may jump in. As I was about to ask, "Does anyone else have this concern?" another member jumped in and said, "There's nothing you can do about that, man. You got to do what you got to do." Then he said something to the effect of that, whatever happens with his girlfriend, he has to remain committed to his children.

Other members chimed in about the importance of commitment to the children regardless of what happens with the mother. A few said they did not have concerns about their wives or girlfriends being there when they came out, though I suspected they did harbor such fears also. This theme, will she wait for me, has recurred in subsequent groups and asking the men how such a loss would affect their relationship with their children, should a breakup occur, is one way of acknowledging the fear while refocusing on the father-child relationship.

The fourth and final week centered on specific questions they had about childrearing. Given the range of the ages of children, infants to young adults, we did not provide specific child development lectures. This was more a discussion and support group.

One of the older men in the group, someone in his 40s who had been in and out of prison, raised a concern about his daughter. "She is getting to be 14 and is feeling her oats. You know what I mean? And there are a lot of guys on the corner who are

interested. I was one of those guys once, so I know what's up." One man responded, "It is your job as a father to talk to her." Another man said, "It is the mother's responsibility to talk to her." After a few other comments were made by the same three men, I said it raises the issue for everyone in the group about what influence men currently have on their children. I also said that while fathers are often told about their role with their sons, their role with their daughters can be as important. It is from fathers, I said, that daughters may learn how other men in their lives should treat them.

Some fathers in the group believed they had a lot of influence on their children while being detained and reported they spoke to their children every day. Others believed they had little influence now that they were in prison. While this particular group did not discuss the influence that fathers have on sons, men in subsequent groups have talked about the importance of having a man (father, older brother, uncle) around when they were young and felt their sons needed their presence now.

The final session also included a mini-graduation where they received a Certificate of Completion for their attendance in the group. Some men hoped to use this Certificate to improve their chances when it came to their court appearance.

My fears dissipated during the course of these first meetings. I began to view these men as fathers and not as detainees. Seeing them in this light allowed me to interact with them as men in need of parenting assistance and not as people to fear. I also saw their struggles as not that different from my own struggles as a father and grandfather. I probably came across with the first groups of fathers as overly deferential and not as helpful with information as I might have been: I was so concerned with all the ways I was working across culture; I feared pushing the men in a way that might be harmful to me and to them; I worried that if the men were too open or cried in response to my questioning it would make them look weak to other men in prison.

Because of my concerns I overlooked our commonalities and the information that I could offer while still being respectful of cultural differences and boundaries. After some months though, I

became a social worker. I gently pushed and probed. I asked permission to make a suggestion. I thanked the men for sharing their feelings and assured them they were expressing pain that others felt, too. And nothing bad happened.

Since the First Group

The first group was intended for me to get some experience and comfort with the population, to gather preliminary data about what was needed for the next groups, and to explore whether the structure and topics for each group session (pre-selected by me) made sense. My co-leader and I were unsure about the success of the group (despite good feedback on evaluation forms) and asked one of the more vocal and insightful fathers from the first group if he wanted to help us co-lead the next group. He was thrilled to be asked (it was a diversion from being on his prison block, and it could potentially help his court case). He proved helpful in explaining to the next 10 fathers how the group could be beneficial. At the end of the second group, we approached another internal leader from that group and he agreed to assist us with the third group. By the end of the third group cycle, I felt comfortable enough to co-lead the group without a previous group member serving as indigenous leader. I also agreed to extend my contract with the facility for at least six more months.

As it turns out, the structure that we attempted in the first group with an introductory session followed by sessions on family history, relationships with mothers of the children, and resolving specific issues, has been adopted for subsequent groups. But what happens in the group has been tweaked. I now start off talking about our past work with 200 fathers. I have confidence about what I am doing and am willing to draw on my experience with this population to be more directive. I read statements at the first meeting about what fathers have said in previous groups so that the fathers are immediately oriented to the potential content of the group.

Through my own thinking I have added the lens of ambiguous loss as one way to conceptualize what these fathers experience. In Pauline Boss' (2006; 2010) work, ambiguous loss originally referred to losses that cannot be easily resolved, because a person is missing and a body has not been found. While the concept first focused on physical absence

but psychological presence (someone who is missing due to kidnapping or war can remain “present” in their loved ones’ lives through being remembered), ambiguous loss has come to include someone being physically present and psychologically absent (a person, for example, who lives with an addiction or has Alzheimer’s disease). In talking about the fathers’ upbringing, men may have had absent fathers or fathers who were in the house but not psychologically available to them because of long work hours, emotional distance, or substance abuse. The message I try to convey is that while the fathers in the group are physically absent, they can still be psychologically present. This message cuts across all age groups of father and child and offers hope for a parent-child relationship.

I like doing the group and have continued to run it on a volunteer basis for two years with no plans to stop. My co-leader has improved his group leadership skills. The issues that are raised can be extremely complicated. Re-focusing an angry father on what he can accomplish in prison rather than what he cannot accomplish can be difficult. Some four week groups never become particularly cohesive. Other groups can have members who are regressed in their view of children and women and lead the group into unproductive discussions. Sometimes the group takes on a locker room atmosphere that could sound objectifying of women. Occasionally I have felt like a middle school teacher unable to control his class as I try to re-focus them on the topic.

Stylistically I am more assertive and speak more authoritatively about parenting by referencing past groups. “I am not sure this will work for you, but fathers in other groups have found this helpful,” is a common way for me to offer guidance. Dealing with anger in the group is not difficult for me as I have learned how to gauge members’ reactions. When fathers express anger at their situation or the “system,” I usually ask them to tell the group more about what they are feeling rather than attempt to redirect them.

Only occasionally do I try and divert a group member from angry expressions if I feel he is too agitated. One example was a member of a gang who had just been sentenced to 20 years in prison

and was waiting to be sent to another facility. He had appeared to me to be the most agitated in earlier groups. In our final group he said, “I have just been sentenced to 20 years so I don’t have a lot of hope of seeing my child until she’s an adult, if I see her then.” I worried this man might feel he had little to lose if he became explosive in the group. I asked him to tell us more, rather than try to shut him down, and to draw on past experiences of successful coping. I wanted to know from whom he derived this strength in raising his children. It gave him a platform and also redirected him.

Occasionally men cry in the group. This typically happens with men who are illegal immigrants and are at risk for being deported. One man, whose family was in Maryland illegally, cried openly during the first session as he described his love for his children and his fear that he would not see them if he was sent back to his home country. “It costs too much for them to visit me if I go back, and then they might not be able to come back here,” he explained. “That’s hard,” was all I had to offer. I am aware that sometimes members in the group and the group as a whole have to sit with painful feelings. At the end of that group, I thanked him for expressing feelings and reiterated that separation from children can be difficult.

While crying occurs occasionally, more typical is the young man who reports, “I never had a father in my life, and I am hoping this group will teach me how to be a father.” Sometimes older men in the group, who may be grandfathers, will offer specific advice immediately or during later groups. The advice usually is, “Be there for your kids,” “Take responsibility for yourself,” and “Turn to God for help.”

At the third group session, I now give out a list of parenting tips that cut across the age of the child. These include: stay in consistent contact; tell your child you love him/her; and be aware that parent-child relationships can change for the better over time. Some fathers want to take something concrete from the sessions that they can review on their own. When I first began the group, I had no idea what advice to give beyond the generic. Now I can anticipate with a fair degree of accuracy what might come up in the group and am prepared with possible suggestions.

Social Change

When the group first started, those who completed the group did not receive any special visitation privileges. At the end of the third group as I was asking for feedback, one detainee said they should be allowed a contact visit with their children. Up to that point, all visitations occurred with a glass barrier between the detainee and his visitors. The structure, built in the 1980s to house maximum security prisoners, has no gathering place where physical contact can occur. I advocated for, and the warden agreed to, this change in visitation policy as an incentive for completing the group and to help the fathers connect more meaningfully with their children. The only spaces available for contact visits are small rooms where lawyers meet with clients during the week. Those 24-square-foot rooms are now where the visitations take place on the weekend for fathers who complete the group and who are not facing child abuse-related charges. Fathers from the first three groups were granted the contact visits retroactively.

At the end of a recent group, when I again asked what should change for future groups, one father said it is inconsistent that we promote family togetherness in the group discussions but do not allow the whole family to be together for the contact visit – the contact visits are just with the children. I believe this was a relevant suggestion, and again approached the warden about this. He politely rebuffed the suggestion saying that there was no space for such meetings as there is in other facilities. Leavenworth, for example, has sufficient space and a policy that allows five visitors at one time, up to three of whom can be adults (U.S. Department of Justice, 2011). The room where the fathers' group is held is similar to a small classroom and could not accommodate more than two families (close to 400 detainees are staying in this facility). Other deterrents have also been cited. First, the prison is extremely concerned with contraband being passed into the prison, even after visitors, myself included, pass through a metal detector and are frisked. Second, not enough staff is available to monitor the program. Third, as a holding facility and as compared with a prison like Leavenworth, the time spent is shorter and the need for on-going visitation less acute.

I do not see what more can be done given the setting, its architectural layout, and the staffing issues. In fact, not only is the group room meeting space small, it also houses six single cells. Occasionally guards will bring a detainee into the room during the group and place them in a contiguous cell where the detainee can overhear the group. During one meeting, one of those being held in the cell was screaming and was so disruptive to the group that one of the members shouted at him to be quiet.

I am also aware of not pushing my co-leader, the prison caseworker, beyond his own comfort level and of not getting triangulated between the detainees' requests, their complaints in the group about the facility's policies, and the caseworker. Yet, now that I have entered this environment, I wonder more broadly what can be done in a system that is so highly regulated and, while costly on a state and federal level, is underfunded in terms of services. I wonder what can be done specifically for these fathers in this particular detention facility. Personal relationships remain the best avenue to pursue change where it is possible and, unless I am effective with the detainees, I lose purchase with my co-leader, the warden, and the judge who first approached me. The clinician in me says to focus on helping a few fathers at a time while trying to impact the broader context of the community in which I am volunteering.

Conclusion

Whatever has caused these men to enter the facility, fathering, as stated, is the great equalizer. Behavior or status in the community is washed away when men start talking about their feelings for their children. Some who attend are willing to actively engage each other by listening and suggesting avenues for more adaptive behavior. The group provides the opportunity for the men to be something other than detainees – they are fathers. They possess a different identity when they attend the group. For the 75 minutes we are together, they can describe themselves as loving and caring if they are willing to embrace that persona.

With each group, I feel more comfortable and have learned that the more I offer, the more they and I get from the experience. A few fathers state they would rather hear from me than the group members as I

have the most education. This is not true for all groups. Sometimes I sense it does not matter what I say, they are only biding their time for their contact visit.

Four weeks is hardly enough time to encourage significant change in fathering and family patterns. Hobler (2001) describes a group that was effective for fathers that met four times a week for 12 weeks. If I co-lead a longer group, it would forestall other fathers from having the benefit of the group and the contact visit with their children that is the high point for them.

By each group's conclusion, it is hard to know what has changed for the members. There is little incentive in giving a negative evaluation on the anonymous forms they complete at the end of the group. When they speak about their parenting experiences and what they have learned, it is impossible to know if what they are reporting is accurate or if they are telling us what they think we want to hear. Yet, I always hold on to the belief that if a father can pretend to say the right thing, even if he doesn't act on it, he is on his way.

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Lessons from the Secure Care Ward

Matthew J. Corrigan

Abstract: My first fieldwork assignment for my MSW was at our local state psychiatric center. I was to split time on both the admission and secure care wards. Fortunately, I had a good field instructor, one that helped me to learn some important practice lessons from both wards. I'd like to relate the lessons that I learned from my experience in this setting, and how that learning opened pathways for further learning as I came to practice on my own.

Keywords: fieldwork; trepidation; professional development; empathic relationship; psychiatric

My first fieldwork assignment for my MSW was at our local state psychiatric center. I was to split time on both the admission and secure care wards. Now, the admission ward didn't seem to scare me too much at this point in my career, but I had more than a little trepidation about that whole "secure" thing. After all, I was reading the DSM (III-R, back then) in my practice class, and as I was able to find at least one friend or family member to meet most of the Axis I criteria (and quite a few Axis II, by the way). I imagined that the admission ward would be pretty manageable. But, I wasn't too sure that I had much to offer to the chronically mentally ill folks, ones that might just be hospitalized for the rest of their lives. And besides, they were scarier. Fortunately, I had a good field instructor. One that helped me to learn some important practice lessons from both wards. I'd like to relate to you, the reader, the immediate lessons that I learned and how that learning opened pathways for further learning as I came to practice on my own.

Now, I don't know how typical of a first year student I was, and I don't mean to speak for the profession of Social Work. I just hope that my experiences can be helpful to some of you. I entered the MSW program right out of undergraduate school, though it took me a few years longer than most to first get into college (guess I was busy, or something). I spent the first couple of years after high school bouncing around doing manual labor (really, discovering just how much I didn't want to do manual labor). So (there is a point to all this), even though I was older than most undergraduates, I didn't enter the graduate program with much human service experience. Therefore, to those of you who have this practice experience, I apologize for the upcoming statements of the obvious.

Anyway, let's get back to my then recently discovered alleged diagnostic capabilities. As I said above, and like most of us, I think, when I first got my DSM (funny that it was the first book I started reading that semester) I began to leaf through the illnesses and was able to see in myself, and the people around me, the signs of the various criteria. There was my friend Julie who was clearly obsessive-compulsive, poor depressed John, and a family member (I'll call him Uncle Bill) and his alcohol dependence (actually I was right about that one – he's sober five years now). Even I didn't escape my diagnostic prowess. I had a sneaking suspicion that I had my own obsessive-compulsive disorder, (I had to re-check if I had put the gas cap back on after almost every fill-up – could never remember if I put it back on), and surely I had an anxiety disorder (I got nervous every time I talked to a girl that I was attracted to).

So, there I was, two or three weeks into my diagnosis frenzy, when suddenly I was asked to go talk with a patient that had come in to the ward last night to try and get some basic psycho-social information. At first, this patient (I'll call him Rick) didn't seem to be acknowledging me. He kept saying random words, occasionally stringing together a sentence or two about the dogs that were trying to hurt him. This, of course, was very distressing to him, and I could sense his frustration at not being able to complete a thought. Rick was experiencing some very real psychotic symptoms, and for the first time I came to see the reality of the words in the DSM. I can still remember that feeling of "Oh, that's what they mean" that I experienced. To see the words lived out, in very human terms, was an enlightening experience. The concepts that were represented in that book began to change, from

purely intellectual form, used to characterize and classify people, into a functional way to begin to understand a person's suffering – a kind of road map that could begin to take me where a client was.

The lesson that I learned for later practice was coming to understand that the words in a book were just words until experienced. This included all those social work skills so eloquently described in my practice books. Skills like attending, showing empathy and genuineness, being concrete and warm, demonstrating unconditional positive regard and respect, etc. It was through reflecting on my DSM fiasco that I started to be able to internalize social work concepts in a different way. You see, as I was being bombarded with all these ideas, the concepts became yardsticks with which to measure my inadequacy, rather than the helpful instruction that they were meant to be (I know, by this point you've broken out your own DSM and are starting to diagnose me, let's see – insecure, must be in the affective section...). The point that I'm trying to make, and I'm going to get a little philosophical here for a minute, is that phenomena exist, and then later they are named, defined, and categorized. We feel warm and safe when our parents hold us, but it is often many years before this phenomenon is defined as “security” for us. We experience the state of security long before we call it that. And so it is with helping skills.

Well-experienced practitioners, the ones who write the practice books, have practiced and perfected things like reflective listening and compassion by living these phenomena in countless interactions with clients. As they have looked back and reflected on these interactions, they name the phenomena and describe them in writing. However, because they were, in fact, in writing, I saw these skills as a prerequisite to practice, thus the yardstick analogy. The reality is that, as a beginning social worker, I was not expected to be able to be attentive, empathic, genuine, etc., all the time with all of my clients. These skills had to be grown into (yes, you'll grow into them). This is not to imply that there is no effort involved, only that new skills don't become second nature overnight. In fact, they usually only arrive in retrospect. So, if you are feeling overwhelmed, wondering how in the world you're going to be able to remember to act in all these new ways and still be able to hear a word that

your clients are saying (and I think I'm not the only one who felt this way), relax. Listen first, and the rest will follow.

Now, if you will, I would like to return us to the psychiatric center, to the secure care ward, and tell my tale of Lenny (be prepared, this is one of those sappy social worker stories – why else would I be telling it?). Lenny was one of the clients on my caseload. I'll describe his case very briefly, mostly due to confidentiality, but also since it has been a few years past now and not all of the details are still clear. Lenny had schizophrenia. He had murdered someone several years before (details not important), and he was non-verbal. I'll spare you all the trials and tribulations that I encountered in trying to connect with Lenny, just know that I spent many hours in supervision discussing the relationship that I wasn't developing with him. I was frequently frustrated and felt quite unhelpful, believing that I was at best wasting Lenny's time. But since my supervisor kept emphasizing the importance of relationship and therapeutic alliance and kept reassuring me that any time spent truly being with a client was never wasted, I pressed on. I kept talking, smiling, trying to engage – not believing, but trusting.

Anyway, cut to my last session with Lenny, as I was preparing to finish my internship. After saying good-bye, Lenny took me by the arm and led me to his locker (I had the key). I rightly assumed that he wanted a candy bar (he loved Baby Ruth bars). I wasn't sure what to do, but I decided, why not; I'm almost done and can't get into too much trouble. Besides, I had really come to care about Lenny and wanted to do something nice. I was more than a little surprised when I turned back after re-locking the locker to find Lenny handing his candy bar to me. He just handed me the candy, hugged me quickly, and walked away (I still get a little choked up thinking about it). I said thank you, but like I said, Lenny was non-verbal. I don't know if my words reached him, but he did see the smile on my face and the tear in my eye.

So, what was the lesson here? No, not that it's alright to accept gifts from clients. I did talk to my supervisor about the candy, and we decided to slip the candy back into Lenny's locker when he wasn't around, though we both felt that it would have been

bad practice for me to not accept Lenny's gift. The candy was Lenny's most prized possession. To have declined the gift would have been to deny the giver. The lesson, of course, is that we need to lead with our hearts (not that we don't need to have appropriate professional boundaries, of course). You see, I really didn't do much therapeutically with Lenny (after all, he was highly medicated, non-verbal, had no family involved, and was never going to leave that ward). What I was able to do was to provide some human companionship, some connection. Lenny, despite my belief that I wasn't doing enough, was a pleasure to be around. He had a natural playfulness and a smile that could fill up a room. So I played with him and found myself smiling back an awful lot. Once I was able to put aside my fears of not being a perfect social worker, I was able to become a better social worker.

The long-term lesson was, similarly, that it really is the relationship that matters most. Techniques, methods, and skills are very important; in fact, they are the means by which we effectively express the relationship. But they cannot overshadow that connection, else we find ourselves cold technocrats.

So, as this little essay winds itself down, let me summarize. These two lessons may be helpful to you and your practice. Remember to give yourself a break; what you are learning now will take your entire career to perfect (and then, of course you'll retire). Also, lead with your heart; clients can deal with many technical mistakes if they believe that you care. I hope that you all have many Baby Ruth bars in your future.

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What's in a Life?

Nancy Kennedy Brown

Abstract: The story of Maggie helps us to understand how social workers can fail to see the whole person and lose sight of their mission. This reflection provides the reader with an understanding of the history and context of a hospice client who fiercely protected her independence. If we stay true to our values, we have an invaluable place in the lives of dying clients. In the end, if we start where the client is, we honor the values of social work and do justice to our clients.

Keywords: elderly; shared experience; use of self; hospice; clinical practice; personal communication

In the field of social work, we spend time thinking about the ways in which to incorporate the teaching of “Use of Self.” Even the term “use of self” means different things to different people. For some, it represents what we might say to a client that lets them know that we have had the same or a similar experience. We join through a mutual shared experience. “Use of self” can also refer to those non-clinical aspects of our own personal lives that enter into the helping relationship unbidden (e.g., culture or trauma). This reflection considers “use of self” in a different way, that of me, the social worker, in the role of “client.” This reflection comes from three places: my years of experience as a social worker (mostly in the fields of family therapy, addiction, and general mental health), my role as a social work educator, and my role as a consumer of hospice services.

My mother, Maggie, died in September of 2005 of Chronic Obstructive Pulmonary Disease (COPD). She died at home surrounded by family who loved her. Hospice was part of our process every step of the way. You have heard these stories before from grateful families, I am sure. But this story is a little different; it's a tale of three social workers. But first, in order to understand the whole story, you have to understand Maggie. Hospice treats people, and people have names and histories. My mother's history was both ordinary and extraordinary at the same time. And her history provides a backdrop for the hospice service she received. To me, one of the main points of this narrative is to start where the client is, and in order to do that, we need to know her.

The facts were that my mother, Maggie, was born in Jersey City, New Jersey, in October of 1921. She

passed away from COPD at 83-years-old. But a person is more than just dates and diseases. These are just the parentheses around my mother's history, a history that made her a unique individual, and an unforgettable parent. Born to a family with an alcoholic father, Maggie's mother died when she was only four. She had some vague memories of her mother, but that was all. Her father's sister, Josephine, moved in to help care for Maggie and her two brothers, Jackie and Mike. Aunt Josephine, an Irish “spinster,” favored the boys but in her last years, it was Maggie who took in Aunt Josephine to live with us, caring for elderly Josephine as Josephine had done for the young Maggie.

As we look over the family photos and recall the family lore, some things are remarkably clear. Maggie understood the importance of girlfriends. They played a key role for her throughout her life. Linden, New Jersey, is located close to Newark, Elizabeth, and New York City. All were vibrant hubs of culture and fun throughout the 1930s. It was a dazzling place for a teenage girl to grow into adulthood. Throughout her life, Maggie told stories of the crazy screwball things she and her girlfriends would get into. All of it innocent fun, but still on the edge of sassiness most of the time. There is a picture of my mother and her girlfriends in Newark, New Jersey, dressed up in fine coats and hats. What is amusing – and a typical backstory to the picture – is that their coats are all covered in with splotches of snow, left by a snowball fight that had occurred just before the picture was taken. They look happy.

Maggie grew up on the same street as my father, William, Billy to his friends. He was born in 1918, one of 10 children. His father, also William, died when my dad was nine, leaving behind a large

family with no means of support. Two years later, when young William was 11-years-old, the Great Depression hit. His mother, Julia, worked a slew of odd domestic jobs to keep a little food on the table and a roof over their heads. When the kids were old enough, she got them jobs too, and they all pooled what little money came in. William grew into a short, stocky, kid, who made a name for himself as a tough guy who was trouble to mess with. But he worked hard to protect his mother and siblings, having to be an adult instead of having a childhood.

In these crazy, mixed up circumstances, where kids had to learn how to tough things out at an early age, and look out for themselves, Maggie somehow found William, my father. He was a football player in their high school, three years older than my mother. Maybe a sign of their mixed up lives was that neither of them finished high school. As World War II approached, William, along with most of the young men around him, answered the call to duty (or were drafted) and entered military service. My mother's brothers also joined the Navy. The Army somehow recognized my father as having a bright mind as well as a tough exterior, and with some amazing luck he was accepted into the Officer's Candidate School. He was commissioned as a second lieutenant. With that commission, and with impending deployment, Maggie and William married on December 6, 1942, one day short of the first year anniversary of Pearl Harbor. Like everything else in their lives, their world was immersed in tragedies and events that put them on hard roads. Soon after their marriage, my father was deployed to Burma for the next two years.

Maggie used to tell stories of visiting William while he was going through Army training, stationed at different places here in the U.S. before his deployment. When I told her that my husband and I were moving to South Carolina, she told me a story of being in Louisiana and watching them cut down a Palmetto tree. She said, "Bugs just poured out of it. Never get a palmetto tree." I never did.

Despite all these hardships and challenges, Maggie's stories about this time in her life were filled with riotous fun and sauciness. She would go with her sister-in-law, Irene, to dances at the Officers' Club to try and get information about where the soldiers would be sent. My mother would have made a great

spy. Again, throughout this period of her life, her girlfriends sustained her. I guess all of the women of that era did. I know for certain that my mother taught me the importance of girlfriends. A man is good for lots of things, but a girlfriend is something special.

In so many ways, my mother stood like a heroic person in our eyes. She was a leader among her friends, often talking them into doing things that were fun – and sometimes a little improper, sometimes even a little dangerous. But she was also brave, and somehow convincingly communicated that to her posse of girlfriends, so they all went along. One of the more remarkable stories I heard was that while she was seven months pregnant, she went to the Jersey Shore with her sister-in-law. There was a man who was in trouble in the water, and my mother, an excellent swimmer, simply ran into the water and headed for him. I'm not sure what she was going to do when she got to the man, she wasn't a lifeguard, but she didn't even think twice about it. At least, that's how Irene told it. Luckily, the real lifeguards intervened and she headed back to shore. But that was the type of person, the kind of character my mother was.

In everything, she was someone who loved life beyond bounds. She was funny as hell in her own right and would have her friends in stitches most of the time. But she was also happy to be my father's straight man for most of their marriage. At a social gathering, my mother would say something to set up my father to deliver the joke. She didn't mind being the sidekick to him, but she never took any guff from him either. After the war, my father had, to put it delicately, anger issues. He was on a short fuse, usually with his kids. But my mother never took a back seat to him and didn't back down. For us kids, watching their dance of life and living in that sometimes boiling pot made life startling and stressful all at the same time. In spite of the stressful times, Maggie and William had an incredibly lively social circle. There was the fun of amazing parties they threw at their home that were interspersed with work and financial stress and arguments. Somehow we all survived it.

As my cousin Charlotte said of my mother, she was the most hospitable person to have ever lived. If you came to her house, you were treated like

royalty. Us kids knew that company came first; this wasn't always how we liked it, but even today, if you come to my house, I understand how to treat you. If we learned that someone was coming to dinner, we were really happy because we knew it meant “REAL BUTTER ON THE TABLE!” My parents always put on the Ritz for guests.

As time went on, we kids got older and each of us began to move away and start our lives. My sister Emma was first; she married an Army man who – like an echo of Maggie and William – was deployed to Vietnam. Eventually, they settled in California. I moved to New York City, and eventually to upstate New York. I have now been married for 28 years to Mickey, a handsome, steady, and loving fellow. My mother loved Mickey. She used to say she was going to adopt him, that would have made things a little complicated for Mickey and I, but that's how she was. When she loved you, she just surrounded you and made you feel as if you were a seamless part of the family, like you had always been there and were always welcome.

After the kids left, they moved to Bay Head, NJ. My mother was active in her church, a superb bowler, and an ace card player. They enjoyed retirement. Among other things, my mother loved a good storm. She used to make my father drive her down to the beach when the weather was wild so she could look at the waves coming into Bay Head. He would wait in the car while she stood on the wooden landing at the beach, holding steady in the wind looking toward France. I have done this with her, it was exciting! I get my love of wicked weather from her.

After my father's death in 1993, my mother moved into a community where you had to be at least 50-years-old. Many of her girlfriends lived close by and she continued an active and independent life. They had a recreation center in the neighborhood, and there was a group called The Singles Club. I asked my mother once about the men who attended the group. She told me that they didn't let men in the club anymore because a man always ended up marrying one of the women and then the woman would stop coming. So the simple solution was to just not let men in.

My mother was extraordinary for her age. She is

what we would call in the digital age, “an Early Adopter.” She got her first computer when she was 65 – that was 1986, mind you, when personal computers were not in every house. So she blazed that trail early. She immediately adopted email as her preferred means of communication. We received daily emails, pictures, scanned files. AOL probably gained half their bandwidth back when Maggie passed away. She loved the internet. She connected with her cousin, Christine, in Texas and old friends in places all over the United States. Also, she learned computer games and generally had top scores for a number of them. She always copied and printed emails, and when I started searching for stuff for today's presentation, I found a folder of hers with all of the emails from my brother Alex, who at the time had been deployed during the early days of the Gulf War in Kuwait.

One thing that was happening with the growth of home computers was what I call my mother's Internet Renaissance. She used the medium of email to learn to better express her feelings. I remember she wrote an email to all of her children that said that she knew that she wasn't expressive enough about her feelings and that she was going to get better at it. She wanted us all to know we were loved and that she was going to start saying it in her emails. Each email ended with “I love you, XOX.” Being the child of an alcoholic, my mother had difficulty being expressive. She could do things for you to show she cared, but she had no tolerance for unpleasantness. If you needed to tell her something negative she would basically stick her fingers in her ears and go lalalalalalalala until you gave up. She loved happiness but had no tolerance for anger or sadness or confrontation.

As it is with all families, time moves on. I think of the song by Fleetwood Mac, called “Landslide”: “But time makes you bolder. Children get older, I'm getting older too.” As adults, we try to establish adult relationships with our parents. I don't know how it is for you, but I could be yanked back into childhood or adolescence simply by walking through the door to their house. Sometimes it was fun, other times, not so much. But I developed a good relationship with my mother and came to know her in the way that her friends knew her, as loving, fun, and loyal.

Then she began to get sick. After years of smoking, she struggled with emphysema, but as time went on, it began to take more and more of a toll on her.

Maggie was going to the doctor's on an emergency basis every three weeks, then every week, then three times a week. It eventually became clear that there was absolutely nothing more that could be done for her. That's when the hospital recommended hospice. Along with that came a troop of new people into her house: an aide, a social worker, a masseuse, stretching therapy, and visiting nurses.

It was my mother's wish to remain at home. Although she didn't talk about it too much, she knew she was dying. She never lost her sense of humor. I traveled to New Jersey and arrived in early August to be with her. I didn't have much time, but I tried to do what I could to relieve the stress for my sisters who carried much more of the daily care. If you knew Maggie at all, you knew she wouldn't be an easy patient. Fiercely independent, she would dig her heels in and do things her way. She would like me to take her for rides around town. It would take half an hour to load up the oxygen into the car and get her into it, but we would ride around town and then stop for a hamburger. She never lost her love of food, particularly chocolate. She always had a secret stash. One of the things that my mother did that was funny is that if she wanted you to do something that you might not particularly want to do, she'd say, "Nancy, I want you to vacuum the rug in the living room." I'd say, "In a minute Mom," and she'd say, "No, it's my dying wish." Everything was her dying wish. She would find it very funny, and I would heave a sigh and just do whatever it was she wanted. Less than two or three weeks before the end, my sister took Maggie out to lunch where she heartily enjoyed two dirty martinis, stuffed shrimp, and peach cobbler. My mother regularly had chocolate binges and demanded more. If you approached her box of Godiva chocolates, she'd hold up a mock knife in threat and say, "Just try."

Shortly after I arrived, my sister, Maeve had made the comment, "Mommy doesn't like the social worker." I asked my mother about it and she said, "She talks to me like I'm a baby. I don't like her." This worried me. I wanted my mother to have a good relationship with her social worker because this was what I did, this was who I was. I guess I

was sensitive about it. My mother said, "Just wait, you'll see."

But I was unsure about the situation. During this time, my mother had clear days and then bad days. On the good days, she would wake up and say, "I think I want to play cards today." I'd only have to make one call and five of her girlfriends would arrive at 1:00 pm to play whatever Maggie wanted to play. Here's the thing, Maggie did not have dementia, but her brain was oxygen deprived so she was a bit loopy sometimes. She would start to play one game, say Hearts, but look at her cards and think she had a good hand for, say Spades, and in her head she would just kind of switch games in mid-game without realizing it. Her girlfriends, some lifelong, some in more recent decades would just roll with it and switch gears. More often than not, my mother won. My brother would say, yeah, "Maggie would play a spade, a heart or a dishtowel." The women would just say, "Good job, Maggie." I saw the power of girlfriends then and hoped that in my own life that I would have women who would do that for me when I needed it.

One day, my mother awoke and said, "I'd like to play cards." I made the call, and the game was set for 1:00. During this period, my mother was having rough nights, and I slept in the bed with her to try and guide her to the bathroom in the middle of the night, or to try to convince her that it was a good idea to keep her oxygen on. She didn't like it and took it off pretty often. I wasn't sleeping much, and when the hospice aide would come, I would either catch a couple of hours of sleep, or try and run to the store. I was running on about three hours of sleep a night and running out of sanity.

The social worker had an appointment with my mother that day, but I didn't know it. So the women came to play cards. In the middle of all of this, the social worker arrived. I headed out the door to go to the store because I knew I had about two hours and that was it. The first thing I realized is that the social worker was miffed at me. I apologized for not realizing she had the appointment, but explained that my mother was having a good day and was playing cards with her friends, and maybe we could reschedule. The social worker told me that she needed to have a few minutes with my mother. I learned long ago not to answer for my mother, she

was quite capable, even with an oxygen deprived brain, to take care of herself. I said, "Well, there she is, go talk to her." She went into the kitchen where "the girls" were playing cards. She put her hand on Maggie's shoulder and in a loud voice, said, "MAGGIE?" My mother ignored her and kept on playing, "Maggie, honey, can I speak to you for a minute?" My mother started to mimic her, kind of like the sound that the parent makes in a Peanuts cartoon, "Wannnh wannnh wannnh;" she made the appropriate face to match. My mother continued to ignore her. Finally, my mother said, "I'm fine." The girls didn't intervene; they had learned a long time ago that Maggie could take care of herself.

I told the social worker, "Why don't we step out of the room and I can update you on how she's doing and everything that is going on." She insisted that she needed to speak with Maggie by herself. I explained again, "This is a good day for Maggie, and it's better if she gets to spend time with her friends." Again, I saw that she was annoyed with me. I tried to be sympathetic. "I know it's hard when you have to get some information, but certainly you can see that this is better for Maggie to have this quality time with her friends." I began to tell her what we were doing in terms of her medications and how we were taking turns and how we got things covered. I told her that we gave Maggie the morphine when she had air hunger and that this helped quite a bit. My sister has conferred with the doctor and he had said, if she was struggling for air, give her the morphine. We knew it helped, we could see it.

The social worker told me that we were wrong and that we should not do this, and that Maggie must be on a strict time table for the morphine. I told her she was not correct. We had conferred with the doctor. She told me that she knew the doctor didn't say this; I told her she is not correct. She disagreed. You get the idea. I was on three hours sleep, she was eating into my grocery shopping time, and I wanted to push her away. Instead, I decided to play the "I am a Professor of Social Work" card. She dodged it, it didn't register. Finally, I simply said, "You know what, I gotta go," and walked away. Aside from standing there and continuing to argue with her, I had to just walk away. I rarely do this, it is my nature to be polite and expect the best of people.

I was furious; I was sleep deprived. I detoured to my sister's house to decompress and spit and sputter. "I told you Mommy didn't like her," said Maeve. Now I could see why. Before we finished our conversation, the social worker called my sister. "I had an appointment with your mother but she was playing cards," she complained. "Your sister was very rude to me," continuing to complain. My sister, who inherited more than her share of my mother's qualities, interrupted the social worker and inquired about how often did she actually need to see our mother? Maybe the social worker could come every other week? Then as my sister continued to listen to her complaints, my sister suggested, well maybe once a month? As the social worker continued her reiteration of the sins of the family, my sister said, "Perhaps never, yeah, never would be a good amount of time." She then gives her a classic "Buh-Bye." I was never prouder of my sister Maeve.

She and I talked about this incident many times, and we came to a few conclusions. The social worker assumed that Maggie was at the zonked out level of illness, or maybe that she had dementia. It seemed as if she viewed herself as the provider of services, benevolent, to be admired by those she served. Maybe she saw a lot of cancer patients who needed pain management, where medications need to be carefully dosed. I don't know, but she didn't understand Maggie, and apparently didn't take the time to know her. She failed to see the community that embraced and protected Maggie. Or perhaps, Maggie was just another home visit that she needed to complete. She was condescending and treated my mother like she was a child.

After hearing the history of Maggie, you should now have an idea that she was not one to tolerate being treated that way. Sometimes in the evenings as we watched TV together, during her last days, she would get up from her chair, unsteady on the feet, I would jump up to steady her and try to call out to her to, "sit" so I could get there, but she would rise, wobbling and stand tall, and tell me, "Don't talk to me like that. I'm not a dog!" You didn't talk down to Maggie. It's just that simple. And if you did, she let you know you had crossed the line. The only way Maggie would let you escort her to the bathroom in the middle of the night was if you allowed her to put her hands on your back and she pretended we were a

train, “Chooo Whooo!”

My sister called the hospice doctor, who was also Maggie's family doctor, and told him that we did not want to have the social worker visit my mother any more. She told him simply that she was not a “good fit.” The doctor told Maeve that he knew another social worker and asked if we would consider that. My sister eventually agreed.

After three weeks, I had to return to home as the semester was getting ready to begin. My husband had joined me, and we were planning on driving back together. My son came as well, and we tearfully said goodbye. I knew that it was the last time that I would see my mother. But I also knew that my family would take good care of her, that it would be all right.

So after I left, my mother met the new social worker, Patty. She arrived at the house at the appointed time. My mother, already wary, agreed to speak with her. Patty chatted with her about how things were going, asked her what she liked to do, and asked my mother in what ways did she think she could be of help to her. My mother told her that things were ok, but, “you know,” she said, “I like books on tape. Do you think you could get me books on tape?” The new social worker said, “You know, I can do that! Is there anything else you need?” “Nope, I'm fine, just books on tape.” Within a few days, Patty arrived with a few books on tape for my mother. Helped her set it up and gave her the headphones, showed her which button to push. They talked about some of the books and shared a few laughs. My mother was thrilled. “I like this one, I'm going to let her come back,” my mother told me on the phone. Patty would visit and they would chat. I felt like my mother was at last being treated as she wished and deserved, by a person who took time to talk to her and get to know her, someone who saw that she was more than just dates and schedules, and forms to fill out. And I felt like my profession had been exonerated.

So, this is the story of Maggie. She was loved, she had great girlfriends, and we all miss her. Maggie died three weeks after I left. She died in her sleep with her nieces in the bed with her and my sisters nearby. It was peaceful. The services of hospice made all the difference in the world to us. It

allowed us to keep her at home, comfortable, getting another of her innumerable dying wishes: to die in her own bed surrounded by family.

Many of you will think of your mothers and how things are with them. There are lessons here for all of us that lie at the heart of what we do. They are simple ideas like “start where the client” is. Mostly, it's that simple. Understand the client's context. What the first social worker missed was 1) she was not the most important player in the story – I'm sure she found that hard to accept; 2) families have strengths, learn what they are and pay attention to that; 3) don't make assumptions about people, we are not all the same; 4) be flexible; and lastly, and perhaps the most important, 5) understand that people have histories. The person you see in front of you now is NOT how the person sees themselves. I know how old I really am, but I have an inner vision of myself as being around 35.

So what's in a life? This is an essential question. I chose to include the information about Maggie's life so that you could take in a piece of her, know her a bit. I guess in knowing her, you also know a bit of me. As a client, I wanted the social worker to know enough about both of us. We both needed her. I learned that the station of “client” can be difficult to inhabit. I believe that if she had noticed “what's in a life?” she might have brought more empathy, warmth, and humor to the situation. As I reflect back on my experience with the first social worker, I know that I will be more diligent with my students as I encourage them to embrace “Use of Self” in all of its manifestations: the me, the you, and the us.

What I needed, and what Maggie needed, was for the social worker to see the person in front of her; perhaps she could not see the full depth, the full measure of the person, their history, their story, but she would be assured that we had one. I will advise my students to look beyond the wrinkles and the frailty and have some imagination. Ask questions that can give you some insight into the kind of person they see. Be the one who looks at the person, not the notes on paper. You have just read this history of my mother in less time than a typical home visit. You can find out a lot about a person in a short period of time.

So in the end, I have some advice, both as a client

and as a social worker. Understand that all clients have strengths. Identify and understand, and appreciate family strengths. Learn the story (maybe from the client, maybe other family members). Understand that you are not the most important person in the room. Figure out what is needed and do that, don't assume that you know what is needed. Like I said, simple things.

Reflection, experience, use of self – this narrative is about all of these. As social workers in the field, as teachers of social work practice, these three things help us work with our clients through a blending of shared experience, clinical practice, and personal communication.

I'd like to acknowledge all the hospice workers who put up with difficult families, who carry on day after day with emotional courage and great skill. Thank you for all that you do. Our family is grateful. Thank you to the nurses who took such good care of Maggie, the aide who came and gave her a shower and did her hair, the masseuse who came on occasion, and finally, the social worker who had the good sense to ask, "How can I help; what do you need?"

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The Foucauldian Madwoman: Four Weeks in the Psychiatric Facility

Bharati Sethi

Abstract: This article is simultaneously a personal narrative and a Foucauldian analysis of the author's embodied reality as a racialized woman hospitalized in a Western psychiatric facility. The author is the narrator, the mental patient (main character of the story) and the person who deconstructs the experience (researcher, insider). This unique position – a South-Asian patient and a researcher/scholar trained in a Western academic institute – provides her an opportunity to give voice to her direct experiences in the psychiatric facility, as well as describe her reality of mental illness. Such rare, self-reflective 'insider' perspectives challenge the Euro-centric conceptualizations of 'mental health' and may be unsettling to the psychiatry/psychotherapy and/or academic communities. As our population becomes more diverse, mental health professionals and policy makers will need this knowledge to broaden their understanding of how members of diverse cultures may experience mental health, as well as to support them in their cultural ways of self-healing. Social science research methodologies that do not further reinforce the binary – us/them, expert/client – offer a holistic understanding of clients' mental health and are necessary to develop effective psychotherapeutic interventions.

Keywords: mental health; psychiatry; immigrant; euro-centric; culture; ethnography; binary; Foucault

This article is a personal narrative of my experiences as a patient in a psychiatric facility in Canada in the 1990s. Such forms of story-telling, unlike traditional normative genres, permit researchers to link the private with the social/professional, the personal with the political, and the Self with the Other (Ronai, 1995; Ellis, 1993; Richardson, 1990). These genres open up spaces in the academy for cultural narratives of marginalized individuals and tabooed topics (Ronai, 1995; Vickers, 2002). Like Ellis (1993), in this project, I use *myself* as a case study and as a subject, and my experiences as primary data, a method that Jackson (1989) referred to as "radical empiricism" (cited in Ellis, 1993, p. 725). I am the narrator (the author), the mental patient (main character of the story), and the person who deconstructs the experience (researcher, insider). This unique position – a South-Asian patient and a researcher/scholar trained in a western academic institute – provides me with an opportunity to give voice to my direct experiences in the psychiatric facility, as well as describe my reality of mental illness. In the evolving Canadian mosaic, such critical, self-reflective 'insider' perspectives in scholarly writing have important implications for health-care with immigrant and refugee populations. First, such first person accounts have the potential to contextualize the everyday lives of immigrant women living with a disability. Second, such

discourses narrow the gap between the social worker/mental health scholar who is an 'outsider' and the one who is an 'insider' (Lee, McGrath, Moffat, & George, 2002). My primary goals for this article are to problematize the Eurocentric mental health discourse and to build upon literature that argues for alternate writing formats to conventional methods. At the same time, it is a call to other scholars to write, live, and perform his/her vulnerable/tabooed identity.

The writing of the subsequent section unfolds in several parts. I commence with *Four Weeks in the Psychiatric Facility* where I narrate my experiences of institutionalization. In the next section, *Telling Stories: Writing on the Razor's Edge*, I address the power of narratives. This is followed by *The Foucauldian Madwoman*, where I problematize my experiences within the psychiatric facility vis-à-vis the Eurocentric bio-medical model of mental health. I conclude with *Looking Ahead: Implications for Social Work Practice*. Here, I examine scholarship on current psychiatric practices and how it can contribute to social services delivery to the immigrant population.

Four Weeks in the Psychiatric Facility

It was a beautiful spring morning. I watched the birth of a new dawn as I snuggled close to my dog, Duke, and with my cat, Lucky, lazily stretched at

my feet. My soul was restless. Like the troubled sea, it had wandered far away to a place I called home. All night, I was haunted with the memories of the past. It would be seven years this Christmas, I thought, since I saw my mother. The silence of the distant recollections was brutally invaded by the sharp ring of the phone. My heart beat violently. A feeling of dread welled up from the tips of my fingers and gripped my whole being as I whispered, "Hello," squeezing the bed-coverings close to my chest. After a moving silence, I heard my brother's voice: "Mom died last night. She was visiting me in the Sultanate of Oman. The funeral is in two days. I am sorry that there isn't enough time for you to come here." As the day slowly turned to dusk, I felt my strength abandon me to my grief. "Be silent, my heart! Be silent," I moaned as I gathered the last remnant of my strength and called the crisis line. The psychiatric nurse advised me to go to the emergency room so that a doctor could give me some medication to help me get through the weekend.

In the emergency room, I wrapped my arms around myself and waited for what seemed like an eternity with the phantoms of the night. "Be silent, my heart! Soon, it will be dawn," I repeated in a hypnotic trance. I was deeply engrossed in my thoughts of childhood with my mother when, uninvited, the stinging arms of dread grabbed my suffering soul and pierced my heart. My weeping stirred the silences of the night, my trembling shook the floor. In desperation, my soul pleaded, "Just give me something to sleep. My mother just died." Strange arms held me down. "Are you suicidal?" "Get a stretcher." Strange arms seized me. "Ma'am, lie down. Relax." My spirit rebelled, "Let me go." They found my chart. "She has been here before. She is diagnosed with Post Traumatic Stress Disorder (PTSD). No family here. Call her friend..." Strange voices spoke over my body, around my body, *about me*. A haunting feeling welled up inside me. I tried to speak, my tears expressing my grief: "Let me go," my voice faltering in the chaos of thought and confusion. My eyes became glazed. Ghostlike figures performed their act before me. Venom rushed through the IV into my brain. Paradoxically, it was a moment of terror and relief, punishment and reward. Under duress, my will to fight succumbed to the magic of the sedative as the stern face of the nurse vanished

into the abyss. I gazed into nothingness until next morning...

As dawn flooded my room, I opened my eyes to the distant sound of emergency sirens, the monitor beeping, doors opening and closing, hushed voices, and eyes glaring at me from behind a face plastered with a smile. The man in a white coat checked my pulse while the woman in navy blue scrubs fidgeted with my chart. Sombrely dictating his instructions to the woman, he strolled out of the room, the nurse close on his heels. During that encounter, our eyes never met. He did not ask my name. I lay in bed watching their shadows leave my room, their footprints leaving no trail behind. Images of the previous day passed through my mind.

The phone call. Yes! The phone call from my brother. The news of my mother's demise had sent shock waves through my body. Hyperventilating, I had rushed to the emergency room. Wait a minute. With trembling hands, I had first called the crisis line. It was the psychiatric nurse who had urged me to go to the emergency room. I remembered sitting for hours on a cold metal chair, straining my ears to hear my name over the speaker. The shrill voice of the receptionist, seated behind a Plexiglas barrier that separated my body from hers, intermittently pierced through the sound of the vending machine, ambulance sirens, rushed feet, and crying children: "Mr. *Smith*... Mrs. *Carnegie to the counter*." The smell of disinfectant penetrating my nostrils made me nauseous. Oh! How alone I felt amongst a crowd of men, women, and children waiting. With each passing moment, my panic increased. Images of my grandmother mourning, my mother mourning, my sister mourning, and my aunts mourning began to explode in my mind ... I tried desperately to dissociate my *self* from those images. I paced up and down the hall. It annoyed the staff. My spirit was in turmoil. I longed to be with my mother for the *Antim Sanskar*. I ached to kiss her good-bye on this revered day of her cremation. Questions bombarded my mind: Was she afraid? In her final moments, did she know that my heart prayed for her peaceful transition from the stage of *preta* to the realm of *pitrs*? Her soul **must not** linger in the earthly realm as a *ghost*. It must transition to the land of our ancestors. I moaned from the pit of my being: *Ma! Ma! Ma!* I howled like a lioness that

had just lost her cub. Without warning, my ancestors' spirits encircled me, chanting hymns and mantras. Kneeling on the floor, I joined them. Haunting memories of past funeral ceremonies overpowered my senses. I began repeatedly beating the sides of my head with my hands in almost complete synchrony. I became my grandmother, my mother, my sister, my aunt... Trance-like, I continued the ritual of grieving so typical of South-Asian women. Dropping my head to my bosom, I wailed and cried. Someone tried to help me to my feet. "Are you suicidal?" I tried to raise myself on one elbow. My legs had forsaken me. Collapsing to the ground, I tried to hold on to the fading image of my mother. My ancestors became silent. White sheets. IV bags. Disposable gloves. Oxygen mask. Syringe. I woke up in the psychiatric unit. For the next four weeks I was branded *mental patient 11*. I lived under the surveillance of the psychiatrists, nurses, and social workers.

I spent the first two days of my hospitalization in a state of mental sluggishness. For the most part of the day, I was *ordered* to stay in bed. Thereafter, every morning, the nurse would knock on my door at the break of dawn. By 8 a.m., I would be psychologically evaluated, asked questions such as, "How was your night?" Depending upon the psychiatrist's evaluation, I would either proceed to the common room for a *mandatory* group meeting with the rehabilitation social workers or be restrained in my room. As a result of my two outbursts, I was considered a 'high risk' and kept under heavy surveillance. All I wanted was to go to my apartment and call my brother. The nurse on duty informed me that this surveillance was *for my personal safety*.

On the third day of my hospitalization, rubbing the weariness from my eyes, I made my way to the common room. The smell of fresh paint and new furniture made me queasy. I wondered if the real problem was my medications: *Trazadone*, *Serzone*, and *Serax*. My body, primarily treated with Homeopathy or Ayurveda (Hindu traditional medicine), was not familiar with these anti-depressants and anti-anxiety pills. A voice at the nurses' station directed me towards her. The gossip stopped momentarily as one of the staff gave me a *Rivotril* pill that I was ordered to take three times a

day. I protested. My voice faltered. My justification failed. No sooner did I return the empty paper cup and plastic glass than the nurses resumed their gossip, their backs towards me. In the living room, I was greeted by dazzled eyes, shrivelled hair, lucid movements, incoherent speech, and tragically solemn bodies. These were the faces of madness. I was now amongst them. An hour passed. Bored, I stared at the wall calendar, the dates making no sense of time. A social worker tapped my shoulder, "Here is your schedule for the upcoming weeks."

After the roll call, we would be broken down into smaller groups of four patients headed by a social worker. Being part of the group that was under 'heavy surveillance,' I was cautioned to stay close to the staff member and to let him know if I needed to go to the ladies room. Depending on our schedule for the day, we would then head down to either the activity room, the pool, or the crafts room. Ironically, I both loved and hated the long walks through the corridors. I loved them because it provided me with an opportunity to leave the psychiatric ward. Once the activities were completed, I was trapped inside, unless a friend was kind enough to take upon herself the responsibility to take me for a decent coffee or a short stroll and safely return my body back to the nurse's station. I longed for the sun on my face, the kisses of my dog, and the soft purr of my cat. I hated these walks largely due to my close encounters with the 'sane.' I was differentiated from the sane by my green hospital shirt and a wrist band. I could feel their piercing eyes penetrating my branded skin as I tried desperately to hide the band on my wrist – a reliable signifier for the sane that their space was being infiltrated by us, the mad men and women. I/we represented a threat to them. As I/we walked down the halls, I would witness their bodies shrinking against the wall. They made space for us so that our branded bodies would not touch their skin. Their antipathy poured out of their mouths and they tried to cover it with their palms. Mothers would grab the hand of their child and almost run as they saw us coming down the hall. Sometimes, they would point to us in deep fascination.

At sunset, finally left to my solitude, I would vividly recall that hot day in the crowded Mumbai airport.

That was seven years ago when I departed from India to Canada. What if I had known then, I wondered, that it would be my final farewell to her? I would picture my mother's *Antim Sanskar* against the backdrop of the white hospital ceiling. She must have looked like a *suhagan*, a newly wedded bride, dressed in a red *saree* and a large red *bindi* covering her forehead. That *bindi* gave her a sense of dignity. I would run my hands over her face. I wondered if the priest had blessed her with the holy Ganges water in her final hours. Not knowing caused my heart to beat violently. Even though I do not subscribe to the Hindu beliefs of auspiciousness and inauspiciousness and believed without a doubt that she deserved a much better husband than my father, I took comfort in knowing that my mother's wish to die a *suhagaan* was fulfilled. From my hospital bed, I travelled with her to the *Shmashana ghat*. Gloomily, I pictured her body on the funeral pyre and my brother with a flaming torch in his hand. For my sanity, I had to trust that the god *Agni* embraced *Ma* in his fiery arms, thus liberating her from the earthly realm. The shuffling of feet would ungracefully interrupt my thoughts. Before I could brush my tears away, a hand, barely touching me, would thrust the paper cup and plastic glass in front of my face. A few deep inhalations and I would drift off into a drug-induced hypnotic state. After being restrained to the bed for the second time within a week, I abruptly brought my prayers and grieving to a standstill.

Wasn't it ironic that after seven years in Canada I had finally attained my freedom from immigration bureaucracy only to be locked in a psychiatric facility? Every cell in my body wanted to resist the biomedical western psychiatry. Nevertheless, I crumbled. I started attending morning and evening 'roll calls,' showing great enthusiasm for daily activities, even becoming a member of the nurses' gossip group. At last, the psychiatrist, beaming, informed me that I was no longer under heavy surveillance. The nurses and social workers applauded. Four weeks later I was given a certificate of mental health.

Telling Stories: Writing on the Razor's Edge

Writing is and has been *sacred* to me. As my emotions take shape in the form of alphabets, commas, dashes, bold letters, italics, and so on, a load begins to lift from my heart. As I write, erase,

and edit for clarity, purity, and coherence, I realize that my writing is already tainted by my hand; it can never be "pure," "objective," and "innocent" (Richardson, 2001, p. 34). Like a razor sharp knife, writing cuts through my heart and slices my emotions to manageable bits. As my pain and suffering bleed on paper, writing empowers me. It gives me strength to open my curtains and let sunlight into my room day after day, especially in times of danger and terror. This is how I survived the trauma of childhood abuse. During my teens in the Middle East, I wrote in order to travel beyond the walls of my physical imprisonment. Throughout my early adulthood in Canada, I wrote to stand firm against the terror of immigration. Today, as a social worker and scholar, I write as a form of *resistance, empowerment, and a tool of social and political action*. Such forms of ethnographic creative expressions, unlike traditional genres, provide room for expression of emotions (Richardson, 2001; Ronai, 1995).

Undeniably, objective reality, pragmatism, and statistics have their place in the academy. I am not suggesting that "an account of lived experience should be privileged over other accounts" (Ronai, 1995, p. 398). Like Richardson (2001), I do not desire "to position my work as 'counter' to traditional scientific writing formats but rather write through the 'personal' binaries (me/them, good/bad, for/against)" (p. 36). I do not want to contribute further to the binary obsession – subjective/objective, client/expert, and sane/insane – that the academy promotes (Ellis, 1993; Richardson, 2001; Ronai, 1995; Vickers, 2002). Ethnographic writings and other arts-based paradigms are compatible with my cultural tradition of passing knowledge to the next generation through oral stories. Creative writing offers me, a novice researcher-student, salvation – not in the religious sense, but in the sense of freedom from the stringency of academic writing. Such evocative writing practices allow me to speak from the depth of my being, to connect my head with my heart, and in the process attempt to bridge my objective-subjective and public-private selves (Ronai, 1995; Richardson, 2001). Yes! I am cognizant of the risk of sharing stigmatized information about myself, as my work may not be taken seriously (Ronai, 1995). I could be labelled sick and self-indulgent (Vickers, 2002). Ronai's (1995) *Multiple Reflections of Child*

Sexual Abuse – a retrospective account of the author's experience of childhood sexual abuse – is a good example of risk taking in academy. Listen to Ronai (1995) as she echoes the 'risk' of writing self in the text:

The real horror may be that we love sociology even when it abuses us by demanding that we repress our feelings when writing about research. Ultimately, a critical perspective is necessary to understand that information, through oppressive social science formats or suppressed accounts of child sex abuse, is not being disseminated because of spoken and unspoken rules about acceptable topics and communication strategies. Both silences must be abolished as harmful and legitimate. (p. 423)

A basic critique of the standardization of writing formats in the academy is that it suppresses the creativity of researchers by privileging the rational, all-knowing voice of science and scholarship (Ellis, 1993; Ronai, 1995; Richardson, 2001). Denzin, Lincoln, & Giardina (2006), for instance, problematize the philosophical and epistemological issues of what counts as 'good science.' Fighting for freedom of speech and democracy in the academy, these authors support scholarship (narratives, stories, and performances) that is "committed to social justice and the promise of radical, progressive democracy" (p. 769). Borrowing from *The Sydney Writer's Festival*, Vickers (2002) questions why the academy accepts research participants' stories as 'knowledge' while discarding researchers' sharing of their life experiences as "cathartic, narcissistic and self-aggrandizing tendencies" (p. 617).

In recent times, medicine and nursing have witnessed a rise in autobiographical accounts of illness (Wilks, 2005). Even though social workers are apt at the telling and retelling of service users' stories, it is only lately that the field of social work ethics is recognizing the potential of service users' narratives for practice intervention, as well as a framework for analysis (Wilks, 2005). My experiences – immigrant woman, social worker and scholar – drive my academic and community work. In telling my story, I hope to "situate my work in [a]

socio-political, familial, and academic climate" (Richardson, 2001, p. 34). Fully conscious of the Western academy's resistance to researchers sharing their life experiences and its judgement of 'good/bad scholarship,' I place my multiple selves on the razor's edge. I run the risk of being sliced to pieces through sharp criticism from other scholars. I take courage from Carolyn Ellis, Carol Ronai, Laurel Richardson, and others who have been instrumental in problematizing their intense personal experiences to bring to light systems of oppression and generate powerful insights in their respective areas of study. Their writings have illuminated how people are active agents in meaning making. In the interest of supporting diverse ways of knowing and resisting "Western sensibilities and rationality on experience" (Denzin, Lincoln & Giardina, 2006, p. 774), I prefer to bleed rather than choose safety through silence or compliance.

The Foucauldian Madwoman

My narrative, like other narratives, reflects multiple realities and is open to multiple reflections, meanings, and interpretations (Richardson, 1990; Ronai, 1995). My story is uniquely embedded within a historically, economically, and politically specific mental health culture. As I write the succeeding sections I draw on Foucault's (1965; 1972; 1995) discussions on: discourse, madness, power/knowledge, surveillance, and discipline as the backdrop for my analysis. I am not attempting to evaluate, summarize, or critique his intense and complex work. Primarily, I am reaching out to him to answer certain questions that have continued to haunt me over the years: "Why was I labelled 'mentally ill'?", "What were the rules that legitimized my institutionalization?", and "Why was my cultural way of mourning pathologized and disciplined?"

Foucault (1972) does not limit the meaning of discourse to a relationship between statements. Rather, he examines how historically situated social practices or structures of power/knowledge contribute to the production of subjects and their worlds, to the objects of our knowledge, as well as to our idea about reality. By situating power as the "other face of knowledge," he is able to make visible the association between power and subjectivity (Holstein & Gubrium, 2005, p. 491).

Foucault's discourse on madness implies that madness or madman did not exist as a solid entity prior to us naming it as such (Chambon, 1999). Stated in another way, something called 'madness' is constituted within the discourse. That is, madness or the madman is the product of that discourse that legitimates it as truth. For instance, in *Madness and Civilization*, Foucault (1965) reveals how throughout history the interplay of rules (political, economic, and religious), institutional practices, and public opinions shaped the discourse on madness. He asserts that it is a mistake to assume that the face of the madman that emerges from one historical period to the next – as the leper (Middle Ages), the fool (Renaissance period), the beast (Classical age), and the mentally ill (Modernity) – is one and the same – a single and stable entity. The central point, then, is that the idea of *madness* is a social and cultural construct. The knowledge and experience of madness depends upon a particular society's power structures and value systems. Undeniably, there can be no power without the regime of truth (discourse) that legitimates it (Foucault, 1972; Foote & Frank, 1999). Psychiatry as a site of power, a social practice, and a body of knowledge recognized by the government, the law, and the public stipulates assessment protocols, treatment regimes, prescription drugs, and recovery models universally across all cultural groups. The discourse of western psychiatry with its sweeping generalization and claims on medical truth – neutral, apolitical, and autonomous – legitimizes what it considers as *reality*, as well as what is deemed sane or insane behaviour.

My story illustrates how validating medical (expert) knowing, while discounting cultural practices and beliefs of the patient, biomedical psychiatry **exerted power** over me. The phone call that announced my mother's demise led to a chain of events that I have described in this essay. As my particular act of grieving – a ritual of my culture – deviated from the western psychological construct of human 'normalcy,' such behaviour then was diagnosed as *deviant*, requiring *correction* through institutionalization. Medical professionals whom I encountered in the hospital – the emergency room staff, psychiatric nurse, psychiatrist, and the social worker – concluded that my visit had everything to do with my psychiatric label and nothing to do with my grieving. The manual about me – my hospital

chart – dominated my confinement and the treatment(s) that followed. Strangely, my culture was never a salient feature during my hospitalization. It is in the act of first labeling me *at risk* and then hospitalizing me – construed as an intervention for my safety – that psychiatry both as "an effect of power and the means of perpetuating power" (Foote & Frank, 1999, p. 160) produced and sustained its commitment to truth. Ultimately, power operating through discourse confined me in the psychiatric facility. Here, discourse and cultural hegemony joined hands and dictated my treatment and recovery plan.

Painfully, my Eastern health practices weren't recognized as legitimate within the Eurocentric, biomedical-focused approaches to patient care and healing. I ached for solitude, prayer, and meditation. It was through *labour* (mandatory rehabilitative activities), not *idleness*, that the psychiatrist expected to *normalize* me. This focus on productive work is not new. During a moment of epistemological shift that Foucault (1965) calls 'The Great Confinement,' disobedience by resistance to work was considered a major transgression against the bourgeois society. The madman, along with anyone who did not model a 'good bourgeois citizen,' that is, who engaged in idleness or who could not find productive employment, was shamed through institutionalization. In Foucault's (1995) account, discipline as a type of power comprising "a whole set of instruments, techniques, procedures, levels of application, targets..." has been historically used to control people according to the binary branding of mad/sane, dangerous/harmless, and normal/abnormal (p. 215). The staff at the psychiatric facility exercised disciplinary techniques of *Silence, Surveillance and Judgement* (Foucault, 1965; 1995) – age-old weapons to return the madman to bourgeois normality – to bring me back from the world of madness to the world of sanity.

Discipline: Silence, Surveillance, and Judgement

In the early days of my hospitalization, I resisted the rules, the practices, the psychiatric power, and any attempts of therapeutic fixing by refusing to eat or follow the institutional daily regimes. I was restrained. I was excluded. I was subjected to silent treatment. I was silenced. These actions epitomize what Foucault calls the 'truth games.' Foote and Frank (1999) explain that, for Foucault, truth games

are relational as both parties (observer and observed, therapist and client, doctor and patient) are seeking some form of truth. Within these truth games, these parties enact the intimate dance of power/resistance, silence/speech, and absence/presence. Evidently, power and resistance co-exist. In domination, however, there is no room for resistance (Foote & Frank, 1999). Whenever I resisted, my body was subjected to the violence of the conventional discourses of psychiatric staff that “polices mourning,” “contains and confines it,” and “defines complicated mourning as pathological” (Foote & Frank, 1999, p. 170). My cultural story of grief was alien to the practitioners because “the dominant discourse has no narrative for such experiences or for such interpretations of experiences” (Foote & Frank, 1999, p. 178). The therapeutic sessions focused on keeping me – a social deviant – within the psychiatric definition of reality. It is my contention that had the mental health practitioners focused on *my* grieving rather than my PTSD diagnosis, it would have required them to travel to an unfamiliar place, to problematize their subject location, and even risk *not knowing*. Staying with the discomfort of not knowing rather than reacting to the expert need to *know-it-all* could have created a space where the social worker and I might have engaged in an authentic dialogue about my recovery.

Throughout my institutionalization, I was constantly under surveillance. I was *expected* to follow the psychiatrist's rules of morality: attend meetings, participate in rehabilitative activities, take my medications, and so on. Sure enough, there appeared to be a *partnership* between the psychiatrist and social workers (Morley, 2003). For example, my mental health grades were largely dependent upon my day to day performance. The social workers administered the grades for these behaviours. The psychiatrist evaluated the report card and encouraged me to ‘do better’ each day. My point is: I was evaluated against a norm of behaviour prescribed by the psychiatrist. Due to these unceasing observations and judgements, I unconsciously began to monitor my behaviour, comparing it with the performance of other patients. After about a couple of weeks of hospitalization, I noticed that I had begun to inspect the walls and ceilings of the bathroom for hidden cameras. I was haunted by the “faceless gaze” (Foucault, 1972, p.

214) of those in control of my behaviour. Foucault (1965) describes a similar tactic of observation, “recognition by mirror” (p. 262) that was used by the eighteenth century therapeutics to control and assess the madman. In the asylum, the madman was not displayed in a cage as a spectacle of public observation and pleasure like the Classical madman. Rather, he was assessed through internal self-observation. The staff in Pinel's asylum encouraged the madman to emulate those outside the asylum (the sane) and refrain from behaviour of individuals within his community of madmen. Since “awareness was now linked to shame of being identical to the other...” (Foucault, 1965, p. 265) the madman recognized himself, as in the mirror, as objectively mad. In other words, it is through merciless observation of himself that the madman is convinced of his madness, thus madness becomes a spectacle of itself (Foucault, 1965). Similarly, I *internalized* the disciplinary power within my private and public psyche. I lived in a state of continual unease, highly vigilant of the faceless gaze of the doctor.

Foote and Frank (1999) suggest: “The internalization-of-power argument posits that those being ruled either accept the demands of those in power as legitimate or fear that ‘they’ – those who have power – may be watching” (p. 161). Alas! I was *forced* to comply. It was critical to my release that I produced signs of progress, that is, exhibit a reduction of symptoms. Compliance equates freedom. Any departure from prescribed rules of *time* (lateness, absences), of *attitude* (lack of fervour), of behaviour (disobedience, resistance), and of the body (irregular gestures, lack of cleanliness) was judged harshly, which resulted in punishment (restraint, loss of privileges, petty humiliations, etc.; Foucault, 1995). I surrendered. In the “doctor-patient couple” (Foucault, 1965, p.275), I submitted my consciousness to the doctor.

Paradoxically, as I navigated the waters of psychiatry, I found the psychiatrist as “divine” and “satanic” (Foucault, 1965, p. 275). He supposedly possessed *mysterious knowledge* to release me from the ghosts of my insanity. He had the power to keep me institutionalised as long as he thought was warranted, as well as to sign my certificate of release. In this dual system of “gratification-punishment,” my behaviour was judged on the

opposed values of good and bad and normal and abnormal (Foucault, 1995, p. 180). I was rewarded with privileges for good behaviour and punished for bad behaviour. At the heart of these disciplinary punishments was the motive to sustain the master narrative of the medical model so that its powers are transferred to the next generation of psychiatrists just as the doctor transferred the power to Freud.

Like Foucault's (1965) madman, I was the "Passenger par excellence: that is prisoner of the passage" on the *Ship of Fools*, a "liminal position – on the exterior of the interior and vice versa" (p. 11). I was the locus of psychiatric discourse that constructed me as "mentally ill," yet I continued to be an outsider standing on the sidelines and excluded from this discourse. Ironically, the weight of my recovery and liberation rested on my shoulders. I was both the object of knowledge and the target of intervention. Buried under the power-knowledge nexus, I experienced the psychiatrist as a *judge* who would ultimately give me the medical certificate of sanity, a *clergy* who expected morality from me, and a *father* who claimed to know the best recourse for my freedom from mental illness (Foucault, 1965). Oh! How right Foucault (1965) was. The present-day psychiatric practice is nothing more than "A moral tactic... preserved in the rites of asylum life, and overlaid by the myths of positivism" (p. 276). In my experience, the face of the modern day psychiatrist is that of an archetypical, patriarchal, and patronizing figure.

Looking Ahead: Implications for Practice and Policy

In the last decade, the shift from traditional European countries to non-European regions (India, China, and the Middle East) as the source of immigration, thereby increasing the visible minority population amongst newcomers, has been one of the most prominent demographic changes in Canada (Chui, Tran, & Maheux, 2007). Despite these changing demographics, the western discourse of health and recovery that assumes a universal psychology of individual mental health, empirically supported treatments, symptom reduction, and prescription drugs continues to dominate Canadian mental health policies and practices (Bhugra & Bhui, 2001; Jhangiani & Vadeboncoeur, 2010; Morley, 2003). Even though psychiatry and psychology have made efforts to move away from a

mental disorder to a *mental health* paradigm, as Jhangiani & Vadeboncoeur (2010) note, "health care approaches that determine how mental health is defined and articulated as policy have failed to adopt a culturally responsive perspective" (p. 169). Since the birth of the Diagnostic and Statistical Manual (DSM) – considered a corpus of medical knowledge – psychiatrists and other practitioners of psychotherapeutic interventions have used it as a diagnostic tool to separate the normal from the pathological. The diagnosing and labeling of individuals as 'mentally ill' based on the Euro-centric and disease oriented models have implications for practice and policy within the evolving Canadian mosaic.

Scholarship suggests that mental health practitioners frequently regard their Western ideologies as superior to other worldviews, stereotype certain groups (for example, South-Asian women are viewed as 'poor' patients – incapable of following instructions), and generalize their past experiences with a particular cultural group to all the members of that population (Jhangiani & Vadeboncoeur, 2010; Wong & Tsang, 2004). Bhugra and Bhui's (2001) disturbing finding is an example of the hegemony of the western bio-medical principles in mental health service. People from ethnic minorities are more likely than the general population to be administered higher doses of psychotropic medication for a longer duration and to receive treatment compulsorily with no clear explanations, and are "frequently not offered counseling on the premise that such individuals are not psychologically sophisticated" (p. 240). As a Native American scholar and practitioner, Calabrese (2008) is well versed with the harmful consequences to his community's mental health as a result of the Indigenous and Western paradigm clash. He is justly critical of some western clinical practitioners who regard their knowledge as "culture free" (p. 336) and diminish Native American therapeutic interventions as "mere aesthetic performances, religious traditions, superstitions, even drug abuse or manifestation of mental illness" (p. 337). My narrative is an example of such a paradigm clash that Calabrese (2008) speaks about. The imposition of psychiatric diagnostic categories "developed with Western nosological categories in mind" on an ethnic client and/or institutional practices could result in psychiatric misdiagnosis (Bhugra & Bhui,

2001, p. 239). The cost of erroneous diagnostic labels, Bhugra & Bhui (2001) remind us, is non-delivery of appropriate treatment, a deferred intervention, and/or an unnecessary delay in help-seeking behaviour.

In this multi-cultural, multi-ethnic, and multi-racial society, it is then imperative that helping professionals, in designing health care policies and treatment programs, take into consideration other factors such as the client's religious and spiritual beliefs, familial context, as well as their meaning of health and preferred help-seeking strategies. Calabrese (2008) emphasizes the importance of acknowledging unique and heterogeneous ways of understanding the world (such as the cultural meaning of health, norms of sexuality, childbearing, etc.). Morley (2003) advocates a critical approach to social work that privileges the service users' *meaning* of a particular behaviour within the larger socio-cultural context. Her central message is: since social work has its own code of ethics that are not connected to the medical model, why does social work, like medicine, pathologize people experiencing psychological distress? Here, she is referring to the 'psychiatry-social work' partnership I spoke about earlier. My answer to her is: Social work, like psychiatry, is a site of power that engages in *truth games*. Therapy, as a truth game, produces the madman/the griever as an "object of *social work knowledge* and as a subject for themselves" (Foote & Frank, 1999, p. 163, emphasis mine).

One could view the efforts to improve the cultural validity of DSM-IV by introducing culture-bound symptoms (description of culturally specific psychiatric syndromes) as a step in the forward direction; it validates those individual differences that are rendered invisible in the diagnostic encounter when illnesses are perceived through the western lens. Nevertheless, psychiatric labelling could be detrimental. Engstrom & Okamura (2004), for instance, convincingly argue that pathologising symptoms of trauma has serious implications for work with refugees. These authors state that "Using PTSD and other psychiatric diagnosis with torture survivors removes the focus on the socio-political context of torture, individualize[s] the suffering, and negates important work on prevention, gaining impunity for victims and exposing the causes" (p. 303). It is important that mental health

professionals clarify the health related issues with the client rather than forcing certain behaviour to fit within the DSM categories. Such communication requires a shift in perception. It means that the health professional as the 'expert' would have to drop the schema that his knowledge necessarily leads to effective intervention in all situations. He must be willing to treat the client as an expert of his own situation and to seek knowledge from him about what life is like for him by giving him an opportunity to speak about his notions of mental health and recovery (Dean, 2001).

Getting back to my earlier point, the mere inclusion of cultural related symptoms in DSM may be helpful to some degree, but it would not necessarily lead to a holistic understanding of the health of individuals from that cultural group. It is a 'bandaid' approach to inclusiveness. Unless the producers of DSM take into account contextual factors (poverty, racism, sexism, violence, etc.) to understand illness and prescribe treatments, include voices of marginalized groups, pay attention to gender bias, and address the political nature of mental health concepts, its detrimental effects on people's lives will continue to outweigh its usefulness as a mental health assessment tool.

Foucault's work is critical and transformative. He forces us to problematize our privileges as scholars working within the Euro-centric and patriarchal discourse of mental health. His words disturb our epistemological beliefs, demanding us to confront shifting realities, pay attention to how we do things, and assume responsibility to how our status as health scholars contributes to the production of discourses that maintain the status quo and perpetuate injustices (Chambon, 1999; Foote & Frank, 1999). Foucault's insights can help social workers link the self and society, personal and political, and theory and practice, thus generating knowledge about how institutional practices and social discourses sustain the speaking subjects and produce objects of which they speak (Chambon, 1999; Holstein & Gubrium, 2005; Scheurich & McKenzie, 2005).

Moving Forward

The saga of madness is intimately related to the saga of my institutionalised self. It is a tale of nuances, of complexity, and of suffering. Time and again I

wake up from the terror of being strapped to the bed. The intimate conversations with my diary helped me cope with the aftermath of that traumatic experience of institutionalization. As I reread my words, some of them lack coherence. The stains on the pages bring back old memories. Indeed! My writing is messy just like my life. My story is very much related to my life; it is tainted by my experience, and it is born from my heart and head (Richardson, 2001).

Writing, reading, editing, reflecting, analysing, and sharing my story with other scholars has been extremely painful. This process of reliving one's experiences through text, as Ellis (1993) points out, "may not be attractive to everyone" (p. 727). My intensely personal narrative is vulnerable to a series of criticisms that other autoethnographers and storytellers encounter: i.e., it lacks theoretical sophistication, it is not scholarly, it compromises ontology, and so forth (Ellis, 1993; Ronai, 1995; Richardson, 2001; Vickers, 2002). Nevertheless, I felt compelled to write through this pain and the fear of being branded with harsh labels. It is possible that through the telling of my journey I connect to others' similar experiences. The process of writing helped me face the demons that were still trapped in my mind after all these years and reclaim my experiences. Each time I write, I discover something about my selves. This self(s) keeps shifting and growing whenever it encounters other selves and society.

My knowledge – political and personal – surfaces from my particular location in my particular bodies (selves) with particular feelings, experiences, and desires (Richardson, 2001). Having lived in the body, mind, and spirit of my institutionalised self and positioned in a subordinate position in society, notions of exclusion and marginalization have acquired new meanings. As a researcher and scholar, I am more determined to engage in the kind of academic work that opens up safe spaces where the voices of the 'marginalized Other' can be heard. Certainly! I am willing to problematize my speaking subject position.

My institutionalised self does not exist in a vacuum. She is silenced by the gaze of the psychiatrist, the academic, the government, and society. Some of you may be touched by her. You may genuinely

want to dialogue with her. Perhaps you are caught up in your dominant constructions and are unsure how to negotiate the anxiety and discomfort around *not knowing* the cultural Other. Your epistemological and ontological beliefs clash with her world view. Societal rules of morality, the social work code of ethics, and funding cuts further restrain you from reaching out to her. As guilty as you feel about your paternalism, deep in your heart you may yearn to emancipate her. Caught up in your social codes and practices, you feel inadequate. This encounter between your *not knowing* self and her *marginalized* being, however unsettling, could be transformative.

I confess that I don't know anything for sure. All the same, I argue with Calabrese (2008) that "Psychotherapeutic intervention is not something that can be standardized, manualized (encoded in the instructions of a 'how-to' manual), and regulated...It is not owned by any particular cultural group or professional organization..." (p. 334). In fact, there is no universal theory and there *never will be* one through which you can get to really know me, the Foucauldian madwoman. I suggest that you keep an open mind, learn to listen, and risk *not knowing*. Perhaps then you may get a glimpse of me.

Glossary

Antim Sanskar – "*Antim*" means Final. "*Sanskar*" means ritual. In Hinduism, it means the final ritual that is carried out upon the death of an individual.

Preta – signifies a "ghost." Hindus believe if a proper death ceremony is not conducted, then the soul of the deceased may linger and suffer as a ghost in the earthly realm.

Pitrs – represent the departed spirits of Hindu ancestors. They are remembered through annual ceremonies.

Suhagan – means being married. To be married is considered auspicious by Hindus. The traditional blessing that elders give married women is: *sada suhagan raho*, meaning may you be happily wedded until your death.

Shamshan ghat – is the Hindu cremation ground. Married women are dressed in their wedding *saree*

for the death rite and their ashes dispersed in the holy Ganges river.

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Looking through the Lens of Urban Teenagers: Reflections on Participatory Photography in an Alternative High School

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Abstract: Earlier in this decade, two graduate students and one faculty member in social work facilitated a participatory photography project at an alternative high school. Our project sought to garner the unique viewpoint of urban youth on assets and issues in the community. We met with a group of adolescents twice a week over the course of 10 weeks to go on community photoshoots and conduct photodiscussions. This article aims to provide a critical reflection of our experience with this project. We have incorporated some additional information about the implementation of our project alongside our reflection. The relevance of our social work training and its influence on our perspectives are discussed.

Keywords: urban blight; teenagers; groupwork; group dynamics; high-school project; community-based participation; graffiti; murals; participatory photography; systems theory; strengths-based approach; transference; countertransference; resilience; photovoice

Introduction

We are sitting outside the building waiting to go inside. We have arrived too early, and we are nervous. We have been preparing for this day. We combed through the literature, making extensive notes. We met for hours planning our curriculum for the project, and the digital cameras have been purchased. We are still nervous. Will the teens think this project is pointless or boring? Do we know what we are doing? Will we fail? It was time to go. We mustered up our courage and went inside the building.

During the spring term of 2010, a team of university faculty, students, and staff designed and implemented a participatory photography project at an alternative high school. The three social work team members, who had primary responsibility for the content of the project, aim to provide a descriptive critical reflection of their experience. We have structured this reflection according to each of the contributing writers as a way to present the components of the project along with individual reflective pieces. While each section has a primary author, we have all contributed to the final product.

Project Overview

Our project was based at an urban high school in the northeastern United States whose mission is to facilitate academic achievement through project-based learning. This school engages youth who

have had varying degrees of success in a traditional school structure and provides an alternative route for earning a high school diploma. Two social work graduate students (now MSW's) with knowledge and interest in this substantive area helped with project implementation as part of an independent study course. Travis attended introductory sessions and the photoshoots, and Jill W. led team-building activities and facilitated "photodiscussions." Jill C., a social work faculty member, oversaw the entire project. The goal of our project was to improve critical thinking and writing skills through the medium of photography, and the focus was on strengths and weaknesses in the community. We met with a small group of youth (aged 15-18) two times per week over the course of 10 weeks with each session lasting approximately two-and-a-half hours. One session took place at the high school to complete group photoshoots. The second session, which was held at the university, was a discussion of the images they created.

The nature of participatory photography seemed to be a good fit with the school's programmatic needs, and our project was based on the principles of photovoice, a methodology geared toward participant empowerment (Wang & Burris, 1997). Photovoice is a research methodology, which often culminates in a public exhibition of the photographic work created by the participants. Our project was not research-based, thus we did not collect any data. However, we sought to create a

critical dialogue about community concerns and provide a way for participants to present their perspectives, which included a planned exhibit. We felt they could provide a unique perspective on answers to community issues that plague leaders, scholars, and members of the community: How do we strengthen our community when problems seem to engulf us?

An Exploration of the Photoshoots: Jill C.'s Reflection

Our photoshoots occurred in the community where the high school is located, and each time we went out to take photographs, we chose a different route. I was very new to this city, having lived there less than a year, and this neighborhood was completely unfamiliar to me. As we explored the neighborhood and I got to know the students, they told me and showed me about the problems they and their community faced. As we talked more, I came to realize that this was not a place that many people visit; something that they in fact acknowledged. Yet these young people exhibited such resilience. The juxtaposition between their toughness and their vulnerability was striking. At times they seemed mature beyond their years, and at others, they were very typical teenagers. Despite the hardships they faced, they seemed to be hopeful. As an educator, I have often stressed how environment shapes development and the role of resilience in overcoming difficulties in that system. This experience further confirmed my thinking and allowed me to see that developmental struggle to achieve autonomy in a new context.

During the photoshoots, the youth appeared to have little difficulty capturing the problematic aspects of the community, but struggled to locate community strengths. Regardless of the focus, the images generated during the process were powerful. However, we did not specifically ask the participants' permission to include their work in any scholarly publications. Therefore, I, not the participants, took the photographs included in this article. Nonetheless, these images are representative of the content captured by the youth as I accompanied them on photoshoots. Taking pictures with them allowed me to feel more like a participant instead of a facilitator. I think this created trust and allowed me to become part of the group. I am not sure this would have occurred had I

not been along on these outings. Moreover, I was "framing" the community just as they were, and our perspectives often merged. I chose three photographs which reflect topics extensively explored in our photodiscussions – trash, abandoned buildings, and graffiti. These three components were not exceptions in the community that the youth chose to highlight; they were part of the norm. Yet for me, they were in stark contrast to my own experiences of community both as an adolescent and an adult, and as we photographed these realities, I was outraged by what community residents are expected to accept.

Trash was ever-present on our photoshoots, and it is both a reality and a stereotype about Philadelphia. The city has been dubbed *filthadelphia* (Urban Dictionary, 2010), which pretty accurately reflects the significant litter problem that can be found in various parts of the city. The pristine urban landscape of Center City stands in stark contrast to the debris found outside the downtown area, which really made me think more about the meaning of trash at a social structural level and the community narrative that emerges as a result of it. Image 1 depicts this problem by capturing the window of an abandoned building that has been stuffed with various cans and bottles. Although this display of trash is somewhat different than the routine reality of trash seen on a day-to-day basis, this unusual arrangement catches the eye. Gutters full of filth, streets lined with discarded papers, and sidewalks



strewn with cigarette butts often go largely unnoticed, but placing a camera in participants' hands can make even the mundane stand out from the background. As the number of photoshoots grew, I too found that I "saw" the trash less.

Even in such a short time, I became accustomed to all the various kinds of litter around me. Furthermore, my reaction to the trash was similar in some ways to that of the teens. Their perspective seemed to vacillate between apathy and outrage. So what if I litter when it is already dirty? Why is it so nasty here when other neighborhoods are clean? I could relate to this and found my own feelings waxing and waning along much the same continuum.

Abandoned buildings were also ubiquitous on our photoshoots and seemed to be an accepted aspect of the landscape for this group of youth who indicated that the discarded properties are havens for drug dealing, assaults, and squatters. While I have worked with clients from a wide-ranging set of circumstances and backgrounds, I had not experienced community problems in quite this way. Standing in front of these scary looking places made me wonder what might be lurking just inside. One's perspective significantly changes as one's car is exited and replaced by a walk in the neighborhood. The reality of burned out buildings and accumulated trash is felt in a new way, and I was changed by this experience. I could now begin to imagine what it must be like to have to live with these community problems as part of an everyday landscape. Interestingly, the youth still expressed a desire for change in the community even though these empty shells were the norm. To them, the buildings represented opportunities to create jobs, community centers, and outlets for recreation. This neighborhood offers little in terms of teenage socialization. Movie theaters, bowling alleys, and shops are conspicuously missing, so hanging out on



the corner is literally the only available activity for many young people. This forced me to think about privilege, my own as well as others, and the inequity of opportunity concentrated in geographic spaces. Thus these abandoned buildings are physical reminders of the plight that is occurring in this neighborhood. Image 2 illustrates how these sad behemoths loom largely in the community and exude their associated risk of both danger and untapped potential.

Finally, our photoshoots were never without an occurrence of graffiti and other forms of street art. Philadelphia boasts the greatest number of outdoor

murals across the country (~ 5,000) and the largest public arts program solely focused on their creation (Mural Arts Tour, 2010). Like most places with graffiti, the spray-painted additions to alleys, underpasses, and abandoned buildings range from elaborate artwork to tags (graffiti artists' signature symbols). However, many of Philadelphia's neighborhoods also have these elaborate murals (for a virtual tour of these murals, see <http://muralarts.org/explore/mural-explorer>), including the one where our project took place. These murals

are spectacular in scope and content and came to be one my favorite things about Philadelphia. Every corner we turned, we faced some form of graffiti, and the artistic expression was at times beautiful. I could appreciate the skill needed for their creation and thought a lot about how these brightly painted displays might be viewed as welcome additions to the community. At other times, the graffiti evoked a real sense of sadness. People who had been murdered were memorialized in spectacular displays of grief, and the knowledge that violence was a problem in the community was unavoidable. It was hard to wrap my head around what it might be like to be a part of a community where this might be

routine. Like the trash and the abandoned buildings, I wondered: are these memorials “unseen” over time? For this group of youth, both the murals as well as the street art were respected, but tags seemed to be viewed with both a lens of inevitability along with an acknowledgment of their perceived contribution to the degradation of the community. Large displays of graffiti are often not just one thing or another, as Image 3 provides a complex mix of elaborate artwork and a variety of tags.



The photoshoots were typically fun for the teens, but sometimes it was for reasons other than taking pictures. I had imagined that they would embrace this project since it was different from traditional curriculum, but what I did not fully consider was how the youth would view the actual tasks required for the project. It was schoolwork – brainstorming, writing, and thinking about the interrelationship of issues at the social level. As a result, I had to reconsider these assumptions and how they were influencing my perspective and expectations. Slowly, I was able to let this go and focus my efforts on what the teens wanted from the project. I did not always find this easy to do, but once I did, I found the experience even more rewarding.

As a facilitator, I enjoyed these photoshoots immensely as it allowed me the opportunity to get to know the youth, the city, and ultimately myself in a different way. I reflected back on my upbringing from a slightly different perspective and thought quite a lot about the lived experience for these teens. Accompanying them on the photoshoots also provided an additional dimension of understanding that would prove useful when I observed their photodiscussions a few days later. Because they

would choose which two pictures they wanted to include for group presentation and discussion, I was able to see what was most relevant to them from our outing. I had viewed the scene for myself, and now I got to see the way they framed and explained it and how they felt. Seeing both sides of the process illuminated the strengths of participatory photography as a creative endeavor and a medium for critical exploration.

Photodiscussions: Jill W.'s Reflection

To further explore the teens' photographs, the images were displayed and the group discussion was structured around a series of questions aimed at deconstructing the image. These questions, called SHOWeD, are: 1) What do you See here?; 2) What is really Happening here?; 3) How does this relate to Our lives?; 4) Why does this problem or strength exist? and 5) What can we Do about this (Wallerstein, 1987)? I facilitated these photodiscussions in order to foster further analysis of the strengths and issues in the community. I was eagerly anticipating my role, and the more I read about photovoice, the more I wanted to get started. My excitement continued to build throughout our preparation of the project, until the moment I stood up to begin the first photodiscussion – and then I became anxious. I suddenly started doubting my ability to connect with the teens, and I worried that they would feel uncomfortable with me. I studied group work in my Master's of Social Work program, yet I struggled to put what I knew into practice. I realized later that, through this struggle, I learned something about myself and my ability to work with groups.

During that first photodiscussion, I felt my anxiety grow with each picture. My approach did not seem to be working, and most of the youth were answering the questions very concretely. They were not making any connection to larger social issues or their experiences in the community. Yet, when I would attempt to get the group to go deeper, the conversation rarely offered any further insight into their thinking. With every one of their blank stares and yawns, I became increasingly doubtful of my ability to engage this group. Finally, I realized that I was not facilitating a conversation; rather, I was using the SHOWeD questions like a script. My mind raced as I frantically attempted to recall literature I had read about group work with

adolescents, photodiscussions, or anything that could bring life back to this session. Then, a teen that was known for his spontaneous shouting did just that. He yelled out a comment about what he thought was really happening in another teen's photograph, and the energy in the room changed. In that instant, my fears eased. I had unknowingly set my expectations for the natural flow of the discussion too low. I realized I was putting too much emphasis on my role in facilitating their discussion rather than recognizing their own interests and abilities. Slowly, other members of the group started vocalizing their opinions, first about his comment and then about the picture itself. Although the conversation was somewhat chaotic in its structure and form, the youth were engaged in a dialogue with one another. Their insights about the pictures started to build from their respective ideas.

During those first few minutes of give and take, I allowed myself to just observe and process what was happening around me, but not react. And what I realized was that I was not being authentic to my professional training, my experience, or myself. I focused too much on the questions that I was posing, and in the process, I missed their answers, their voices. I needed to utilize my knowledge about group dialogue to achieve the depth that seemed to happen organically as a result of that one student's comment. I was better able to implement the group facilitation skills I had learned through my graduate-level coursework in the succeeding sessions because of this realization. I continued to use the SHOWeD method to guide our discussion but now I posed those questions in a way that allowed for the teens to reflect on the photographs from their respective interests and cognitive abilities. I refrained from directly asking the participants the reasons why they thought something; rather, I allowed for more time, often with everyone in silence, for them to think about their answers.

At first, the silence was somewhat uncomfortable for me. I worried the group members would perceive the silence as "free time" to talk or check their cell phones, but I forced myself to create the space for silence, sometimes slowly counting to 30 in my head before engaging the group again. Once I became more comfortable with this technique, I found the silence gave me time to reflect on what

was happening in the group. In the initial photodiscussion, I felt like the pace of the facilitation was getting away from me, but now, through the use of silence, I was more aware of the group dynamics and discussion flow. The silence was also helpful when the discussion required the teens to critically analyze the circumstances or symbolism of the image. I found that some of the youth would use this time to provide an initial answer and then respond after more thought with additional detail or insight.

Interestingly, when the image was not their own, the teens were much more willing to discuss the possible assets and social problems present in the picture. In fact, the most in-depth discussions typically occurred when the photographer was absent. The teens seemed to more freely analyze what the photographer may have intended to represent when no direct response from that person was possible. Despite my attempts to reassure the teens that there was no "right" answer when analyzing photographs, the presence of the photographer in the group changed the depth of the dialogue. At first, I thought their openness to talking about the photographs of an absent group member was rather strange, and then I remembered what it was like to be a teenager. All the pressures of being accepted, always having the right answer, and the constant worrying of being embarrassed may just be influencing how freely the group discussed the photograph in front of their peer photographer, and then it hit me: my feelings of nervousness and doubt about my ability to facilitate the photodiscussions were not that different than how the teenagers may have been feeling when asked to discuss their pictures in the group. I suddenly had a better understanding of our shared experience.

Although I will never know if these factors did in fact impact group discussion, I did become more sensitive to the social pressures this age group might be experiencing. I made a conscious effort to integrate what the teens were doing well in the discussions, thus actively applying a strengths-based approach to group work. My facilitation now included comments that highlighted the good qualities of the teens' photographs as well as their comments in discussions. I was now reinforcing their photography skills, the purpose of the project,

and the value of the teens' perspective. Moreover, utilizing a strength-based approach may have helped the students realize the potential in their own voice and promoted positive group dynamics.

Like most groups, the teens came to the project with already established social norms, and a few of the extroverted members of the group would sometimes tease the alienated members. This was the first time I had experienced this type of behavior in a group that I was leading, and I did not quite know how to respond. I could feel myself getting very upset – angry, actually. The teasing seemed foreign, yet very familiar to me. This type of relentless mockery was something I had not heard in several years; however, it only took a few moments for that rhythmic sound of the jokes and jabs to bring me right back to, well, high school. I found myself becoming distracted by my own emotions. If I had to take a photograph that would represent my work with this group, it would have been the moment when the teasing erupted. This image would remind me to always see the whole person in every group.

Watching the teasing gave me a greater appreciation for the complexity of their lives. The social problems depicted through our project only scratched the surface of what some of the teenagers regularly endured, whether as an aggressor or a victim of the teasing. Despite my distraction, I knew I needed to redirect the group away from these negative behaviors. I picked out a strength from the preceding comment and directed the group toward it. This technique allowed me to refocus my emotional response and maintain a professional boundary with the group. As a result, I could appreciate how a strengths-based approach can be beneficial for the facilitator as well as the group when responding to disruptive behaviors. I will take this experience with me, and my mental image of the teasing will influence my social work practice. Every time I recall that image, I discover something new about the interaction. On that day, the image represented the complexities of social acceptance, and now, through further reflection, I see those group members in the background who attempted to defend the students getting teased, a strength of the group I did not initially recognize. This mental image continues to be a point of reference for my group work and personal growth in social work practice.

Through my experience in these photodiscussions, I learned that creating depth in group discussions can be achieved when the facilitator is attentive to the strengths of the group and makes the proper adjustments so that all group members feel comfortable with their abilities. At the beginning of the project, I was trying too hard to move the group toward my expectations for a “good” discussion. Listening to the teens and observing their interactions helped me to change my approach to something that was more conducive to their established group dynamic. I found this to be especially important because this group came with a shared history. Once I started to become more authentic to my own strengths and training, I was better able to incorporate the values of photovoice into my facilitation instead of just the techniques. Moreover, the teens seemed willing to open up as the project progressed, and their group dynamics came to the forefront, which fluctuated according to the composition of youth for that particular session. Despite the teens' increased engagement in the project, the group's cohesion was often dependent on attendance, and as a result we were unable to achieve consistency across the sessions. Working on this project gave me a greater appreciation for how the strength-based perspective can move my attention from challenges in the project to the abilities of the group and its individual members. I also found that in working with teens, taking time to affirm their individual strengths can help foster their connection to the group, the project, and the value of their perspective.

Group Dynamics: Travis' Reflection

In my advanced practice course, we had been discussing group dynamics in the clinical setting, and now I was presented with an opportunity to apply some of this knowledge at the community level through my involvement with this project. Prior to its start, I had my own conceptualizations about the interactions and exchanges that occur between members of a group, and I held the naïve belief that an organism is an easy thing to build. What is a group, after all, if not a biological organism? My social work education has taught me to view life – indeed, the entirety of the universe – as an interconnected, ever-changing machine that encompasses the individual systems that make it up, and then uses these individual systems to drive the larger form. Coupling this with my personal belief

that human beings are basically good and will tend to behave altruistically, with the betterment of the human species always in mind, I saw a chance in this project to continue a subjective interrogation into the nature of group dynamics.

From my perspective, this project would be a sort of litmus test of my assumptions and beliefs about the way that people interact with one another. I began to think more about my own experience in groups and about our coursework at the time. Yalom and Leszcz (2005) write that the first group to which we belong is the family, and that the groundwork for all our future interactions in social situations is shaped by these previous experiences. Given how the past influences the present, issues of transference and countertransference have been in the forefront of my mind since the start of my work with clients. Sitting in groups, it is easy to drift, to fall back into memory, and the faces of clients become faces from the past. I reminded myself that it would be crucial to remain grounded in the present moment and to not use this group to work through my old psychic wounds. It was also important for me to view this project as distinct from my previous experiences with group work.

My primary participation occurred during the initial group meetings, and throughout those sessions I was paying particular attention to the interpersonal transactions among the group members. What struck me were the tenuous stabs at communication, the initial glances and stares that I felt upon me. At this early stage of the project, I wanted to foster trust and ensure the creation of a safe space where the teens could dialogue openly. Fundamental aspects of social work practice and education, such as active listening skills and use of empathy, would prove essential as the group learned how to work with each other and me. The initial sessions focused on the basics of photography, and I quietly observed these meetings. As noted above, the youth came to this project with pre-existing social norms, and I took note of the already-established alliances among the youth. During these sessions, I had a sense that I was an outsider or in some way not welcome. I do not believe that this is due to the way that the youth treated me, but rather, my own issues with groups, which I needed to attend to and monitor.

After several sessions, Jill C. asked me to facilitate a

discussion on perceived community strengths, and I immediately felt anxious. I spent some time reflecting on the difference between this group discussion and a group therapy session. While the project did not preclude the exploration of emotions or trauma, it was not the express purpose. Whereas I was skilled in getting people to open up to me, I would also have to be careful to not turn this discussion into therapy. This group activity was to be a brainstorming exercise where the youth would identify strengths present in the community, and I was to record their answers on a large notepad. The purpose was to get the youth to think about the neighborhood in a critical fashion while simultaneously utilizing a strengths-based perspective to elicit positive observations about the community. Part of the reason I felt nervous at this meeting with the teens was the fact that I had no experience working with youth outside of an undergraduate internship five years prior. Nonetheless, I anticipated the prospect of challenging myself in the context of non-clinical group work.

At the beginning of the activity, the teens just stared at me while I stood at the front of the room with the big notepad. I tried to get them to say something, anything. Their gazes fixed firmly on me, I felt a sort of self-consciousness, wondering what I looked like to them. Keeping my attention on the exercise gave me something outside of myself on which I could focus. What was important was the formulation of the group through their interaction. I had approached the exercise as information seeking, in that it would reveal insights into the youth's understanding of their community. I used open-ended questions, made jokes, and tried to facilitate trust by conveying warmth, respect, and interest. I also focused on their body language and other non-verbal cues. The youth seemed to respond to my methods, and slowly they began to open up. They were engaged and interested, but after 10 minutes of discussion, one teen asked me to rephrase a question, and I panicked, taken aback. Why had he not understood the question? Was I being too obtuse? Did I need to alter my word choice? Remaining grounded in the present moment is not always easy for me, but mindfulness techniques have made me aware of the value of perceiving the immediate environment with all five senses. I refocused and tried to consider more carefully what

it was I was actually trying to ask. Finally, I was able to revise my statement to the student's understanding, and the discussion continued. The list grew, and I was impressed with the students who seemed willing to look at the positive aspects of spaces that might be seen as largely negative. The conversation did veer at times towards the negative, but through the use of reframing technique, I was able to redirect the activity while also validating the negative aspects of the community that the youth described. I considered my rephrasing of the question and the teens' reframing of their environments, and I recognized that the group is a potentially transformative environment, a place to learn new patterns of interaction with others.

I assumed that the group would come together quickly, that they would fall instantly into patterns of considerate listening and feedback. The reality is that the teens were making steady progress, and, as the literature suggests, team-building exercises were essential at the earliest stages of group formation. The creation of an environment where honest communication could take place is a challenging aspect of group work, yet this is an aspect of practice that has been derived directly from my formal training as a social worker. By maintaining a strengths-based approach where the socially interactive process was equally as important as the end product, any information, which was generated from my exercise, could be viewed as valuable to the project. The teens were able to critically consider their communities and focus upon positive elements of these spaces. At the same time, they grew more comfortable with each other and with our team. Harmony is not easy to attain, and healthy group dynamics do not form instantaneously. I was forced to remain flexible in my selection of methods, and this served as a reminder of the need to remain malleable in the design and implementation of the project.

As the exercise was concluding, I wrote the final item on the list of community strengths. I was thinking about my role in this project. It felt like I had not done all that much tangible work during the exercise, but perhaps this was due to my use of skills internalized throughout my social work education, such as use of empathy, active listening skills, and maintaining a strengths-based perspective. This group experience also allowed me

the opportunity to interact with a totally unique group, wholly different from my encounters within other group contexts. I felt that my education had encouraged me to be fluid in my thinking, to adopt and appreciate a wide variety of ideas and experiences.

I felt more confident in my own abilities to facilitate group discussions with culturally diverse groups afterwards, and also had a sense that the values and experiences of the youth involved were not all that much different from my own. We shared many central concerns. My work on this project was distinct from my family upbringing, my education, and my employment as a group therapist, and it was important for me to draw clear boundaries throughout the process, to remain grounded in the present moment, and to actively listen and pay attention to what the teens were presenting to me. Moreover, through my work on this project, I reexamined many of my existing notions about group work, as well as my practice as a social worker. In educational terms, I feel that this project corroborated much of what I had learned and observed already in my Master's program; namely, that the subjective experience is valid and valuable, and that humans seem to want to cooperate and communicate. I was able to participate in new experiences, facilitating groups with a population that I had previously never served. At the same time, our team as a whole learned some valuable lessons about implementing a participatory photography project at the community level.

Discussion

In reflecting on the project as a whole, we felt that our social work training assisted us in a number of ways. First, a strengths-based perspective enabled us to respond to some of the unique challenges we faced during this project. For example, we approached the teens' inconsistent attendance from a perspective that allowed us to acknowledge the participation of those that were in attendance, while recognizing the complexity of the teens' lives. Of course, we were disappointed when attendance was low; however, if we were to value the experience of the teens' lives in our project, we had to also understand that these same situations, stresses, and responsibilities could prevent them from attending individual sessions. We did not anticipate this variability in attendance, but our adaptation to it was

just one of the ways we learned the importance of altering our expectations when implementing a community-based participatory approach with teens. We learned to hold less steadfastly to our agendas and allow the process to unfold naturally.

Second, our educational background and training in social work taught us to begin “where the client is,” which in this case was the group as a whole. Despite this, we began the project with a set of clear assumptions and expectations for the group. But we quickly realized that we needed to adjust the project to meet the interests and needs of the group, and drew the conclusion that what we wanted was not necessarily relevant. When something is not working with or for a group, everyone knows it. Whether it was a facilitation style, the time allotted for an exercise, or the teen's individual expectations, we tried to tweak our approach to meet them where they were. Adaptation is not always easy, and each of our skills in flexibility was pushed. This lesson learned served us well throughout the duration of the project. Even as we were preparing for the conclusion of the project, changes had to be made. A public exhibition of the teens' photographs would not be possible, and in the end, they utilized their photographs as part of their capstone projects. Although we had hoped for a public exhibition, integrating the images into a project that was solely their own was another example of how we could work within the already established structure and norms of the group.

Finally, systems theory framed our understanding of the youth's multifaceted and often difficult backgrounds. Systemic thinking can provide insight into the vast network of social interactions that each of us is engaged in every day, and this helped us to remain empathetic to the individual circumstances of each teen's situation. It is not possible to be cognizant of these issues all the time, but we relied on our personal reflections to analyze our reactions and guide our interactions. In addition, our facilitation team met regularly to provide feedback to each other and make any necessary changes to the session content and structure. These meetings were collectively helpful, especially the reflective discussions about our roles and facilitation. As graduate students, the photovoice project was an invaluable experiential learning opportunity for Jill W. and Travis. The facilitation team discussions

provided an opportunity to recognize the importance of cultural competency and self-awareness when working with a group. These are skills that will be readily adaptable to other situations that we face in our future professional encounters.

This project represented a number of firsts, but for all of us, it was our first attempt at using participatory photography, and the experience affected each of us in slightly different ways. For Jill C., the work with her graduate students solidified her belief in the power of experiential learning, a benefit of which she has also gained. The collaborative and close relationship was not anticipated, but was fully appreciated. Her experience with this group of youth was both challenging and rewarding, which reminded her that adversity can create excellent opportunities for personal and professional growth. This experience helped Jill W. gain a greater appreciation for self-awareness in facilitating discussions. She is more aware of the emotional reaction she may have if members of a group are being teased. Despite the knowledge she gained through literature review and social work curriculum, it was in her struggle to effectively respond to the different situations within the group that she learned the most about group work. Furthermore, systems theory and a strengths-based approach provided a foundation for recognizing the culture of the school, its neighborhood, and the group, and through this, she gained a new appreciation for the use of theory in social work practice. For Travis, the project was particularly important because it provided him his first opportunity to work with a non-clinical group. The acquisition of new skills and the redefining of old ones was a necessary part of this process, and, as every new social exchange offers the opportunity for re-learning old programmed patterns of group interaction, the largely positive discussions that he facilitated helped to re-shape his thinking about group dynamics. In sum, the collaborative nature of our team created space for the personal and professional growth of our team members, and we hope the same can be said for the participants.

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REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

An Interdisciplinary Peer-Reviewed Online Journal

Published by Cleveland State University School of Social Work

Call for Narratives: Special Section on People and Animals Together ***Heart on Sleeves: On the Transformative Power of the Human-Animal Bond***

Submissions due June 30, 2014

Rationale

Extensive research in disciplines such as social work, nursing, rehabilitative psychology, special education and other related fields have documented the powerful nature of the interaction between humans and animals and the different ways the human-animal bond impacts and enriches lives. Furthermore, the bond between people and their companion animals is sustained by veterinarians and related professionals who play a crucial role in providing care for the companion animals' health as well as providing support to individuals and families during difficult times when their pets are ill. Despite the odyssey of the human-animal bond, little is known about human-animal relationships from the perspective of professionals who work with both humans and animals.

Aim and Scope of Special Themed Section

The editor is seeking lively narratives from practitioners, educators, clinicians, and other helping professionals who work with people and animals in a broad array of practice and applied settings. The editor is particularly interested in narrative expositions and reflections that are delicately nuanced and personalized. Submissions of any length – from short narratives focused on a single vignette to longer stories with multiple portrayals of interaction and references to the literature – are welcome (within an overall range of 1200-8000 words).

This Special Section Focuses on Narratives From.....

Professionals in the Field of Human-Animal Interaction

The editor welcomes narratives from professionals from a variety of fields who work in the area of animal assisted intervention, animal assisted therapy, animal assisted education, animal assisted activities and related fields.

Professionals in the Field of Veterinary Medicine

The editor welcomes narratives from professionals who provide health care to companion animals in a variety of places. These include but are not limited to veterinarians, veterinary technicians and related professionals who provide healthcare to companion animals.

**For inquiries about submissions for this special section, contact Guest Editor:
Brinda Jegatheesan, Ph.D., University of Washington (brinda@uw.edu)**

To Submit a Manuscript, Register (Check the Reader and Author boxes) and Submit to the Special Section
Please read Helpful Instructions and Review Guidelines prior to preparing and submitting manuscripts
www.reflectionsnarrativesofprofessionalhelping.org

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

An Interdisciplinary Peer-Reviewed Online Journal

Published by Cleveland State University School of Social Work

Call for Narratives: Special Section on Interprofessional Collaborative Practice and Education

Submissions due: June 30, 2014

Social workers collaborate with many other professionals at their place of work. Research has shown that stronger interprofessional collaborative practice yields better outcomes for patients/clients. In addition, collaborative practice and education improves trust amongst professionals, reduces stress and also increases job satisfaction. For the past few years, there has been a drive towards interprofessional collaboration not only in health care settings, but also in education, child welfare and corrections. Our educational system is set up to teach in silos, yet we expect our graduates to successfully collaborate with other healthcare professionals when they begin working. Narratives are sought from practitioners, educators, and students, who have interprofessional experiences in practice, in teaching, in designing curriculum, and participating in interprofessional educational activities.

The guest editors are seeking narratives that address but need not be limited to the following:

- Practitioners' experiences working in an interprofessional team
- Experiences of educators while teaching or designing interprofessional content at agencies and universities
- Barriers experienced by practitioners, educators or administrators seeking to initiate or deliver interprofessional practice or education in their setting
- Reflections (including journals) from students who have experienced interprofessional education and/or practice
- Experiences of consumers who have experienced care from an interprofessional team

Submissions of any length – from short narratives focused on a single vignette to longer stories with multiple portrayals of interaction and references to the literature – are welcome (within an overall range of 1200-8000 words).

For inquiries about submissions for this special section, contact the Guest Editors:
Dr. Jayashree Nimmagadda, Ph.D, MSW, LICSW, School of Social Work, Rhode Island College
(Jnimmagadda@ric.edu)
Dr. Judy Murphy, Ph.D, RN, CNE, CSHE, School of Nursing, Rhode Island College
(Jmurphy1@ric.edu)

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REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

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General Call for Narratives & Call for Field Education Narratives

This is a general call for narratives as well as for submissions to the permanent Special Section on Field Education. *Reflections: Narratives of Professional Helping* was first published in 1995 as a unique journal that allows powerful and intimate narratives to be shared with helping professionals. The journal publishes articles by educators, community and clinical practitioners, and students. Clients of social service systems are especially invited to share their perspectives.

Reflections utilizes narrative inquiry as its core focus. *Reflections* narratives convey interpersonal interactions, witnessed events, and felt experiences. This narrative content is placed within the context of a well-told story that helps readers discover new ways of thinking about the personal, the professional, and the political in our lives. *Reflections* narratives contain narrative content, such as distinct moments of interaction, which are portrayed in vignettes. Vignettes are then placed in the context of an engaging story (exposition). The author may then reflect on that story and share conclusions. Often, however, the narrative stands alone, in a way which is often powerful.

Reflections narratives are valuable for education for practice. They also often contribute to theory and research. Narratives can make conceptual contributions via reflections that draw on relevant literature and address unresolved theoretical problems. However, authors are not required to include such content. Such narratives still contain reflections of intrinsic value. *Reflections* narratives contribute to empirical knowledge about practice in the helping professions. *Reflections* does not publish research results or literature reviews, but publishes narratives of the process of research.

In addition to the Special Calls seen on our home page, and this general call for narratives, *Reflections* has a permanent Special Section on Field Education. We hope to publish narratives related to Field Education in a special section of each issue. All helping professions have field education components, where students, during their formal academic training or shortly after graduation, carry out supervised professional practice with a learning component. As part of this training, they often write process recordings, logs, journals and other accounts of their practice. When appropriately disguised to protect confidentiality, such experiences can produce powerful narratives. The process of field education supervision is also one which can stimulate valuable narratives. Accordingly, *Reflections* has an Associate Editor for Field Education and a permanent special section to which such narratives can be submitted.

Please write a narrative in a style which makes sense to you, and submit it to *Reflections*. Submissions of any length – from short narratives focused on a single vignette to longer stories with multiple portrayals of interaction and references to the literature – are welcome (within the range of 1200-8000 words). Just check the author box when you register or edit your profile to check the author box. Then click User Home, Author, and you will see a submission link at the right. For feedback, even on an early idea for a narrative, please contact one of the editors:

Michael Dover of CSU School of Social Work is Editor: reflections@csuohio.edu (216)687-3564
Denise Goodrich Liley of Boise State University is Associate Editor for Field Education: dliley@boisestate.edu

Please read Helpful Instructions and Review Guidelines prior to preparing and submitting manuscripts
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