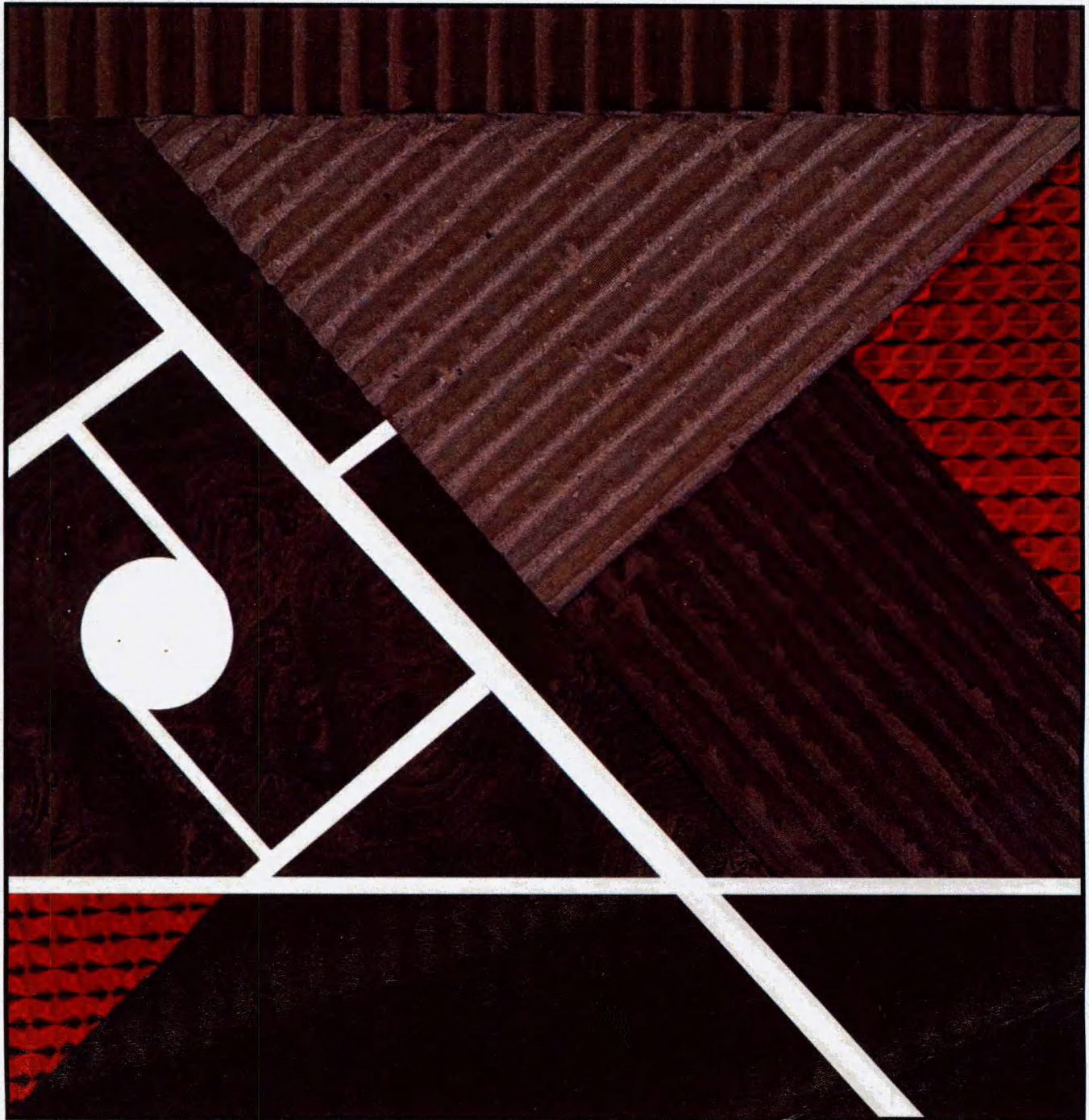


REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



Volume 8, Number 4

Fall 2002

REFLECTIONS

NARRATIVES OF PROFESSIONAL HELPING

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LETTER FROM THE EDITOR

Jillian Jimenez, Ph.D.

This issue of *Reflections* begins with narratives about life endings and the long-lived life of Gisela Konopka, full of vitality and spirit. The end of life is ignored by most, but members of the helping professions, along with family members of persons moving close to their final moments, do not have either luxury or the limitation of turning away from those who are dying. One of the hard tasks of life—one that most will face first with their parents, is the sustaining of a fierce and committed love in the face of that terrible goodbye. The loneliness of the dying is mirrored by the courage summoned by those who walk with them to their end. When the dying person is someone we have cared through long periods of sadness and depletion, the long walk may be shadowed by impatience, guilt, and irritation, until the final piercing moment demands its full accounting of love and grief. Courage is celebrated in the narratives in this issue, in stories of service, sacrifice and compassion. One wishes for the stalwart companionship offered by these authors when our own endings appear.

Reminding us of life's power to compel and surprise, Richard Cloward and Frances Fox Piven's seminal 1968 article is reprinted here. In it the authors questioned the liberal consensus about the value of urban desegregation. The article serves as a bracing reminder of the courage it takes to think outside the dominant paradigm of one's profession. Their argument, revisionist when it appeared, has been proved correct. Efforts to achieve urban integration have not resulted in overturning the structures of inequality and oppression that continue to marginalize many African-Americans and others living in the urban core.

Cloward and Piven's courage is echoed in Antonio Ledesma's narrative, which describes the tentative and anguished steps toward understanding taken by Palestinian and Israeli adolescents in a peace camp in Colorado. Coming to the United States to engage in an alternative dialogue shattered the expectations of both sides of the conflict. It is painful to reflect on why the vision embraced by these ground-breaking dialogues has not been realized.

The move away from habits of thought represented in this youthful dialogue is also central to Curt Paulsen's narrative about his effort to move beyond the tired exchanges that characterize many professional meetings and public exchanges. Embracing postmodernist assumptions as a way of creating new ideas, relationships and opportunities for personal growth and fashioning, Paulsen saw a recrudescence of synergetic dialogue among colleagues long unused to real intellectual exchanges. Taking such a chance with one's long time colleagues demands a quiet, but no less committed brand of courage. Its rarity is a clear sign of its difficulty.

The narratives in this issue of *Reflections*, while reminding us of life's end, reaffirm that in the meantime, it is waiting to engage us if only we would seize it. Now, and at the end, courage will provide what we need.



COUNTERTRANSFERENCE: ONE PERSON'S EXPERIENCE IN WORKING WITH THE ELDERLY

By Karen B. Morris, L.S.W., Hartford Fellow, Columbia University School of Social Work

This narrative describes the author's countertransference in working with elderly clients, and describes how it transformed her worker-client interactions, clinical skills, and personal life.

Introduction

For my second-year field placement at Columbia University School of Social Work, I chose to work with the elderly. I quickly learned that this was an unpopular and unusual decision. A former supervisor who works with emotionally disturbed, often violent, teenagers on an inpatient unit said, "I could never do that." Fellow students questioned my decision with surprised looks on their faces, and when I walked into the aging/clinical practice class at the beginning of the year, there were only six other students (out of a class of over 300). In these ways, even before I began my field placement, I was learning about the aged.

The aged are marginalized in American culture due to our dislike for and devaluing of aging and dependence. Our culture recognizes youthfulness, independence, and productivity. We do not want to think about becoming older or dependent or dying. In fact, we fear death and, while it plays a role in our movies and music, we suppress our fear of dying in real life until we are forced to deal with it. And, even then, we say, "I never thought I would end up like this." Pipher (1999) asserts that "if we aren't around dying people, we don't have to think about dying" (p. 40). We do everything we can to avoid thinking of dying. We fight any signs of aging by getting facelifts and dying the gray out of our hair, and then when we see each other, we say, "You haven't changed a bit."

Perhaps one reason why choosing to work with the aged is uncommon and met with such surprise is because people do not want to think about dying. In particular, it is too difficult and even frightening to deal with the countertransferential emotions that come

up when dealing with older people. The purpose of this narrative is to describe countertransference with older adults and document one person's experience in dealing with this issue relating to elderly clients. I will illustrate with case studies of several clients and describe the countertransference I encountered, how it affected treatment, and the importance of recognizing it.



Study Site: The Homebound Elderly Program

The Homebound Elderly Program (HEP) is a grant-funded, outreach program that provides psychiatric social work services to homebound elders in the neighborhoods of Washington Heights and Inwood in New York City. HEP serves a socioeconomically and culturally diverse population. The program is composed of a program director (gerontologist), a psychiatrist, two part-time social workers, an internist, and two case aides. HEP serves homebound residents who are 60 or older and have a psychiatric diagnosis. For example, some clients are paranoid and/or delusional, others are depressed and/or anxious, and most are socially isolated. The services HEP offers are psychiatric evaluation and follow up,

psychopharmacology, and social work services, including psychotherapy, family counseling, and concrete services. The clinical intervention is conducted in the clients' homes. However, since HEP continues with clients as their situations change, whether they are hospitalized or in rehabilitation for a short time, I am able to be a consistent resource across the continuum of care.

Case Selection

I selected four clients—Gladys, Ely, Betty, and Elicia—as exemplars of my work at HEP because they are the clients I worked with the longest. I worked with Ely and Betty from my first week at HEP through my last, nine months later. I began working with Gladys and Elicia much later, both for a total of five months. Being cancer patients, however, Gladys' and Elicia's circumstances changed more rapidly. Ely and Elicia are both married Holocaust survivors who immigrated to the U.S. as teenagers. Gladys never married and Betty became a widow a year ago. Both are also Jewish, which is representative of most of my clients at HEP.

While the majority of my clients have experienced mental illness throughout their lives, the first two I present, Gladys and Ely, are dealing with psychiatric difficulties for the first time. Both were active and involved in the community but are now feeling depressed or anxious due to significant medical illnesses.

Case Studies: Gladys

Preston (as cited in Genevay & Katz, 1990) states, "If you are exceedingly fortunate, you will have someone who can look your dyingness straight in the face and share your terror" (p. 31).

Gladys is a homebound 86-year-old woman who never married and lives alone with part-time home care. She suffers from severe vision impairment, secondary to macular degeneration, and depression, related to social isolation and deteriorating health. Her depression, which included

suicidal ideation, began with the onset of her medical problems and worsened when her best friend recently moved to California. As she began a course of anti-depressant medication, I worked with her to assess for suicidality and explore her feelings about death, loneliness, and dependence. We worked together to expand her network of friends, which seemed to improve her depression, and to link her with vision-impairment services, such as low-vision equipment and audio books.

Two months into our work, Gladys was diagnosed with metastatic lung cancer. This is Gladys' third bout of cancer in the past several years. She and her doctor mutually agreed not to administer treatment. We then re-contracted to discuss her feelings surrounding the topic of her illness and death and plan (advance directives) and prepare (process expectations) for her death, addressing her fears and concerns. We discussed hospice care and how tough making the decision not to pursue treatment was for Gladys. Working with Gladys on these issues brought up a number of countertransferential feelings for me, including denial, fright, and inadequacy. Gladys would show her anger towards me when, for instance, I would hesitate to be candid with her, and I learned quickly to maintain awareness of my own feelings while in session with her.

In one of the first sessions, Gladys mentioned having thought of jumping out of her fourth floor apartment window. She often masked her uneasiness with sarcasm and humor. She meant it, but I was in denial and chuckled a bit with her. My own fear of discussing death had quieted me. When I returned to the office, I told my supervisor, who advised me to call Gladys to assess for suicidality. She said she was not thinking about ending her life now but did not know how she would be thinking later on. She contracted with me for the night not to harm herself. Recognizing my fears and how they were

hindering professional intervention, later I was able to discuss her death in more depth.

When Gladys and I spoke about her death again, I felt exasperated, as though I wanted to run out of the room. As she spoke about her deteriorating health, I realized I yearned to disconnect myself from what she was saying and to change the subject. Realizing this helped me to stay focused with what she was saying, to resist bypassing important issues, and to allow her to explore the topic completely. In recognizing and acknowledging my own reluctance, I was able to see hers as well, which prepared me to authentically relate to how she was feeling. I shared that it was difficult to tolerate talking about death and that I felt very sad. Afterwards, she expressed feeling less alone and relieved to have someone with whom she could talk, and she also reported she no longer pondered suicide. My honesty and candor strengthened our relationship and freed her to speak about the difficult issues she was facing.

In our second-to-last session, Gladys asked me suddenly, "Do you think I am ready to die?" I paused as I grasped for a response and eventually resorted to the textbook answer, "Why do you ask?" Technically, this would have been appropriate, but I had failed to relate to Gladys genuinely and she knew it immediately. She scoffed and turned away, hurt and angry that I bounced the question back to her. She might as well have been in the room alone. I experienced so many emotions. Again, I feared facing her imminent death, and I feared getting too close to her as we were terminating our work together. I recovered by letting her know that I did not think that was a question I could answer. I then rushed to reassure her that some of her thoughts and actions showed that she was facing death quite bravely. At the end of the session, I asked to go back to her question and acknowledged that I had angered her. Without explanation, she rebuffed the invitation to talk about it more.

I realized later that I had disconnected

from her in the beginning and then again in the end. First, I failed to acknowledge the sadness and shock I was feeling, which she would have felt validated and comforted to hear. Certainly, she must feel similarly. Then again, I disconnected from her by telling her I upset *her*; I conveyed that she had experienced emotion, not me. In retrospect, I felt saddened that she needed to ask someone about her being prepared to die. It seemed to show how vulnerable and lonely she was with making such tremendous decisions, such as declining treatment and accepting hospice care. I also felt scared to reveal my emotions to her and then terminate at the following session. The finality of her death meant that our termination would be different from those others I had encountered in working with teenagers.

I also realized that her question was a reward: We had developed a trusting relationship and she risked exposing her vulnerabilities. She was likely worried about dying alone, wondering if I would miss her, questioning her decision to reject treatment, and scared about her future and about death. Tolerating the sadness and joining her in these thoughts would have supported her and facilitated a conversation that she needed.

Ely

Similar to Gladys, Ely was active in his community until his health, and that of his wife, began to deteriorate. Ely is a 79-year-old homebound, married man and Holocaust survivor. Although he had never had any psychiatric difficulties, he began to suffer from depression and anxiety. His depression began when his frail, homebound wife broke her shoulder about one year ago. He began antidepressant medication and improved slightly. He felt depressed that he was not able to care for his wife who cared for him the past 50 years. He describes that she took care of the house and cooked all their meals. He is also concerned that his cognitive abilities are declining and he suffers from significant hearing loss.

Ely and I have been working together for eight months to improve his coping skills and his depression. To reduce his isolation, we also contracted to expand his social network. We also discussed his completing a memory-disorder evaluation at a nearby clinic in order to settle his fears about his declining cognitive capacity.

Countertransference issues in Ely's case included feeling that our efforts were futile. A sense of hopelessness would consume me as I talked with Ely. I felt like nothing could be done to help him. He was homebound by choice and, I felt, needed to get out more often. But, he did not want to leave his wife and felt he could not enjoy activities outside the apartment without her. He complained of inadequate nutrition every day and that the Meals-On-Wheels food was sometimes leftovers from the day before. We discussed ready-made foods he could buy, yet he complained there is nothing to buy at the grocery. Although he could easily afford it, he would not order a nice dinner, insisting the restaurants nearby are terrible.

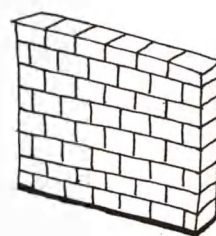
Ely's depressed mood interfered with our efforts to resolve these issues. He met my questions with a flat affect and at times would completely shut down—he would close his eyes, fold his arms, put his chin to his chest, and appear to be going to sleep. I felt angry, frustrated, and, mostly, ineffective. I dreaded home visits with him, feeling as if I were conversing with a brick wall.

Once I became aware of my emotions, I used them to relate to him more authentically. I said, "Ely, I can only imagine how hopeless you feel. I sit here with you; I feel the hopelessness, too. I'm very uncomfortable and can only imagine how difficult it is to feel that way all the time." Ely opened his eyes and looked into mine. The next session he agreed to go out for a walk, and over the next month completed four visits with me to the memory clinic. A scientific man by profession and perhaps reserved by nature of his personality, Ely still did not express his

emotions easily, but our work progressed nonetheless.

Other emotions I was dealing with in working with Ely were feelings of being inadequate and inferior to him. He asked me personal questions, suggesting that he viewed me as a friendly visitor, not as a mental health professional. Work with several of my clients, in fact, provoked these feelings in me. Gladys once said to me after discussing our age difference, "You're a good kid." To my clients, it seemed I would appear to be a kid and I always felt less than professional. It was important, again, for me to recognize these feelings so I could explore their source and not let them unduly affect my work. I realized that, not only was I born at about the time they retired from their careers, but I am essentially speaking a different language than they. Their generation pre-dated Freud and the "talking cure" (Pipher, 1999, p. 98). Likewise, it may be uncomfortable for elders to have someone visit their home, greet them warmly, and then erect boundaries to focus the conversation only on them. I had been providing textbook treatment when connection was needed.

Ely would ask, "Where do you live? Have you had a good experience at Columbia University? What do you plan to do when you graduate?" I viewed this as a resistance to treatment, believing he does not think I can help him and therefore wants to make friendly conversation. Examining my countertransference more closely, however, I realized that my feelings of inadequacy and inferiority were keeping me from recognizing that my elderly, homebound clients need more than "textbook" therapy. They need connection. My feelings and reactions are important communication for them and sharing them facilitated the relationship. While helping clients uncover the meaning of questions they ask is important. I could do better than say, as I had with Gladys, "Why do you ask?" I, thus, began to answer some of Ely's questions and relate my feelings to him. I acknowledged that gradu-



ating was bittersweet because I was completing my degree, yet I had to say goodbye. I expressed that I was curious about the time in his life when he was finishing graduate school and wondered if he wished it were he finishing school. I expressed the warmth and care that I felt and told him that I would miss him. We were then able to begin talking about our relationship in preparation for termination.

Betty



Betty, a 79-year-old homebound widow, suffers from anxiety and depression due to multiple recent losses: Her husband of 50 years; her sister who was placed in a nursing home; her estranged only child, who financially abused her and then became suicidal; and her 10-year-old cat, which she viewed as the only companion she had left. Betty was my first client at HEP. We worked together for nine months to decrease her anxiety, organize her thoughts and feelings, explore some of her fears, expand her social network, and develop skills to cope with her grief and bereavement. Protective Services for Adults had been contacted for financial management services, home care, and heavy-duty cleaning. We slowly put the pieces of her life back together, first setting up basic services and then reaching out to family members and friends. In family therapy sessions, she and her son had worked through some of their hurt feelings and had redefined their relationship. Betty's son later accepted a referral to receive treatment and was no longer considering taking his own life.

Working with Betty was easy in some ways because I felt so emotionally and instrumentally needed. However, because she was my first elderly client, my work with her made me think about my own mortality. Her situation was so dire that I would rationalize my fears of ending up like her by saying, "I will never be like that!" Katz and Genevay (1987) discuss this phenomenon and assert that "as helping professionals in the field of aging, we are inevitably affected by the

interface between our parents' dying, our own dying, and our work with dying people" (p. 29).

Fear of my own mortality and that of my family members became a theme for work over the year. Several years ago, just after our wedding, my husband and I completed our will and our health proxies. I thought I was one of few people my age who could handle the idea of death, but I was ultimately unprepared for the emotions I would feel as a result of being in the "trenches" as a social worker. I realized I became more rigid with my clients when they spoke about death, as I had with my husband. Throughout the year, my husband and I had confronted death each day, as my father-in-law is very ill. I had difficulty tolerating the intense emotion and fear of the unknown. Dealing with death also meant preparing for my parents' deaths and talking with them about their future years. We talked about advanced directives, how death had been handled in our family, and, as we are geographically distant, a desire to be closer.

Betty's anxiety and sense of panic and urgency also created strong countertransference for me. I began to feel panicked myself and would rush back to the office to begin working on concrete service problems, such as why her food was not delivered on Sunday and when her home care would begin. I began to realize this sense of panic made me impatient with other professionals involved in the case. Instead of recognizing how Betty's anxiety was affecting me, I was reacting to it and, in effect, compromising our efforts to decrease her anxiety. I was then better prepared to recognize my emotions, manage my tendency to take on her emotions, and mirror them back to her. Our relationship improved, as did her ability to see how her anxiety affects others.

Elicia

Elicia, a 71-year-old married woman, became depressed and anxious after being

diagnosed with advanced metastatic cancer of the spine. She and her husband are Holocaust survivors. Both responded to the news of Elicia's cancer by becoming severely anxious. They called their doctors daily with urgent requests, asked questions but did not listen to the answers, and complained often about the inadequate care they were receiving. They alienated the professionals working with them. I worked with this couple on reducing their anxiety, helping them to navigate the health care system more appropriately, begin talking about their fears of dying, assessing options for treating the cancer, and relating how their Holocaust experiences and subsequent family upheaval may be affecting their decisions today. Elicia began chemotherapy treatment to reduce tumor burden after we had worked together for a couple of months, and she was still receiving treatment when we terminated our work together.

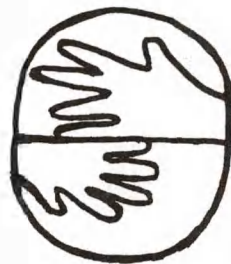
At one point we discussed what death meant to Elicia and she talked about her beliefs as a Jew, that death was final. I was at odds with how to help her; I am a Christian and have always viewed death as a transition to a better place, finding peace. In addition to wrestling with issues of death, due to my countertransference with Betty, I was now grappling with what I believed to be the consequence of death. It was a challenge to help her feel better about her death when she viewed it as a final ending. As with the above examples of countertransference, merely recognizing the issue was a tremendous help. My role became clear: She needed someone to sit with her and be able to tolerate and connect with her about the topic of death and dying. It is important to acknowledge that "we can provide a high quality of care by being with the dying without embarrassment or feelings of inadequacy" (Genevay & Katz, 1990, p. 29).

Elicia began to tell me that she felt she was ready to die and did not feel up to enduring more side effects of chemotherapy.

She discussed how her family members were telling her, "Give yourself a chance." None of them except her husband and son knew that the doctors felt the cancer was too advanced to be cured and that palliative chemotherapy to reduce the pressure on her spine, for example, was the only possible outcome. The couple's anxiety and weariness created miscommunication. Elicia did not explain her disease or prognosis clearly. She would only say, "It's really bad. I'm finished." Her husband and son, who had been told her prognosis, were avoiding it. Her husband would tell me, all in the same sentence, that he did not think she could withstand the treatment side effects but that he wanted all the treatment they could get. I felt helpless as I watched her family steer her towards more pain and suffering in treatment rather than give her the permission she may have been searching for to go peacefully and on her own terms. I knew I was watching her loved ones deny her wishes due to their own fears and need to hold onto her.

My feelings of helplessness caused me to shy away and disconnect when I should have advocated for Elicia with her family. This realization enabled me to redefine my role and begin helping Elicia to talk candidly with her family. I encouraged them to attend to what she was expressing to them and the contradictions in what they were saying and doing. Ultimately, Elicia realized that pursuing additional treatment was a decision she felt too uncertain to decide alone, without her family's support. She agreed to pursue the chemotherapy treatments.

I recall daydreaming in a later session while her husband was telling me about the results of the chemotherapy. I recall feeling bored and wanting to go home. After thinking more about my daydreaming, I realized that my boredom was indicative of hearing his denial and being tired of it. Still, he was telling me that, although she is suffering from numerous complications from chemotherapy, he still wanted to continue with the treatment



even if the doctor disagreed. In retrospect, if I had been more aware of my countertransference as we were talking, I would have pointed out the contradiction and reflected that I wondered if he felt overwhelmed by her suffering and, on some level, wanted to stop the treatment but was scared. I might also have revealed that, while he was talking, I was unable to share his emotion and wondered if that might be because he has conflicting feelings.

Discussion

Perhaps some of what I have experienced in my work at HEP resonates with those who do not want to work with the elderly. Regardless, the potentially detrimental impact of countertransference indicates that there is a serious need for clinicians to be specifically trained to work with older people. Considering the rapid growth of persons age 75 and over and, particularly, those 85 and over (Butler, Lewis, & Sunderland, 1998), many more well-trained clinicians will be needed. Furthermore, the type of professional training social work offers needs to take into account the special needs of this population. Genevay and Katz (1990) discuss implications for training in the following:

We have been trained to deny that each of us faces loss, disability, and dying—so that we can focus on the client's needs. But this membrane is permeable! We can connect our feelings and experiences with those of the patients and clients we serve; and we can provide better diagnosis and treatment in the process. Out of our own observations of ourselves and our aging families, we can become more effective professionals and more sensitive to the people we help. (p. 13)

Equally, it is crucial to realize that when

we are unable to recognize and acknowledge our own feelings, the client "tends to feel the problem is all in her" (Miller & Stiver, 1991, p. 2). For example, Gladys felt alienated when I denied sharing my emotions with her. As cited in Genevay and Katz (1990), Siegel describes how such disconnection can make dying a lonely experience: "Suddenly being thrust into a situation where everyone behaved only positively while around me made me realize to what extent I was no longer part of this world" (p. 31).

There are many misperceptions in our culture about working with the aged and about the dying process. For instance, helping a person as they experience illness and dying can be a very intimate and rewarding experience. "By understanding and integrating our feelings into our work, we have the potential for helping older people and their families to face dying with dignity and integrity—both grieving for their losses and integrating their life experiences into a meaningful ending" (Katz & Genevay, 1987, p. 31). As well, elders teach us about our own mortality and how to face death in our own lives (Katz & Genevay, 1987).

Pipher (1999) discusses the meaning of taking care of the dying in our personal lives: "It is also a joy to help those we love. It is a chance to stay connected, to return love, and to grow ourselves ... We care for the old because it is good for them, and for us" (p. 198). Rolland (1994) asserts that "clinicians exposed to serious illness have an opportunity for increased intimacy and greater appreciation of the present for themselves and their family" (p. 279).

Learning to pay attention to my countertransference, most often disguised as discomfort, continues to bridge the gaps in my ability to process difficult issues with patients. It is clear that my own feelings are as important as those of my patients as I am often responding to or mirroring their underlying emotions. Since writing this paper, I completed my degree and began working

in a hospital on a medical-surgical floor with primarily geriatric patients. One of my first clients, an irritable, elderly man suffering from cancer, said to me, "You have a very tough job working with people like me."

Indeed, soon after taking the job, I began to feel the stress taking its toll. Difficult to manage was the fact that I was witnessing tremendous distress each day involving death, dying, and changes in level of care, such as when a patient learns that she now requires long-term care. The difficulty stemmed from my family's experience, as well as my own, when my father-in-law died shortly after I began the position at the hospital this year. I had felt fearful of the future, sadness and grief, and wondered how our family would move on without him. After his death, things seemed chaotic and unpredictable.

In retrospect, I felt overwhelmed by my patients and would focus on case management to avoid processing their emotions with them. It became clear that I needed to be more prepared for my days at the hospital to prevent feeling so overwhelmed. I redefined my expectations for an average day and recalibrated the concept of normal. Simply re-examining the average day working with acutely ill elders provided a mechanism to cope and an understanding that enabled me to feel my days were less anxiety provoking and more predictable. Recognizing that death is sometimes a daily occurrence in the hospital helped to normalize the experience for me.

Despite the personal grief my father-in-law's passing had brought me, I came to acknowledge that death is a natural and normal occurrence. I learned again the importance of being aware of my own feelings in order to help families through this transition. Their distress triggered my own pain and caused me to want to back away from them and disconnect. Even after such poignant experiences with my clients at the Homebound Elderly Program, when I learned the consequences of disconnecting with my patients mostly to protect myself, I felt myself

wishing for someone to page me so I could leave the room. The endeavor to remain aware of my emotions while working with patients is an ongoing effort. It has to be.

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REFLECTIONS ON WRITING A BIOGRAPHY OF A LIVING HERO: GISELA KONOPKA (1910-)

By Janice Andrews, PhD., Professor, College of St. Catherine School of Social Work, St. Paul, Minnesota

The following narrative describes the unique friendship that developed as the author researched the background of her subject.



Introduction

I am writing a biography of the life and legacy of a living hero, social group worker Gisela Konopka. She is someone I have admired since I was a young girl growing up in Minneapolis, the city she and her husband fell in love with in the 1940s. Her name is known, not only to the professional community in

which she was a professor of social work and an administrator at the University of Minnesota for over 30 years, but also to citizens of the world whose life she has affected. She has been, for over 90 years, an advocate for the disenfranchised, voiceless, and powerless among us all. When I think of her legacy and work, I have the ambivalent response of knowing that I must do more and, at the same time, realizing that I can never begin to accomplish what she has.

Her prolific writing career has been matched by a consuming desire to teach throughout the world about the philosophy of social group work and work with youth. Her writing and teaching have been equally matched by active "doing" – facilitating groups, discussions, meetings with individuals, consulting, and leadership in dozens of organizations to promote her philosophy of "justice with a heart." Konopka's philosophy has helped me to be a more compassionate

social worker and to understand the interplay between one's personal and professional existence. It is not just that the "personal is political." It is far more about "walking the walk" than any understanding of the interrelation among various systems. The concept underscores every belief held by Konopka in her personal life as well as her professional life. For her, there are no boundaries between the two lives. It speaks to compassion, understanding, acceptance, and, most of all, the absolute belief "that no one is superior to anyone else. Period." It absolves no one from responsibility, but it places responses in a compassionate context.

Her work led me, as a 20-year-old college student, to choose social group work as a career. I embraced her philosophy of unconditional regard for all people as I embarked on my own social work career. Over the years, I had some indirect contact with her and her work. In more recent years, as a member of the Minnesota Chapter of the Association for the Advancement of Social Work with Groups (AASWG) I had direct contacts with her. In the mid-90s, she assisted me in locating social workers to interview regarding the impact of McCarthyism on social work. I formally interviewed her for the first time in 1998, when she was 88 years old, for an article I was writing on the critical periods in the history of social group work. We sat on the large, front porch of her home on a half-acre hill of prime land in a prestigious neighborhood of Minneapolis on a warm,

summer day and we gazed out over Lake Calhoun as we talked. I knew, by the end of that interview, that I needed to know the woman in totality. That evening, in fact, she called me to share that she believed we had bonded (something, she added, that seems to happen so seldom). I agreed.

From that beginning, we slowly developed our relationship. I responded to her when she needed help as the result of an injury. Because she needed hospitalization, she asked me to give an address for her at a state conference that afternoon. While waiting to be admitted into the hospital, she had me read the address to her because she wanted "to make sure it is read with passion." From that period on, we occasionally had lunch, after which we would sit upstairs in her study quietly talking and looking out over the lake – a stunningly peaceful and mesmerizing view. We would talk about philosophy, spirituality, and politics. She wanted more from me than just a listening ear. She expected that I could engage with her about these topics. When she mentioned a scholar or a book, I quickly made sure I read something about that person or that perspective. I found it so stimulating that I felt wired after every visit and unable to concentrate on anything else. This irony of feeling excited or "wired" during such contemplative and softly spoken discussions left me hungering for more.

By summer 1999, we first began talking about a book about her that I would write and discussed what it would emphasize about her life. We met in her large living room with the massive stone fireplace and sat on chairs that her husband, Paul, built. A table with cookies and coffee sat between us. Having just read a biography of radical African American poet Langston Hughes (Berry, 1997), Gisa asked me to read it also so that we could discuss it. I devoured it and saw how Hughes' struggles and the beauty of his poems were interrelated with who he was and what he wrote. I noted that the biography was

written in an academic style and wondered, knowing Gisa's propensity for writing "stories," if she would like that style. We agreed that it read too much like a dissertation and that her story should be less academically-oriented and more focused on the total person. She is most proud of her personal life, particularly her life with Paul, her beloved husband, now deceased. She would want any biography about her to focus on her personal life as well as her professional life; in fact she said: "And I am not *just* a social worker."

She told me how important Hughes and his poems were to her when she first arrived in this country in 1941. She actually met him while she was an MSW student at the University of Pittsburgh when he was invited by the social work faculty to read from his works. He signed a book of poems (*The Weary Blues*) for Gisa and Paul. His poems have always spoken to her. She has always identified with his life and death struggle and his demand to be treated with dignity.

She, too, had spent the last several years in life and death struggles in Europe as an anti-Nazi resistance fighter in Germany, later Austria, and, finally, in hiding in France until she gained entrance into the US. While she identifies with everyone who feels demeaned or marginalized, she has always felt a special affiliation with African Americans who, she believes, through slavery and other forms of institutionalized racism, were, like her as a Jew in Germany, classified as less than human and without rights.

Her struggles during Nazism, I learned, foreshadowed the contributions she would bring to the fight for human justice in this country and around the world. Her name and work are recognized worldwide through her years of writings and lectures on almost every continent. Her books have been translated into 13 languages. Her book *Social Group Work: A Helping Process*, first published in 1963, with later editions in the 1970s and 80s, is a classic used around the globe to teach

social group work.

Her 300 published articles remain classics and are often cited in the literature. She is considered the “mother of social group work” in Germany (Kalcher, 1995.) Her name is associated with work with youth and as a pioneer in making scholarly knowledge about youth available to practitioners. Her legacy continues through the Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota, a collaborative effort of the Schools of Medicine, Nursing, and Public Health. Each year since her retirement in 1978, there has been a “Gisela Konopka Lectureship” (first sponsored by the School of Social Work; later, by the Adolescent Health unit in the Medical School; and now by the Konopka Institute) to honor her for being “the moving force behind numerous innovative methods in practice and research in social work and youth services” (1978, Lectureship Brochure). I realized that it was mandatory to share her life with others.

My visits to the large home on the hill continued for the following months. We had coffee, sometimes a lunch, and quiet afternoons together as we watched the Minnesota weather shift through the seasons on the lake. Symbolically, the lake has had great meaning to her personally. Her private writings always refer to it and the seasons passing over it. She and Paul wanted a home on a lake and were pleased when Paul found an old, rundown cabin with no heat that they could afford. This home became a passion to them as they rebuilt it; Paul’s beautiful work as a carpenter and sculptor came to life in that home. The large porch he built across the front of the home on both floors became a gathering place for people from around the world to sit and discuss philosophy, politics, and issues of the day as they viewed the lake and the changing seasons the Konopkas loved so much. The home became a concrete testament to their drive to find a safe place where they could permanently live and thrive

and share their good fortune with others. I came to understand that the beauty of her home and the lake continued to give her sustenance through joyful as well as painful times to come. When Paul died in 1976, his ashes were buried in the yard of their home. His artwork dominates every room – his presence is very apparent.

In January 2000, my university notified me that, effective fall, 2000, I would be provided with generous course releases for three years to write a biography. Gisa and I celebrated on a bright, extremely cold—far below zero—Sunday afternoon. In celebration, she served chicken and vegetables in wine sauce with rice and beans. The rest of the afternoon was spent looking at the material she has in her home and discussing the Konopka Collection at the University of Minnesota Archives as well as the Konopka Institute for Best Practices in Adolescent Health. Gently, we pulled out her very private and personal journals, which she has kept in English since arriving in this country. No one else had ever seen them. Since Paul died in 1976, the diaries have taken on the form of letters to him. She pointed out a file of every holiday letter she sent from 1954 onward, a file on her sister Ruth who died in 1940, another on the very early letters sent and received in the early 1940s, and a folder on Paul. We explored shelves after shelves on three floors of her home. I felt overwhelmed, not up to it, inadequate, yet, exhilarated. How could I possibly ever pull this all together?

How did she know, so early in her career, I wondered, that she should save absolutely everything? Not only had she saved every letter she received, but also carbons of the letters she sent to others! She had floor to ceiling files on all three floors of her large home (and 35 boxes had already been sent to the University of Minnesota Archives!). She even had file drawers of every book she has read, catalogued by author and subject! What did

she know about herself and her future that everything became so important to her to save? It was beyond my comprehension that anyone could keep such an organized, documented legacy.

The work of writing a biography took its daunting start. The setting of my work needs to be understood: I sat at a desk, Paul's desk, facing Gisa's desk, in the second floor study. Bookshelves line three walls; the fourth is full of windows overlooking the lake. Artwork, which abounds throughout the house, even in the basement, is on any open wall space and beautiful wood sculptures (done by Paul) are displayed on the desks and cabinets. I brought a laptop computer and kept a scanner at her home that she had me store away each time in a cabinet so that it would not clutter the desk when I wasn't there. Often, she sat at the desk directly across from me, reading.

I read her annual letters first to get a context, and then moved on to her diaries. They were handwritten and difficult to read. Her English, even in her early years in the U.S., is very good, but the handwriting was faded and unclear. I found later that languages come easy to her. She is fluent in French, German, English, and, to some extent, Dutch.

The more I read, the more I realized the extent of Gisa's lifelong sense of despair and self-doubt, something that she openly discusses. She has never felt good enough. She tries to solve all pain in the world, but, of course, she can't and she returns to despair. Even in the early 1940s, while she was in school and Paul had been drafted and was gone, she traveled by train or bus to speak out about Nazism and its horrors to any audience who would listen. She actively tried to find where others from her resistance movement were, where family was, and she tried to help them get out. After the war, she and Paul sponsored many refugees and helped find sponsors for others. For years, she and Paul sent half their income back to Europe to help others. They sent care packages of food

and other goods to relatives in Israel and Germany. To this day, she remains dissatisfied with what she has done, because she has always hoped to do more.

Her Childhood

I learned that she was born Gisela Peiper in 1910 to parents who had emigrated from Poland to Germany to escape the pogroms. Her parents owned and operated a small, kosher grocery store in West Berlin and the family, including her older sister Hanna and younger sister Ruth, lived in two rooms attached to the store. While they had little money, her father's love of books was instilled in all of the children and each one completed Gymnasium and University. Gisa was a somber child who did not feel as pretty as Hanna. She was particularly close to Ruth.

She often helped her father with grocery deliveries and they discussed politics and philosophy. She felt her father saw her as his "boy". Yet, she was a rebellious spirit who questioned her father's strict adherence to religious beliefs. She could not identify with any one spiritual philosophy. Her early orthodox Jewish training taught her a sense of justice and community; yet, she opposed the rules and rituals. Her father had come out of the socialist movement in Poland, and Gisa agreed with his political views. To her, socialism focused on a sense of justice and a collective resentment of inequality.

She was attracted to the philosophy of Walter Gropius and to the progressive Bauhaus movement and to writers and artists whose political beliefs drove their art. She was enthralled by the work of artist Kate Kollwitz and appreciated the works of George Grosz, Ernst Barlach, Ernst Toller, Kurt Tucholsky, Heinrich Zille, Bertolt Brecht, all of whom reinforced her feeling that she must work for a better world.

As a teenager in the German Youth Movement, "Wandervogel," she attended lectures and argued politics and even

psychological theories. There were pro-Freud factions and pro-Adler factions and the two often debated. She chose the Adler camp because she was attracted to his anti-authoritarianism and his knowledge about the environment, and she liked that he was a member of the socialist movement in Vienna. Her participation in this movement, and the freedom from authority it afforded her, profoundly affected her life and is an important link to her later work in Germany as well as in the U.S. She experienced first hand both the positive influences of group dynamics (in her socialist youth group) as well as the negative influences of group dynamics (as a result of the Nazi movement) while a young woman.

The youth movement of the 1920s focused on independence, rejection of societal values and norms, and a questioning of standard political and economic positions. Both men and women rejected traditional dress and wore sandals and loose clothing. They carried guitars and sang and read poetry. They rejected alcohol as the drink of the bourgeoisie (Gisa has never tasted alcohol.) They rejected social class differences. It was a radical spirit to which Gisa was profoundly drawn and in which she first met her soul-mate, Paul Konopka. Paul, a non-Jewish German a few years older, became the love of her life despite years of separation and times when one did not know if the other was still alive. Paul was the jovial, often smiling and joking complement to Gisela's serious, worried, more despairing manner.

Gisa was just finishing graduate work in philosophy, history, and education in Hamburg when Hitler came to power and she found that, despite being an honors student, she would be unable, because she was Jewish, to teach and live a professional life. She and Paul joined the resistance movement leading to life and death involvement in underground work. Both were imprisoned at various times (she was seized in 1936 and put in the

Hamburg-Fuhlsbuttel concentration camp) and, eventually, had to flee the country. Paul, hunted by the Nazis, escaped in 1936 and made his way to France. Later, Gisa went to Austria to do more underground work, but, after another imprisonment, fled to France where she eventually connected again with Paul where they lived in hiding. During this time, she occasionally wrote articles in Anti-Nazi magazines (Konopka, 1942).

Beginnings in the U.S.

Gisa and Paul emigrated to the U.S. in 1941, Gisa three months earlier than Paul, and married three days after his arrival in New York. Within weeks, they were in Pittsburgh where she became a group work student at the School of Social Work at the University of Pittsburgh and he found a job in a factory. Gisa chose Pittsburgh after meeting in New York with Clara Kaiser who recommended that Gisa talk with social group worker Gertrude Wilson, a professor at Pittsburgh. Her lifelong study of philosophy attracted her to the field of social group work where she was excited to find a philosophy of life similar to the one she had embraced as a young woman in Germany. During her studies, she was impressed with the degree of racial integration in the MSW program but began to realize that this did not represent the rest of the country. She committed herself to continue the fight begun in Germany against any unequal or inhumane treatment to anyone.

She and Paul found friends in the labor movement in Pittsburgh, a movement in which they had been active in Hamburg. Gisa wrote her master's thesis on a labor union topic, "Workers' Education in Pittsburgh." Paul was soon drafted in 1942 and left for the war. Alone again, Gisa poured all of her energy into her studies and her field placement at the Pittsburgh Child Guidance Clinic. Upon graduation, she was hired by the clinic as its first group worker. She immediately was immersed into publishing, speaking, and

advocating a philosophy of caring. One of her first published articles was co-authored with Wilson in 1944. By 1949, she had written her first book, *Therapeutic Group Work With Children*; a second, *Group Work in the Institution: A Modern Challenge*, followed in 1954.



Gisa in the south of France, 1941, shortly before she came to the U.S.

She accepted a teaching position at the School of Social Work at the University of Minnesota in 1947 where she redeveloped the group work concentration. She immediately became active in the community and in the larger university. In addition to the Urban Leagues of both Minneapolis and St. Paul, she was involved with the American Association of Group Work and the National Association of Social Workers where she chaired the committee that developed the working definition of social work. One of her favorite associations was the Orthopsychiatric Association in which she served as national president, one of the first social workers and

the first woman to hold that position. She found herself flying to professional meetings several times a month, teaching full-time, actively engaging in scholarship, conducting workshops, training, and lectures around the world throughout the year, and maintaining a home life of social exchange with a diverse group of visitors and friends. The arts were central to the Konopkas, who regularly attended the theatre and art shows.

The Konopkas sponsored many refugees to the U.S., many of whom lived with them for long periods of time; their home was always bursting with people. They took in troubled adolescents, some of whom now comprise the core of loyal Konopka helpers whom she now considers her "*Wahlverwandschaften*" (family by choice).

She returned to school in 1954 for a DSW degree at The New York School of Social Work (later, Columbia University) to study the philosophy of Eduard Lindeman. Her dissertation, *Eduard C. Lindeman and Social Work Philosophy*, was published in 1958. Her dissertation committee was composed of Nathan Cohen, Henry Commager, and Gordon Hamilton. This book is a treasure, containing a thorough articulation of a social work philosophy that focuses on the philosophy of understanding humans rather than the techniques of intervention. She embraced what she was learning about avoiding an either/or stance regarding philosophy. One evening in her apartment, she pondered in her diary:

I have so many thoughts about life; for instance I always have been bridged: Polish and German Jew, Jew with Christian ideas, Europe-USA. Perhaps it is good, perhaps this makes for understanding. Social workers should have done a lot of living. (2-7-55)

She appreciated Lindeman's ability to bridge differences. Like Lindeman, she has steadfastly insisted that human problems cannot be separated from philosophical consideration, and she has fought throughout her career to see that social work did not separate the two. In the book, she reflected on the social work profession's lack of focus on philosophy:

Without more seminars in philosophy (which must be in the form of inquiries, not dogmatic teaching), social work will continue its unstable swing from one extreme to another and its tendency to indoctrination. Schools of social work must offer thoughtful, free, and conscious investigation into philosophy related to social work.

Only if this content is added to the social work curriculum and if the profession is free to open inquiry based on respect for basic ethics will the social worker become, as Lindeman hoped... something more than a skilled craftsman, something more than a well-meaning idealist. (Konopka, 1958, pp. 201-202)

Back in Minnesota, Gisa thrived at the University – particularly, as time went on, outside of the School of Social Work – and built an international reputation, not only as a social group worker but especially as an expert on youth. She visited institutions throughout the world, helping staff humanize the institutionalized experience of the young residents. A prime example of how she transported her notions of humane treatment and justice to others is her post-World War II work in Germany. Beginning in 1950, she made a series of visits to the country from which she had fled in the 1930s, offering a

message of the centrality of humans to any issue. As German group worker Jurgen Kalcher (1995. Translation by Peacock, M.) noted:

Her answer was not to turn away from the German people who had humiliated her and had forced her to flee...but turning toward helping them. Her humanistic stance was responsible...in developing West German social work and in preventing it from falling back to barbaric conditions of social inferiority.

In the late 1960s—with a couple of hundred publications; travel to teach in Cyprus, Brazil, Jerusalem, India, Japan, Netherlands, and Thailand, more trips to Germany and many other countries; as well as continued teaching in the social work program—she wrote a book on adolescence that outlined her view on the need for compassion and understanding of the issues of adolescence. The book, *Adolescent Girl in Conflict*, was released in 1966.

In 1968, she was appointed to the post of coordinator of community programs at the Center for Urban and Regional Affairs, and in 1969, she was appointed special Assistant to the Vice-President for Student Affairs. She was instrumental in working with student leaders and activists during a turbulent year at the University. Students believed in and trusted Konopka and the University administration was willing to listen to her as she helped them understand the students' issues. The 1969-70 student body president explained her role as a buffer between the two groups:

[The] upper administration people weren't combative, but needed reassurance. Gisa provided that. She reflected back on her own

youth movement and stressed how important it had been to her. She helped them understand that students were making choices – that different choices had different consequences. [Her message was] always nonjudgmental. Her core message was: these young people are speaking about a better world. (Gilsenan, 2000)

In 1970, she became the director of the Center on Youth Development and Research. With a large grant from the Lily endowment, she was able to conduct a major two-year study on adolescent girls. Many articles as well as a book, *Young Girls: A Portrait of Adolescence* (1976), resulted from the study. Paul died unexpectedly in 1976. Now alone, she retired from the university in 1978. She continued a busy schedule of papers, presentations, consultations, travel, and work with organizations around the globe. Today she has, at age 92, slowed down. She still welcomes visitors and loves a good dialogue.

My Work Continued

I continued to learn about her story as I spent a day a week at her home during the summer/fall, 2000 and winter/spring 2001. Gisa always served coffee and cookies or, if she didn't feel I'd eaten enough, she wanted to cook something more substantial. She reminded me that when she was working on her doctoral dissertation she spent entire days at the home of the family whose papers she was studying. "They never once offered me as much as a glass of water despite the fact that I spent the entire day there. I was poor and would have appreciated it."

Often while I was reading, she would be talking to me or reading her mail out loud. Other times, she took a nap or a bath. (She realizes that someone should be in the home while she bathes in case she can't get out.) Occasionally, we looked through her photo

albums – the photos bring back memories. One day we saw a photo of Paul diving into a lake, taken on a vacation just before he reported for duty in the Army. She put her finger gently on his image and slid it along his back; she whispered, "Look at him, oh, look at him."

Another day, Gisa told me that it is what we have in common as humans that holds us together. Emphasizing differences to the exclusion of commonality only separates us and leads to misunderstanding. "That's what group work does; it creates a setting where we can help each other and understand each other," she insisted. I listened to her, but was also reading a diary entry made a few months after Paul died in which she wrote, "I really am not a whole person, I am a wound, slightly covered, but a wound... Why live? What is the use?" A few weeks later she wrote to Paul in her diary, "My sweet, the tulips you planted begin to bloom – the amaryllis has four stalks with four blossoms each, but you can't see it! I don't know what to do with my feelings. I think I did not take good care enough of you – but I tried, did I not?" Once, after I finished reading love letters from Paul written when she was studying in New York in the 1950s, I suggested to Gisa that she might want to read



The cottage the Paul rebuilt, 1949

some of them. I left them on her desk. When I returned the next week, she told me to file them away. She could not bear to read any more. Every letter brought her to tears.

One day Gisa read portions of *Markings* to me by Dag Hammarskjöld (1964). She keeps the book by her bedside (and now a copy of the book is by my bedside as well) and often reads it in the middle of the night when she cannot sleep. She read the following passages to me:

But at some moment I did answer Yes to Someone – or something – and from that hour I was certain that existence is meaningful and that, therefore, my life, in self-surrender, had a goal. (p. xii)

Why this desire in all of us that, after we have disappeared, the thoughts of the living shall now and again dwell upon our name? Our name. Anonymous immortality we cannot even escape. The consequences of our lives and actions can no more be erased than they can be identified and duly labeled – to our honor or our shame. (p.44)

Courage and love; equivalent and related expressions for your bargain with Life. (p. 160)

She looked up at me, grinning. “You mean I stole that phrase?” she asked sheepishly. I laughed because I knew she was referring to the title she chose for her autobiography *Courage and Love* (1988).

On a particularly cold winter day, I was reading in her study and Gisa was resting on the back porch where there is no heat but much warmth from the sun. I tucked her in with an afghan she crocheted many years ago.

When she was an active writer, she did needlework while she spoke into a tape recorder. When she complained to Paul that she did not believe she was saying anything of importance, he said, “But, you are making something beautiful with your hands; that’s important.” Gisa was restless and called me to her sun porch to talk. She was wondering why I had not queried her about why she and Paul never had children. Actually, I had picked up some sense of why from her diaries and other writings. But, I asked her to tell me. She explained that both she and Paul saw their mission on earth to be dedicated to the movement for justice. That’s where their passion was. Before Paul left for the war, she tried hard to become pregnant because she was afraid that Paul might not come back. After the war, she continued trying but was now in her mid-30s, old in those days to get pregnant. So, it just didn’t happen and they made peace with it. Adoption was never seriously considered because they often were taking care of so many people and children in their home. When they were around 60 years old, they became foster parents to Patty, a Korean adoptee who was in her teens and struggling. This has remained a very strong relationship. Patty, now in her 40s, takes Gisa shopping bi-weekly and considers Gisa her mother.

I spent 2001-2002 academic year completing work at the archives and finishing reading her private material in her home. This resulted in a difficult transition as our visits became less frequent and less focused on the book. By summer 2002, I found myself with mountains of material and a sense of being besieged with it all. Most of my interviews were completed. Some interviews were purposely left to the end of the project because they would provide more current information. Material was organized chronologically and chapters were developed.

Visits To the Konopka Home By My Students

Spending a day a week with her in her home and another day a week at the University of Minnesota Archives resulted in my constantly framing issues through her lens, talking about her in my classes and with my colleagues and with my friends. Two student groups from my university asked if they, too, could spend time in her home and meet with her.

The Radical Student Social Work Association, an MSW student organization, visited Gisa on a lovely Saturday afternoon. I was worried because Gisa was not feeling well (the arthritis in her neck was very painful) and, as a result of the pain, she had been miserable all morning. But, when the students arrived, she was totally transformed. She had combed her hair, put on lipstick and a fresh, lovely blouse, and was "on." She was gracious and welcoming. How does she do it? We sat around a large table in her front porch. The students brought snacks and juice.

She interacted easily with them, telling them she likes the word "radical." She told them about the socialist youth movement in which she was active during the 1920s in Germany. It radicalized her and, as a result, she refused to continue going to the temple. She told the students how this caused enormous conflict with her father whom she loved very much. The more she studied during adolescence, the more she concluded, "all religions have many similar values... I don't like just one religion." When they asked her what her current spiritual beliefs are, she wondered aloud what the term "spiritual" means. She explained that she is not, by nature, a joiner; she has never "fit in" to any specific religious group. For years, she considered herself a Unitarian but never actually joined any congregation. Her reluctance, she explained, is because she does not want to abandon her Jewishness, not the religion, but the identity as a "discriminated

Jew." Yet, she added, "I would be nothing if I didn't believe in the possibility of the good." She brightened as she told them about one of the most important men (after Paul) in her life, a Catholic priest, Father Tom Setten. (This very strong friendship began after Paul died; unfortunately, Tom died a few years later. At his Catholic funeral, Gisa delivered the eulogy.) Tom, over the years, encouraged her to consider God not as a harsh, male figure, but as "total, unconditional love." Smiling, she concluded, "I can accept that kind of God."

The students asked good questions about her life and about group work. She told them "social group work is the greatest weapon against fascism." She talked about youth and how we don't understand them nor listen to them. "Adolescents are no different than before. The only difference is we now hate them more." When the students asked her about multiculturalism and identity politics, she briskly replied, "I don't like the phrase 'that's their culture'. People forget there are many subcultures. I'm an old egalitarian. People generalize and I have trouble with that." Finally, students wanted to know what she reads. She replied that she reads all poetry, explaining, "poetry is my savior for everything." She also loves fiction. Among her favorite authors, ones she reads over and over again, are Morris West, Langston Hughes, and Herbert Fast.

After discussing this visit with my undergraduate group work class, they, too, wanted to meet her. The students spent a morning at Gisa's home and, again, she was totally "on." The questions were different from the ones posited by the radical graduate students, more personal, more about her marriage to Paul and the youth movement in Germany. She was so gracious with the students and let them roam around her house looking at everything. They even walked into the room off the kitchen where there is a heated pool (installed by Paul so that Gisa could swim all year), something I'd never

done. At the next class period, a student brought in a thank you card and everyone signed it. The comments were poignant, particularly one from a Hmong student who said that she would always embrace Gisa's philosophy that no one is superior to anyone else. A Japanese student, here just for the academic year, was thrilled to meet Gisa whom she had heard about in Japan (Gisa's books have been translated into Japanese). One student wrote that she learned more from Gisa that day than could ever be taught in a classroom.

Conclusion

At this point, I don't know when the book will be published or by whom, but I do know that the experience has transformed my life. Gisela Konopka has taught me the importance of thinking about ideas, developing a philosophical stance, and always treating every person as a significant being to whom I convey respect, caring, and a certain way of showing love. Her love of social group work keeps me excited about social work. In her words, social group work is an "incredible opportunity to transmit an extraordinary theory about interaction, influencing the individual to help self and, in the process, help each other." She sees it as a "philosophy" and has seen "the excitement from working with prisons or young people in institutions." When she went to Germany, she found that the people there became "so excited" about the philosophy. She shared that, in Germany, someone said, "Where there is group work, there can be no fascism. The group helps people be themselves."

She has helped me understand that teaching has little to do with technique, but much more to do with attitudes. She recently told me:

"I always taught through examples. It is the only way I could teach. [The instructor must] bring

out of people their own capacity...Only through discussing one's practice can one really learn theory and practice a philosophy. Coursework is not unimportant but often is taught as if it is all-important."

She realizes that coursework in a history of the profession, theories of human behavior, methods, and a good understanding of existing organizations is important, but she emphasizes that its importance is only that it "informs that there are a variety of ways to work with people." I've learned from her that you can best establish a classroom of passionate learners who engage in critical thinking when you help them dialogue about their stories. Students then can connect their stories to theory and a philosophy of practice that is humane and empowering. I believe every student – undergraduate and graduate – deserves to enter a classroom where the instructor is *excited* to be there and is *passionate* about the topic. One of her former students, David Fogel, explained this well when he wrote to her upon her retirement at the University of Minnesota in 1978 (Letter to Konopka, 5-30-78) that

"[As an instructor] you didn't denigrate the technology but you did teach that upon the morality of actual practice hinged the development of the professional. You taught us hope. You taught us to praise the light not to wallow cursing the darkness.... You taught us what I never believed could be taught – passion for our profession and compassion for our clientele.... You sparked an imagery of leadership for social justice.... In a word, Gisa, 'you lit up our lives.' Anyone touched by you is today a bit more human."

I've had a very intense relationship with Gisa the past four years. Inevitably there have been times when, so immersed in my study, I wonder just what I am doing and if anything I am doing is really important. Her ideas are articulated with passion, but are they new? Will what I write about make a difference? Yet, any time I bring someone to Gisa's house to meet and talk with her, I observe anew the magic that is Gisela Konopka. More than anyone I know, she exemplifies the true meaning of not only "talking the talk," but "walking the walk." She's walked that walk for 92 years and social work is far richer for it. Old ideas take on new meaning as a result of knowing and studying Konopka. As one writer wrote after visiting her (Hartman, 1967) "Thinking about Gisela Konopka after the visit, I realized that her own warmth and conviction breathes new life into old ideas—like human dignity, freedom, mutual trust."

I know of no other social worker who has had such an international impact on social work education and practice as has Gisela Konopka.

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REFLECTIONS ON CAREGIVING: BURDEN AS GIFT

By Lynn Parker, Ph.D., Assistant Professor, University of Denver Graduate School of Social Work

This narrative offers reflections on both the burden and the gift that caregiving is, and chronicles the author's attempts to embrace the felt burdens while still celebrating the time with her mother during her last years.

"Life is such a miracle, and a lot of the time we feel only resentment about how it's all working out for us." (Chodron, 1991, p.29)

My mother and father grew up in Englewood, Colorado where, in their mid thirties, they married, raised my brother and me, worked, then eventually died. During their working years, my mother was a secretary at a community mental health center and my father was a hairdresser and liberal politician. My father died shortly after retiring in 1978, Mother, a year ago. She was almost 90, having lived in her own apartment in a retirement community she and lifelong friends helped to create until one month before her death.

The following reflections chronicle my journey of providing care for my mother during the last several years of her life. My intentions in sharing this personal journey are several: first, that you, the reader, will be able to embrace the gifts caregiving affords while your loved ones are still alive. Some of these include gifts of intimacy, loving freely, and having another's life placed squarely in your care. Second, I hope that the personal accounts further dialogue about the often-gendered equity arrangements in families and society. And last, I wish to honor my mother by way of these reflections on the often awful, and yet wondrous, job caregiving is.

I am presently a university professor and very part-time social worker in private practice. The following reflections were written over a five-year span, the earlier ones occurring while I was still a doctoral student. After 25 years of practice as a school social worker and family therapist, I decided to get my Ph.D. At about the same time, my mother was diagnosed with "a mild case" of Alzheimer's disease. In her case, the disease took the form of acute short-term memory loss. My doctoral work focused on Gender Issues in Couples Work. Since then, my research centers on addressing power, privilege and oppression in families (Parker, 1997 & 1998a, 1998b). The reflections here, in a sense, chronicle the tension between my professional quest for equity and my more private realities. While this writing expresses issues of loss, the theme I want to highlight is caregiving, a theme often missing in grief and loss literature but important in the realm of equity.

The journaling entries I share with you, written during my mother's decline and death, express mostly the burdens of caregiving. As readers know from the vast literature on caregiving, it is not an easy or problem-free job (Hooyman & Gonyea, 1995). When immersed in the burdens of the job, the gifts are often obscured—the gifts that I am so acutely aware of now that she is gone. Moreover, the second class status afforded

caregivers renders the task less socially desirable. It is the "grunt work." Care for children, the disabled, and elders remain primarily women's work (Hooyman & Gonyea, 1995; Lee, Dwyer & Coward, 1993; Sollo, Wolf, & Agree, 1990, Zimmerman & Addison, 1997). Certainly, Mother's day-to-day routines and back-up care fell to me as the in-town daughter. As a feminist researcher, I was acutely aware of the inequities in the division of labor between my brother and me. This awareness was a mixed blessing. It provided ready first-hand experience-based evidence and perhaps fueled assertive requests for assistance. Yet, I am aware now that it also served to fuel my feelings of resentment, which, though understandable, I now regret.



"Grunt work," while socially disavowed, is viewed from other perspectives as optimum fertilizer for spiritual practice (e.g., Beck, 1989; Chodron, 1997). There is ample, even rich, opportunity in "grunt work's" boring repetitiveness to open again and again to the present moment whatever it holds. It was in this spirit that I wrote the following journal entries. Journaling was, for me, a way to stay present with the angst and grief that can accompany caregiving, even for my beloved mother. For that reason, these writings mostly do not reflect the joyful moments, which are for all of us much more comfortable to inhabit. Readers should be aware that caregivers in their despairing moments mostly do not feel up to the job (Lustbader & Hooyman, 1994). Certainly I often did not.

The first reflection is one I share cautiously with readers. Please know up front that my

brother was a very good "absent caregiver"—always acknowledging of my in-town and thus far more full-time caregiving status (e.g., with words, very generous gifts, and several long-stay visits at crucial times in Mother's care as well as many short-term intensive visits). I remind you that these writings are MY reflections, a process I used to work with my situation. They therefore do not reflect THE truth about anything, rather my "truth" in the moment, a "truth" I hoped would become clearer and therefore less TRUE (i.e., solid, un-movable, unnerving) in the writing. As the postmodernists remind us, truth is made not found, and it is multiple (Anderson, 1995, Rorty, 1989). Writing was intended to help me learn to take myself less seriously, not more.

*Our life's work is to use what
we have been given to wake up*
(Chodron, 1991. p. 30)

Reflections: January 1995

My brother and I were having dinner after my arrival to visit him in Seattle. In the course of our catching-up with one another, he shared some of his thoughts about taking a sabbatical (he is a university professor): Should he take one? If so, when? He was describing some of the alternatives that came to mind for him if he decided to take one: A month in Japan? A three-month meditation course? Stay at home and focus on writing projects? As he shared these options, I waited for some mention of our elderly mother and her care. I listened for a plan to come to Denver to relieve me, or to help with her care for a few months or even weeks. Having never left our hometown, I inherited her caregiving. Moreover, being female, and perhaps being the oldest child, the position of caregiver was socially transmitted early on. As I now finish my Ph.D., leaving town to assume a faculty position is out of the question. Even a weekend away to see my brother or friends

is difficult in making arrangements for her care. The disproportionate responsibility I carry for our mother's care limits my options personally and professionally.

I sat there rather stunned, thinking, "Do I bring this up and ruin our dinner—since naming power issues never feels good? (Goodrich, Hare-Mustin, & Rampage, 1994). Do I remain silent, make lighthearted conversation, and leave this current version of our power disparity unnamed? This seemed impossible. After all, this is my research—this very dilemma: the difficulty of raising power inequities, especially with the person who holds more social privilege in relationships.

I did find a way to raise the issue. I said, "I would like to find a way to write about this: that you can contemplate a sabbatical, and the entire world is a possibility for you. The thought of spending more time with mother, to give me some extended time off, does not seem part of the picture."

So, we talked about this. He thought I raised the issue well ("I'd like to find a way to write about this"). He is always especially interested in my writing projects. And, nothing has changed. We can talk honestly. He appreciates the burden I carry. He has been very generous in supporting my dissertation research with free airplane travel to research interviews and other lavish gifts to acknowledge the uneven responsibility I carry. But the burden remains mine. What does help is *help*. And, that is mostly not available.

And so, we talk; I write; and I am still in charge. The inequality is raised for conversation. The conversation does not feel good. And the roles and duties remain mostly the same.

In this next writing Mother's short-term memory was worsening. However, because her long-term memory was intact,

she was still able to do some things on her own when I telephoned her many times with clear instructions and reminders before an event.

October 1995: She made it!

Mother says, "Do you mean I have to go [to the doctor] all by myself?"

Spent last night awake, tight chest,

Worried about mom.

Worried about her rash.

Worried about her mortality.

Worried that she will die.

Worried that she will outlive her mind.

This morning, up early to add consent forms to the other dissertation letters that I need to mail this morning.

I arranged for a doctor's appointment for Mom. A van was to pick her up and take her. I called her to tell her so. She called me right back confused about the details. I ask myself, "Can she get there on her own?" She is scared, confused, and child-like. I have a full caseload today, plus dissertation requiring my time and energy.

I do not want this caretaker role today. And yet, I have it. I wish I could own it more goodheartedly—do my "martyred woman" role cheerfully. I feel guilty for wanting my own life, my own time, what I believe my brother has.

Because of telephone calls (to doctor, to Mom's retirement residence, to Mom) there is now no time for exercise class. So, I sit down with tea and journal. I am not going to leave my mother (to pursue a job, education, fun). I cannot leave my mother. In my fabric is the obligation and desire to care. Leaving has never been a choice.

Later, Mother went downstairs on time to catch the van that I had arranged, at 1:30 p.m. She was told it left a half-hour ago at 1:00. When I called the receptionist to make sure Mother was downstairs waiting on time, I was told curtly the same thing. When I



reminded the woman that she (the same receptionist) had told me that the van would take Mother at 1:30, she backpeddled, and then reluctantly said, "I'm sorry; I was mistaken." She informed me that Mom had taken off walking to her appointment. It was about four blocks away. Fear filled me—guilt at putting my needs (e.g., exercise, journaling) before taking her myself. I had visions of her never making it to the doctor.

More telephone calls to get the van driver to go look for her, then to her doctor's office to see if she made it. She arrived!

The doctor's receptionist promised to call the van to pick her up when she was finished. They didn't! Mom walked, again. Though failing in memory, somehow she made it. My Mom is amazing. I am a wreck!

June 1998

Last night at her (our) favorite Mexican restaurant, Mother kept comparing my small arm size to one of an obese woman nearby. I was worried that the woman or her son could hear my mother's comments and would feel bad. Mother, acutely in present time, was simply amazed at the woman's enormous size, and was exclaiming so—over and over and over again in each new moment where the observation, for her, was fresh.

I felt irritated. Though I *knew* she could not help it, I wished for her to be able to be her old more considerate self. I wished too for her to be able again to converse with me.

Why can't I be patient, compassionate, and treasure the time that I have with her as her life nears its end?

Why can't I accept and love her just as she is now?

Why can't I accept my job as caregiver, versus resist it and feel angry with her, then hate myself for being angry?

This next reflection occurred after I had been appointed assistant professor,

fortunately, in the town where she and I already lived.

June 1998

Today at lunch, Mother was hunched down over her plate. Her head was down and she seemed far away. Yet, when I asked what she was thinking, she replied, "I was thinking about how proud I am that you are a professor." I had just been to graduation and had told her about it, but had no idea she was able to grasp what I had said or that she could remember the conversation. In the moment, Mother is very lucid and sometimes surprisingly remembers.

I was often harried managing her life and care along with my own. Many times I arrived at Mom's and went right into gear—washing dishes, cleaning up her apartment (since she was now forgetting to do so herself), cleaning up "accidents" due to her increasing incontinence, and otherwise trying to manage things so that she looked more capable to her retirement community than she actually was. I knew that if the management knew how frail she was getting, they would insist she be moved to nursing level care. This new location would be unfamiliar to her and therefore confusing. I was worried that it would unravel her fragile hold on competence. As well, she would not be able to take her dearly loved cat companion with her. Consequently, I endeavored to keep her independent as long as possible. Her current arrangement (an independent apartment in a tiered retirement community) was lodged in her long-term memory and afforded the independence she relished. She amazingly continued to manage going to the in-house restaurant for meals, and she still had lifelong friends and neighbors living in the same community whom she met for dinner every evening.



August 1999

The supervising nurse at Mother's retirement center called this morning. Mom's confusion is worsening.

I feel sad.

Hoped I could prevent the worsening—that Mom could die in her apartment, as she so much wanted and be spared having to go to a higher level of care, losing her cherished independence.

I am so afraid for her.

How will she experience these last years of her life?

What will it mean for my life now?

I am terrified of growing old myself. I will not have a "me" to care for and manage me.

This is such a difficult job—such a great responsibility—another's life, my mother's, in my inadequate hands.

I feel anxious, scared, and sad.

November 1999

This day I brought in lunch for Mother and me. As I sat with her, I was struggling to BE with her and also to be present with all that I was feeling.

Eating with Mom

Eating with Mom.

Silence.

Her eating requires all her focus.

Coordination is slipping.

Mind focused only on the present moment,

I work with myself.

Breathe.

Be with irritation, boredom, and sadness.

This is my mother at 89.

Grunting.

Her mantra, "Like so," repeated over and over.

Does it give her comfort?

She can't tell me because she can't remember she has just uttered it.

Being with her.

Being with me being with her.

I want to feel only compassion and love.

I feel so much more.

Breathe.

Thanksgiving 1999

My brother said, "I've been exhilarated all day! We're doing a counter-culture Thanksgiving. Are you?"

I think, "In your dreams. Have you forgotten I have the Mom-care job? You get to be the free, good son. Me, the wretched daughter!"

I say, "No, we're still doing a traditional one with the Mom-care job."

Now I hate myself for having complained. He hung up fast when I said what I did. A burdened sister is a bummer to a counter-culture day.

I wish I were better.

I have little time left with my mother.

I want to savor it,

Yet, it is so hard.

I am judgmental

Or

I complain.

Then I am full of regret.

I wish I were better.

December 1999

Mom:

Sparkling blue eyes.

The kindest person alive.

My mother has been the best Mother.

All loving.

Ever giving.

Bright, independent woman tenaciously fights for her quiet dignity.

Heavy heart.

How do I shed the expectation, the judgment, the yearning for my mother whole.

She's there in moments.

Eyes bright.

Profound wisdom.

Gentle love.

We connect.

I want to be the all-loving, protective
space for my mother that she
has been (is) for me.

I fail regularly and miserably.

In March, Mother's health had deteriorated sufficiently that we needed to move her from her independent living apartment to a skilled nursing room. Though her short-term memory was almost gone, her long-term memory allowed her to be somewhat independent until the last month of her life. At this point her longtime friends who lived in the same retirement community were concerned that she needed more care. The retirement community manager required the move. Reluctantly, I acquiesced, knowing Mother would not understand the move and that it would take away that for which she so courageously fought: her independence and life with her cat, Chally. On the nursing care floor, she deteriorated rapidly, dying one month later. In a moment of clarity she said to me, "I think I'm giving up."

March, 2000

My Mother:

Safe

All knowing

Always there for me

She's dying.

My mother

Full of light and always love,

Your sparkle has gone.

You ask to go home.

"Take me home."

I'm dismantling her home.

She says, "Will I ever go home?"

My mother is dying.

When I'm scared, she's always there –

"Face the wall and your nightmares will go away."

Letters every day intended to help me feel

less homesick when I went an hour and a half away from home to college.

A sewing machine to take with me to college to occupy scary thoughts and to focus my wild mind.

The call from her to say, "Daddy died."

Lunches with Mom every Saturday. She's willing to do whatever I want to do, just pleased to be with me, anything but self-centered.

What will I do without you Mother?

I am so scared.

"You are such a sweet daughter"

Mom says as I paint her nails today.

I worry that I have rendered my mother homeless, in the move from her apartment to the skilled nursing floor.

Another day, in Mom's last week, she says:

"I love you so much. You are my dear, dear daughter. I am so proud of you."

"Mother, I love you so very much (more than you'll ever know).

You are my dear, dear Mother.

I am so proud of you."

Written in Mother's first then last week on the skilled nursing floor.

Mother died with all of us there with her: my brother, our partners, and me. We knew she needed to die. Her body had given out, and she had been clear with us that she did not want to live beyond her ability to be independent. I realize now, months later, that context is everything. In this moment, knowing the finality of death, I would give anything to have my caregiving job back—to have Mother alive and with me again. My complaints occurred within the context of



Mother not dead. Though the complaints were (are) legitimate—caregiving does fall mostly and unfairly to women (Hooyman & Gonyea, 1995)—after her death they seem unimportant compared to the loss. As I said in the beginning, women both get to care and they *have* to. And, the “have to” unfortunately can serve to obscure the gifts and intimacy caregiving affords. I think this was especially true for me as a feminist whose cause is equity. Worse than that, the burden of the job, caregiving, can steal from appreciating the precious limited time we have with those we love and for whom we care. What helps is help—someone with whom to share the work. Yet, recent research on caregiving suggests that equity between the genders is still remote. Family life as is typically practiced in our society is not just, or equitable, for women across racial, class, and ethnic boundaries (Berardo, Shehan & Leslie, 1987; Blair & Lichter, 1991; Dominelli & McLeod, 1989; Hochschild, 1989; Hooyman & Gonyea, 1995; Okin, 1989; Rabin, 1994; Thompson & Walker, 1989; Zimmerman & Addison, 1997). This inequitable division of labor occurs not only in the interior of family life (e.g., housework, child, and elder care), but also in exterior contacts with the community. Accommodations that women make in their work life to care for others perpetuate women’s economic disadvantage relative to men for life (Friedman & Greenhaus, 2000; Ward, Dale, & Joshi, 1996; Williams, 2000). For most men, caregiving still resides as a choice when their more important work or life is not calling them (Carter & Peters, 1996; Rabin, 1996; Zimmerman & Addison, 1997).

Moreover, entrenched American norms are problematic. First is the market world’s notion of the “ideal worker” (Williams, 2000, p.1)—someone who is now expected to work full-time and overtime and take little or no time off for childbearing or people care. And, second is the almost unquestioned norm

of “domesticity” (p.1), whereby caregiving is mostly assigned to marginalized caregivers (mostly women), who are therefore cut off from many social roles and employment opportunities that offer responsibility, authority, and good wages. The work world continues to be structured around the assumption that ideal workers have access to a flow of family work, thus perpetuating the economic vulnerability of caregivers (Williams, 2000).

I am left with many questions: How do we right the inequity dealt women who will continue to carry major responsibility for the care of children, elders, and homes? How do we recognize the inequity without becoming victims—the wronged, oppressed ones, who resent their job? Does the sharing of the burdens (actual help) free up appreciation for the wondrous job that caregiving can be? How do we interest those not socially assigned to the job (i.e., mostly men) to willingly be aware of and assume their fair share of responsibility? How do we change the work force and social norms that elevate the “ideal worker” and marginalize both paid and unpaid caregivers and service workers? And last, how do we love fully—our families, intimates, friends, and communities—each moment of our (and their) precious lives?

Reflection on Reflections

This experience is a difficult one to write about without sounding like a whiner to myself, or an ungrateful, selfish daughter. Yet, I believe other full-time caregivers who both appreciate the gift in the job and resent the inequitable assignment must share some of these sentiments. There is intimacy available in doing-for another—doing those private, intimate, mundane (but necessary) duties day to day. Yet, I worry there was a loss in my ability to fully appreciate my limited time with her, or to care for her with the grace and full-out unselfish willingness she so deserved. She was that kind of Mother to me, after all.

What can I suggest out of this experience?

I come back to the notion that help helps. And in order for primary caregivers to get help, change is needed on the personal, social, and political levels. First, on a practice level, social workers and family therapists must focus therapeutically on the process of unraveling issues of privilege, power, and oppression in the issues clients present. Treatment focus needs to be broadened from emotional and interpersonal dimensions of clients' lives to also uncover socially mandated hierarchies of power. For example, workers can inquire into the consequences (both positive and negative) of the way relationships are organized and decisions are made. What are the consequences (to the relationship and to the deemed caregiver) of decisions that put one partner's career on hold to be primary caregiver to children or elders? We need to challenge ourselves to invent interventions that will impact all (not just female) family members' ethics regarding caring. But to do this we need broader social change. Work force norms must change. Changes in policy while helpful (e.g., family leave policy) must become part of the culture for both *men* and women. And, measures must be enacted on both micro and macro practice levels that will provide accountability for men and others in power to make changes in the distribution of power and privilege.

Consciousness raising is important and social work/family therapy should focus there, but it is not enough. Both my brother and I are feminists, and yet our caregiving "choices" were socially programmed early on and reinforced in our social and work lives. We saw the disparity, but our lives were structured to reinforce it. Broad based social changes are therefore needed—in the language we use (e.g., from "choice rhetoric" to discrimination), the work force, and social policy (Williams, 2000, p. 14).

How do we love fully in the midst of inequity and profound loss? I return to Chodron's (1997) message to use each

moment in life, especially the difficult ones, to learn to wake up. And, waking up to our shortcomings, our humanness requires that we open our hearts first to ourselves and then to others—with a spirit of compassion and forgiveness.

Life is a good teacher and a good friend. Things are always in transition, if we could only realize it. Nothing ever sums itself up in the way that we like to dream about. The off-center, in-between state is an ideal situation, a situation in which we ...can open our hearts and minds beyond limit (Chodron, 1997, p. 10).

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THE GIFT: A NARRATIVE CASE STUDY

By Glen R. Alley, MSW, Lecturer, Department of Social Work, California State University, Long Beach,
and Department of Social Work, Whittier College

This narrative reports on the work done with a client in hospice. This case is an example of the importance of cultural traits in working with clients. Using traditional casework methods, the client and the practitioner were able to develop a strategy for problem solving that engaged the client in cultural activities from which she had been absent for forty years. Returning to her culture of origin was the most important work to be completed before she died. She wanted to pass on her cultural heritage to her descendants in her remaining time. She was successful.

Introduction

When practicing multicultural social work, it is frequently difficult to know how to hone in on certain aspects of a person's ethnicity and what parts will be most beneficial to the client. This is difficult to do when we consider that each person is a unique embodiment of his or her culture. Sometimes, the knowledge we gain over the years regarding work with individuals or groups from certain ethnic populations is of little or no use. When client viewpoints or values are not taken into consideration (especially when working with clients of color), we tend to view problem identification through the lens of European American middle-class standards. The use of a "European American middle-class yardstick" approach with non-European American middle-class clients can be devastating both to the therapeutic relationship and to goal achievement (Pinderhughes, 1989).

Practitioners usually assume generalizations about cultural groups that are always "exact and define anyone that they meet from a cultural group" (Alley & Brown, 2001, p.3). Generalizations may be a place to start, but each person's view is distinct, and it is this fact that social workers often ignore. To avoid doing this means that a practitioner attempts to view the client's situation through the client's eyes. Practitioners develop a sense of unbiased empathy, and we ask ourselves several questions: What does one do to be culturally

sensitive? What are the first items to be addressed when one meets someone new? We want to find out who he or she is. We may ask about his or her ancestry and beliefs. As practitioners, we find out what is needed from us, but in a sensitive way. How do clients usually find help? Do they use family, friends, the community, or persons from within? How do clients perceive their problems? What brings them to us? What is their conception of a helping person? (Alley & Brown, 2001; Devore & Schlesinger, 1999).

A few years ago while working for a local hospice agency, this practitioner had the privilege of reuniting a client with her American Indian heritage. This paper is a narrative of the experience with her and what was learned.

The Client

To protect the client's identity, she is referred to as Grace. Grace was 58 years old and had liver cancer. She had been primarily confined to her bed for the previous two months and had experienced increased difficulty in performing her activities of daily living. Her physician informed her that her disease was terminal and recommended hospice. The family met and discussed this. She decided that, although she could seek aggressive treatments and prolong her life a little more, dying with dignity in her own home was what she wanted. Shortly thereafter, a hospice nurse met with Grace and her family and signed her into the program. A hospice social worker's job is not only to assist both

the patient and family in securing needed resources but also to assist them with completing unfinished business.

The first step in this case example was to initiate contact with the family, complete a psychosocial assessment, and, with the assistance of the clients, define what goals they wanted to achieve. The latter is based on a task-centered approach that has been discussed and used by numerous authors and practitioners (Epstein & Brown, 2002).

The Intervention Strategy

Task-centered interventions are simple in design, and all follow the same premises. First, the problem/issues to be addressed in therapy are defined by the client. Both client and practitioner decide the goals they will achieve during the therapeutic process. Target problems are generally kept to a maximum of three. Both client and practitioner develop a contract as to when tasks will be completed, who will complete them, and how they will be done. The target problem is defined and broken down into small, workable components. Alternative problem-solving strategies are developed. Both parties participate in implementing the agreed-upon problem-solving steps. Feedback regarding the effectiveness of the intervention is discussed as intervention proceeds. If the original goals are not accomplished, alternative interventions are implemented. If the goal was met, the practitioner and client either terminate the therapy process or negotiate another problem on which to work. This approach is also time limited in nature (Epstein & Brown, 2002; Tolson, Reid, & Garvin, 1994.)

Client History

Grace lived with her husband of forty years and was visited by her children and grandchildren on a regular basis. She reported that she was a Mexican American and that her husband was born in Mexico but immigrated to this country when he was quite young. The two had met while working at a

local produce-packing house. They courted each other, married, raised children, and, in other words, carved out a small piece for themselves of the "American Dream."

What was strikingly out of place as she recounted her family's story were the few paintings and other kinds of American Indian artwork that decorated her home. There were no Mexican American artifacts in the rooms I saw. In our first meeting, there was no mention of the significance of these American Indian artifacts. However, these held significant relevance regarding the work ahead. This is where this story begins.

Grace grew up outside of Flagstaff, Arizona. She lived in a multi-generation household with her parents and grandmother. Her grandmother would tell her stories at bedtime of the mischievous coyote and great Creator. Sometimes she would even take Grace into the desert to gather plants to make potions and remedies following old practices. However, although her grandmother exposed her to these things, she also warned Grace that she should never tell anyone. To do so would jeopardize her life. Later, Grace recounted stories of Indian children taken from their homes and placed in boarding schools because of their cultural identity. This was a common practice used by the United States, prior to the Indian Child Welfare Act of 1978, as a means to dissolve and undermine American Indian cultures (Jones, 1995).

Grace later moved to Southern California and started a family. Her husband was a member of the Church of Latter Day Saints. She joined the church and became an active member. They had three daughters who grew up, started families of their own, and moved to various cities within the Southland. Although her children later reported that they were aware that they had Apache blood, they were not aware of any distinct, culturally appropriate customs or behaviors that they practiced. They stated that it was not significant to them because they identified with the Mormon Church and their Mexican



American heritage.

General beliefs regarding the work with dying individuals stress the importance of assisting patients with completing goals prior to their death. It is argued that, once these people are able to complete unfinished business, they will experience an easier death. Erikson's theory of personality development "eight stages of man" holds that in the last stage of one's life "ego integrity vs. despair" persons come to terms with their own impending death/ mortality and develop a sense of their lives in retrospect as accomplishment or failure (as cited in Goldstein, 1984).

Defining the Problems and Goals

Our first step in Grace's completing unfinished business was to identify and define what she needed to do. Grace reported that she was afraid that, with her death, the stories of her culture would die with her. She did not believe that her family would pass on their cultural heritage to her grandchildren because they did not know its importance. She reported that she felt lost from her culture. She wanted to regain her knowledge of and connection to the American Indian community and share what she knew with her grandchildren. Grace identified two target problems. The first was her decreased knowledge regarding her people. The second was her lack of knowledge as to where to gather this information.

Grace identified two goals she wished to achieve. Her first goal was to make contact with the American Indian community to regain contact with her cultural roots. The second was to pass her knowledge on to her grandchildren. Since Grace was able to determine what goals she wanted to work on, the probability was high that she would achieve task completion. Grace and I agreed to complete the first goal within one month; after that, goal number two would be completed.

Task Planning and Implementation

At this point, Grace and I decided who would complete which tasks for goal number one. Having limited knowledge regarding the American Indian community, I consulted a Southern California social services resource guide which had no listings that helped. My practitioner task was to contact a friend at California State University, Long Beach, hoping to obtain referrals from him, which Grace would then follow up.

The friend, an instructor in the Departments of Social Work and American Indian Studies, referred us to Little Crow, a highly respected Lakota/Dakota spiritual advisor of the American Indian Unity Church. Grace was given his name and telephone number and she was to contact him. The expectation was that, by following through with the referral, all would work out. It did not.

Grace had difficulty in achieving her task. The helping process seemed to stall. We talked about why she was experiencing difficulty making contact with the spiritual advisor. I asked myself the following questions: Was this a problem of high interest to Grace? Did she understand the task? Did I show her how to complete the task and provide her adequate assistance in completing it? Was the goal specific enough? Did I review the target problem and task sufficiently and adjust the task enough to fit her and her situation? Had all the resources been available to her? "Obstacles to task performance may reside within the mind or reflect the inner psychological state of the individual. Prominent among such obstacles are unwarranted fears and suspicions of others that nevertheless have a strong influence on how the client perceives herself in the world" (Epstein & Brown, 2002, p. 273). Grace later stated that her hesitation was based on the many years of and warnings by her grandmother forbidding her from revealing her American Indian heritage.





Upon receiving this information, I went to see my friend at school. He provided me with two special resources that were worth more than their weight in gold as far as therapeutic interventions are concerned. The first was a hawk feather and the second was desert sage bound in red yarn. Raptors such as eagles and hawks play significant roles within many American Indian cultures. They are generally seen as symbols for the spirit of life and creation. These symbols are important in most, if not all, American Indian cultures. Desert sage is one of several dried plants used in "smudging" or cleansing oneself in ceremonies by having the smoke of the burning sage cover all parts of the body, thus cleansing it before the ceremony. The friend asked me to present these items to her and inform her that they were from a friend and someone who cared.

When I did so, Grace's eyes immediately filled with tears. She cried, not from pain, but from a tension built up that needed to be released. She later reported that she finally felt safe, that she no longer needed to fear revealing her ancestry. The openness of the friend's message, with the offering of the gifts, let Grace know that now she could be open about the importance of her beliefs. From that moment on, she had no difficulties in following through with contacting Little Crow and gathering the information she needed. The first goal was completed.

Grace's next goal was to pass this knowledge on to her children. The identified problem here was that she did not know how to do this. We discussed several options. One was for her to write down her stories in the form of a journal (she did not own a computer or typewriter). Another idea we generated was for her to record her stories on a tape recorder. The problem here was that she did not have one. As we discussed the above strategies, Grace decided that it would be easier for her to use an audio tape recorder due to her lack of energy. As the disease process progressed, she found it more difficult

to engage in activities. Writing would expend too much physical and mental energy. Our next step was to find her a tape recorder. We discussed the matter with one of her daughters. As Grace explained what she wanted to do, her daughter liked the ideas and, within one week's time, had purchased her mother a small, hand-held recorder. With this barrier out of the way, Grace set out to meet goal number two.

Grace completed four, ninety-minute tapes. She began with her people's story of creation; she then told stories of her people's history and how they are today. Lastly, Grace told about her own grandmother and the traditions and knowledge passed on to her. The sage was burned before this step was begun, and it was decided that the hawk feature would be passed on to her oldest grandchild. Shortly after completing goal number two, Grace slipped into a comatose state and died a few weeks later.

Grace was able to ensure that her cultural legacy would not be lost to the next generation. She experienced in hospice what we call a good death. She died without pain, and her wishes were honored. Although I spent considerable time with Grace on achieving her goals, she was not the sole focus of my attention. As she grew closer to death, my attentions turned toward her family. The family members made decisions regarding funeral arrangements and other matters. I provided resources and counsel according to the family's decided needs.

Summary and Discussion

Several components were essential to the completion of this case. The task-centered approach was used within a multicultural context. Other theories, particularly ego psychology, were also used to develop a care plan that suited the needs of all clients involved. Of equal importance, the client was involved with problem identification, intervention (task achievement), and problem resolution. This case also was successful due to its short-term

structure. Using a more traditional long-term psychotherapeutic approach would have been inappropriate in consideration of the client and the time left for her to complete her life's work. This is one example of how a task-centered approach can fit almost any setting. Saying her good-byes, the family's dealing with their impending loss, and making plans were all essential to this case's successful completion. However, the cultural renewal and her passing this cultural legacy to her daughters and grandchildren were the essence of the work Grace needed to accomplish in the few months she had left.

Grace brought the lessons of multiculturalism and ethnic sensitivity to life for me, as well as her family. The lessons we are taught in social work programs (about the importance of culture and understanding its importance to clients) had never come to life more clearly at any time before Grace. Often notions of theory and practice are vague concepts until and unless they are directly applied. Grace's identification with her cultural background was essential when developing the treatment plan. For most clients, their cultural identity is needed to understand them and to plan intervention. For Grace, had I not asked about the American Indian art, I might have ignored the essence of her unfinished business. Realizing the importance of Grace's cultural identification has made me more aware of its importance with other clients. Had I not encountered Grace, I might never have truly understood how important it can be.

The use of a cultural expert was essential in this case. My friend, the American Indian expert, gave insight into what the client needed to accomplish before she died: to embrace her ancestral origins again. Although the treatment process got stuck, Grace's embracing her ancestry again unstuck the treatment process. The friend let Grace know that she could, indeed, now be open about her ancestry, that she did not need to fear for her life any longer, that she no longer needed

to fear being openly American Indian. The treatment strategy that Grace and I decided on from the beginning made much sense. When we got stuck, it took an outside expert to free us from our dilemma.

Without Grace's being able to trust me and without my acknowledging and accepting the importance of a client's culture, Grace might not have achieved her final work: a good death.

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Call for Narratives

SPECIAL ISSUE:

The Making of a Gerontologist: The Role of Intergenerational Relationships

This special issue focuses on the role that intergenerational relationships played in choosing a career in the field of gerontology. *Reflections* seeks to give a voice to gerontologists to describe how their interest in aging emerged.

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Mail manuscripts to: Molly Ranney, Ph.D.
Department of Social Work
CSULB
1250 Bellflower Blvd.
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Manuscripts are due by: May 31, 2003

AN ISRAELI-PALESTINIAN YOUNG WOMEN'S DIALOGUE

By Antonio F. Ledesma, Ph.D.

The following narrative describes a conflict-dissolving process that provided Israeli, Palestinian, and American women a structure to listen to each other's nationalistic and interpersonal conflicts. The author delineates a story of a Palestinian girl's doll and the girl's experiences in the Middle East conflict, and an Israeli girl reciting a poem lamenting the death of Israeli children. These shared experiences inspired them to share each other's humanity.

Since the events of September 11, 2001 Americans have wanted to know more about the Middle East. In our attempt to understand the Middle East, the violence in the everyday lives of the Israeli-Palestinian people emerges. Personal stories of violence that seemed so removed from us are no longer. I offer the following stories of personal violence from the perspective of two young women from the Middle East who were born into violence to help us understand not only the tragedy of their conflict, but the futility of violence in human conflict. We must examine their conflict if we are to understand why the ramifications of the daily pain and suffering of Israeli and Palestinian lives is part of the source of our own pain and suffering that 9/11 brought to our lives.

Who would have thought listening to a child's poem and another's story of a doll would symbolize the tragedy and futility of the Middle East conflict? But that is exactly what happened when Tal, an Israeli, recited a poem lamenting the death of Israeli children in a Jewish settlement, and Amira, a Palestinian, related the story of her childhood doll, Patricia, during a young women's peace-building dialogue at a summer peace camp in the United States.

Tal, a seventeen-year-old from Jerusalem, stood proud and intelligent while speaking about the Israeli people and their quest to live free in their homeland, safe from the threat of annihilation. Only one generation removed

from the horrors of the past, she iterated the horrors of today through a child's poem commemorating the present-day death of children in Israel.

"Patricia doll, my angel of dollies," as Amira phrased it, is the story of a doll her aunt gave her when Amira was six years old. The doll was the aunt's most beloved possession. Amira described the doll as having auburn hair, a rosy colored face, and brown eyes. She could have been describing herself except for her light green eyes. Although Amira was sixteen, she spoke of her doll with a childlike innocence: "I loved Patricia so much; I prayed she would talk." I could not help but see Amira as someone suspended between two warring communities and between reality and a dream.

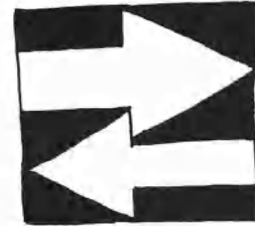
Tal and Amira were participants in the Building Bridges for Peace (BBFP) program, a non-profit community organization based in Denver, Colorado. BBFP was co-founded in 1994 by two community social workers, one a Jewish-American and the other a Christian (Methodist), along with an Arab-American Muslim. The program brings Israeli and Palestinian young women to the United States to interact with American women at a peace camp in Colorado's Rocky Mountains. Israeli participants come from rural and urban areas. Palestinian participants live in the West Bank, Gaza Strip, and Israel (Palestinian-Israelis or Arab-Israelis, as they are called, live within the borders of Israel since their

families did not leave their homes in 1948 or after the 1967 war.) All the young women from the Middle East and America are high school aged. Criteria for Middle Eastern participants are basic proficiency in spoken and written English and a driving desire to meet and communicate with women from the "other side." Most of the Americans reside in Denver while others live elsewhere in the U.S. They participate based on their wish to interact with people from the Middle East and a willingness to talk about American interpersonal and intercultural conflicts.

My work with Israeli and Palestinian youth began in 1996. As a clinical social worker and educator at the graduate school of social work at the University of Denver, I was introduced to the director of BBFP by a former student. Meeting with the director, I learned of her concern that the conflict resolution and mediation workshops she had used had not created the intimacy and understanding between participants, that she desired. I suggested using a marital conflict-dissolving approach as a conflict-intervention dialogue with the participants because it facilitated two people deepening their relationship. The dialogue process I proposed would serve to create a peace-building relationship between and among the participants. This interaction would also serve moving away from their "conflict positional discourse" (Winslade & Monk, 2000) to co-creating an alternative discourse of mutual understanding.

To create the opportunity for this alternative dialogue to occur, I outlined my work with the couples dialogue mirroring process as an alternative conflict-processing methodology for the participants at the summer peace camp. Drawing from my marital relationship certification in Harville Hendrix's Imago Relationship therapy, I outlined how I could adapt the conflict-dissolving process for the BBFP participants. This theory purports that conflict intervention

occurs best through a one-to-one dialogical interaction (Hendrix, 1988; Hendrix, 1992; Hendrix & Hunt, 1997). Consequently, I utilized the couples mirroring dialogue from the Hendrix model for the young women at the peace camp. I call my peace camp workshop: "Talking through Conflict." In the workshop, I took the young women through a series of conflict dissolving dialogues.



It was in one of these structured "speaker-listener" interactions that Tal and Amira talked to one another at the peace camp. To introduce and acquaint BBFP participants at camp with the conflict-dissolving process or what is termed "mirroring" dialogue, I invited two participants to sit with me in front of the assembly of Israelis, Palestinians, Americans, and camp staff. The participants and I demonstrated the particular process for that session's interaction through an actual dialogue that I facilitated. After such demonstrations, participants disperse into small groups with facilitators to guide them through each conflict-dissolving - mirroring - process. Thus, every participant took her turn in a structured dialogue with another participant.

Within this context, the following dialogue between Tal and Amira took place (*italics illustrate the structured dialogue - mirroring - phrases that guides the interaction*):

Tal (Israeli): "The conflict scares me. I am afraid to go to the markets or ride in a bus. I am afraid of a bomb blowing up and seeing people killed. I am scared of being killed by a bomb."

Amira (Palestinian): "I hear you saying that you are afraid of the conflict, going to the markets, riding in a bus. You are afraid of a bomb killing people or killing you. *Did I get it? Is there more you want to tell me?*"

Tal: "Yes, Amira, what comes up for me is the many stories and awful emotions I feel as I hear the stories at camp and at home in Israel about the Shoa [*Hebrew for Holocaust*] from my parents and grandparents. I am reminded of all that horror and I feel helpless".

Amira: Mirroring what Tal said, she asked, "*Is there more?*"

Tal: "Yes. In Dr. Tony's workshop Mayan talked about the bombs in the open market that kill many people: adults, children, old people, and even the cats that are in the street when the bombs explode. That is why I said I am afraid of being killed when I just am walking in the streets of Jerusalem."

Amira: Repeating back, she asked, "*Is there more?*"

Tal: "There is more. In the cabin last night, we Jewish girls talked about all the things we have been hearing from the Palestinian girls. We feel bad; Avital was crying and saying that before she came to this camp she thought she knew about everything but now she says she does not know her left from her right. I know what she means; we feel bad for your sad stories, but we know that our people suffer very much, too. Our grandparents chose to come to the land because we feel Israel is our homeland where our ancestors lived. We believe that the land is ours because the Torah says it is. Some of our people never left, some bought land. The Balfour Declaration [*the British plan for dividing the land*] and the United Nations gave us a right to live on the land.

At this point, some Palestinian participants began to shout, "No! You took our land, and you killed people. You took our land in 1948 and you oppress us with your military occupation." Someone else said, "You took Jerusalem in the 1967 war, but we will never give it up." The Israeli participants began shouting back, "Jerusalem is ours." Other Israelis shouted, "Let her talk." I stood up and asked everyone to be quiet and to honor and respect the process. The staff raised their arms above their head (our signal for silence) and moved about the group asking people to be quiet. Everyone eventually calmed down and Tal continued. Amira had kept quiet and just looked around. At this point, Tal did not seem to know what to say or do next. I reminded participants of the sentence stems I had taught them to use when they felt "stuck." I asked Tal to complete the statement, "*What scares me about this is ...*"

Tal: "What scares me about this is that we will not accomplish anything in this way of talking to one another. We came to listen to one another but the stories are just too painful."

I then asked Tal to complete the sentence stem, "*What hurts me about this is ...*"

Tal: "What hurts me about this is that we are hurting each other again and again with what we live each day at home. And it hurts me to see you and ourselves hurt."

I asked Tal to complete this sentence stem, "*And what this reminds me of is ...*"

Tal: "And what this reminds me of is a poem of an Israeli girl. When she was seven years old, one of her friends, a boy named Rami Haba—he was eight years old—Palestinian boys killed him. They killed him with stones. This Israeli girl wrote a poem

about his death. Shosi Bar-Yehuda is her name. She lives in a settlement in the West Bank. She read her poem in the video "Arab and Jew" (based on the Pulitzer Prize winning David Shipler book *Arab and Jew: Wounded Spirits in a Promised Land* 1986, produced on video by R. Gardner 1997) that Dr. Tony showed us. The name of her poem is "Death Has No Name." I have a copy of her poem; this is what it says:

*Death is mute; it continues forever.
Around the throat it wraps its rope;
one dies. Seconds pass away for a
son who never returned, a mother
grieves. Stones on a grave and little
flowers too. A cry that is stamped
[out] covering the eyes,
smothering the light, and changed
the world to black. A mother calls
again and says, "Rami come
back."*

Amira: Repeating what she heard Tal say, she asked, "Is there more?"

Tal: "Yes, in another poem she talks about Israelis being "wrapped around ourselves and fearing strangers." At the end of the video, the man [David Shipler] who was talking about Arabs and Jews says that we are, "Strangers to one another but that we are dependent upon each other." He said, "Whatever happens in war or diplomacy, whether the land is won or lost, whether agreements are finally made or not, our future 'Arabs and Jews' is with each other as close neighbors in the place we live." He said, "We will not escape from one another; we will not find peace in treaties or in victories; we will find it in looking into each others eyes." I know this, this last part especially, because I wrote it down. And it is what I wanted to say at this peace camp."

Amira: Saying all this back, she asked, "Is there more?"

Tal: "Yes. Well, I want to look in your eyes and tell you that we suffer because of the bombs in the streets, in the markets, and on the busses. I repeated the words from the video, said by a Jewish girl, and now by me. I want you to see in my eyes the desire, dream, and hope for peace."

I then asked Amira to *summarize* all the main points Tal stated to the best of her ability. I asked Amira to "stretch" in the next process, asking her to *validate* what she heard Tal say. I suggested she not think of it as agreeing but as a way of showing Tal that she is making an effort to see Tal's point of view.

Amira: Taking my direction, she said, "I've heard everything you said and you make sense to me, and what makes sense is that you want me to see in your eyes your suffering and fear of death from the bombs and most important you want me to know about your dream, wish, and hope for peace"

Tal: Adds, "Not just me, but for ALL the Jewish people."

Amira: "And the dreams, wishes, and hopes for peace for ALL the Jewish people. Is that what you said?"

Tal: "Yes."

In the validating phase of mirroring, I wanted Amira to tell Tal that she did see her point from her perspective. I asked her to "stretch" into making some degree of sense of it. I ask the person in Amira's role to think, if she were in Tal's position, "How would she view the situation?" to facilitate the validation.

The last part of the mirroring process is empathy where one identifies emotions of the other.



Amira: Said, "Given all that, I imagine you might emotionally feel ..."

Amira attempted to identify Tal's emotions, which she observed in the content of what she said and in the tone of her voice.

Amira: "I imagine you feel afraid and at times terrified of the whole situation especially because you or others might die. *Is that accurate?*"

I asked Tal to respond as to the accuracy of what Amira said and whether it was accurate or not. (If inaccurate, Tal would clarify what she actually felt, and Amira would mirror that back.) After Tal stated that it was accurate. I looked at Tal and said, "Tal, now you listen and mirror Amira."

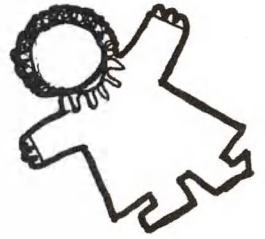
Amira: "Tal, I am going to tell you the story of my Patricia doll; this story is why I came to the peace camp: to tell Israeli girls what happened to Patricia. My mother went to visit friends in another town and left me with my grandfather. I went with him to the open market to sell his vegetables from his fields. An Israeli soldier on security patrol in the market ordered him to move his vegetables from one place to another; he could not move fast enough for this soldier who jammed the barrel of his M-16 rifle into my grandfather's stomach. My grandfather fell to the ground. I screamed; I was scared he hurt my grandfather; the soldier did not have to do that. My grandfather did not want to get up, he rolled over, and he did not move any more. He DIED in the street."

The mirroring process continued with Amira telling her story in stages and Tal, *mirroring*, saying back what she heard and asking after each phase, "Is there more?" As we listened to the next part of Amira's story, she related her most vivid of experiences in

the Israeli - Palestinian conflict for her, and for us.

Amira: "When I was seven years old, I was visiting my aunt. I found a doll by my aunt's bed. I fell in love with her. Her skin was a dark bronze color. She was the size of a newborn baby, brown hair, a small nose, red lips and cheeks, and ears that were a little too big, but cute. "Patricia" was so soft to touch. [Amira hugged her chest tightly as if she were embracing the doll.] I played very carefully with her, I did not want to hurt her; I wanted to take care of her. I wanted her to be my doll. When it was time to leave, I did not want to leave her. I cried and asked my mother if I could have her. My aunt was shocked that I wanted to keep her doll; Patricia was all she had left of her baby. That is when Aunt Rula told me the story of Patricia. Two years ago, she was at a checkpoint [a border crossing between an Israeli-controlled area and a Palestinian area]. My Aunt Rula was pregnant. She and an Israeli soldier got into an argument about her permit to cross into an Israeli area and he hit her with one those wood clubs [batons] they carry. He hit her and hurt her baby; he hit her in her belly and that caused her to lose her baby. My Aunt Rula then got a doll and named her Patricia. She made clothes for her and made her look pretty. I felt very bad for my aunt but I really loved Patricia, and I cried because I wanted to keep her so much. I thought that my aunt would not let me have Patricia but then she gave me Patricia. She asked me to promise to take very good care of her because she is so special - I promised I would take care of her all my life. I told her I would make Patricia's clothes for her now; I loved how soft Patricia was; she was my friend and I would take care of her like she was my baby."

As Amira told her story and Tal mirrored, Patricia seemed to come to life for me; the





mirroring interaction also took on a life of its own as I watched Amira and Tal using the process. Their interaction that day is what the mirroring process holds for people: the promise of what can happen when they take the time to leave their one-up, one-down struggle, and enter into a "same as" equal relational interaction. Tal was intent on mirroring Amira with great compassion. Tal repeated the story through the mirroring process, so we actually heard the story twice. This twice-told story had its effect on the audience: everyone focused intently on every word. This seemed to occur because Tal had suspended her subjectivity as an Israeli and to her credit entered into an objective view.

Amira continued relating her story to Tal.

Amira: "Two years later, my mother and I were at a checkpoint. There had been CLASHES [meaning rock throwing by Palestinians demonstrators at Israeli soldiers] around the area and security was very high. When that happens everybody is stopped, and the soldiers look at everybody's travel permits. Soldiers check all the adults, even the children. They checked their papers to cross into Israel. When my mother and me reached the "check-post," as the Israeli call them, the soldier asked my mother many, many questions about where she was going; they checked her travel permits and searched her. A soldier looked at me and my doll Patricia; I was squeezing her and holding her tight. I was terrified; I was afraid they would take my mother away, and I would be alone. Then the soldier came after me. He grabbed my Patricia from me and squeezed her. He said, "What is in here!" and ripped her open. I screamed and I said to the soldier: "You monster, you killed my Patricia. I hate you! You are wolves, you killed my Patricia girl!" I ran up and down the street crying and screaming at the soldiers: "You monsters, you killed her! You killed my Patricia!" I finally fell down and I started to pick up the pieces

of Patricia. The soldier had torn her apart from one side to the other - her chest and clothes were ripped to pieces. I cried into the pieces. She was all torn: her neck was ripped open and her face was destroyed: She was dead. My mother picked me up and I cried into her shoulder until I did not have any more tears. My mother turned away from the Israeli soldiers and walked away from the checkpoint. I closed my eyes; I did not want to see Israelis anymore. I held pieces of Patricia in my hand."

Tal: "Is there more?"

Amira: "Yes, I came here to look an Israeli girl in the eye and tell her my story of Patricia. I want you to know what happened to my Patricia and me because this is what it is like for us Palestinians under your occupation of us."

Just as I had asked Amira to summarize the main points of Tal's story, I now asked Tal to summarize Amira's story and to "stretch" into validating what she heard Amira say. I reminded her that she did not have to agree, but she was to show Amira that she could see her points.

Tal: "Amira, I have heard everything you said and you make sense." Tal then repeated the highlights of what she heard Amira say. "And what makes sense is that you have come here to look me in the eye and tell me what happened to you and Patricia and how you, your family, and the Palestinian people suffer under Israeli, as you say, "occupation." What makes sense to me is that you suffer under the circumstances of our conflict and that you have suffered great emotional pain from the death of your grandfather, your aunt's baby, and that your doll, Patricia, died too. I imagine that you feel angry, sad, fearful, and hopeless. I also imagine that you hate Israelis and especially Israeli soldiers because of what

happened and how you were hurt. Is this right?"

Amira: "Yes, I feel hurt, angry, and I hate the Israeli occupation but not you. I hate your government, and, YES, especially the Israeli soldiers."

I saw in Amira the look of a trauma victim, the same look I have seen in others, a far away, detached look in their eyes. It was the same look I noticed in her eyes as she related her story. When Tal finished mirroring and asked if there was more, Amira said, "There's no more."

I asked Amira and Tal if they knew some way that they could show each other how they felt after their dialogue. In response, Amira and Tal embraced; both had tears in their eyes. Everyone's eyes were glazed over, Israelis, Palestinians, and Americans. We all felt Amira's and Tal's emotional pain and hopes for the future. Everyone reacted to Tal's and Amira's story in one way or another: they talked with each other about how they felt; they wrote in their journals; and they embraced. Everyone wanted to express how they felt about Amira's and Tal's stories.

Heidi Hursh (2001), a Denver high school teacher and doctoral candidate doing a study on the program, recorded what participants said they learned about building peace: "Everyone has a right to have a safe place and respect." "Each side has to learn to listen." "Peace is not as simple as I thought. The thoughts of both sides are extremely different." "When you approach an argument, don't go with ready-made answers." "Don't be afraid to change your mind." "Peace must start between the people in the two groups, not the governments." "To achieve peace, each side has to stretch." An entry I recall that touched me deeply reads, "It's much harder to make peace than I thought. I'm going home with friendship, love, and hope for people on the other side" (p. 212).

I later heard the Israeli participants

comment on how their soldiers may have acted inappropriately but they were acting in defense of their communities and they were protecting their people and the state of Israel. Palestinian participants discussed their own stories of suffering at the hands of soldiers. Americans expressed their concern for Palestinian and Israeli suffering and related their own stories of tragedies in their communities in gang fights or negative encounters with police officers. Eventually, as the discussions continued over dinner and into nightly debriefings of the day's events, they calmed down and they all began to talk about how little they could do about the situations in their home communities. They turned to each other and expressed their concern and their hope that the various conflicts would end. They wanted peace to prevail in their home communities and between their governments, and some reflected on their hopes for their family conflicts ending.

Tal's and Amira's interaction marked the conclusion of my dialogue work for that summer. The next day we ended with the process of "Goodbye" to the pain and "Hello" to their new understandings and insights into the other. Thus, I had reached my goal of creating a "safe place" and facilitating these young women to feel each other's pain by deeply listening to a dialogue, thus laying the foundation for mutual understanding and the possibility of co-creating peace with one another.

Reflecting on the dialogues of these young women, they were actually doing the work of their parents and grandparents by attempting to "repair" the disharmony between their communities. They were attempting to ensure a future free of the horrors of war for the children of the Middle East by telling each other not only about the tragedy of their conflict, but about the futility of violence as a means of dealing with their conflict.

Tal and Amira's stories have profound implications for Americans dealing with their

own conflict with the Middle East: Violence in reaction to violence is not the answer. Violence only begets more violence as fifty years of the Israeli-Palestinian conflict proves. If we are to learn from this continuing conflict, the lesson that arises is that we must strive to end violence as a means of dealing with it whether it be international, national or for that matter in our own interpersonal relations and "Seek to understand before we seek to be understood," as St. Francis of Assisi counseled. Since September 11th, we must seek to answer the question, "Why do they hate us?" through a face-to-face dialogue with people that attack us. Tal and Amira model for us the benefits in "talking through conflict" rather than counter-attacking with escalating violence. Some say we have entered a new era of war. I believe we have entered into a new era of peacemaking: The response to violence must be to answer with peacemaking not war. The ramification of a prolonged war in modernity is to risk annihilation of humankind. The Israeli - Palestinian conflict is a living example of how conflict that is not "talked through" can be continuous and perhaps without end. We must stop escalating violence and talk to one another as Tal and Amira did. What can bring us to a clear understanding of this point is found in the words of Thich Nhat Hanh (1991), a Vietnamese Buddhist monk and peace activist, who writes in *Peace is Every Step*:

"When you begin to see that your enemy is suffering, that is the beginning of insight. When you see in yourself the wish that the other person stop suffering, that is a sign of real love" (p. 120).

Tal and Amira saw in each other's suffering not only the tragedy, but also the futility of their conflict. Will we permit our children to live in the same state of futility, or will we value living in harmony more than

winning without regard for their future?

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REFLECTIONS ON "THE CASE AGAINST URBAN DESEGREGATION"

By Frances Fox Piven and Richard A. Cloward

In 1967 Richard Cloward and Frances Fox Piven wrote a controversial article, published in *Social Work*, arguing against urban desegregation. Before Richard died, he was asked by Alex Gitterman to write a paper reflecting back on the subject. The following narrative contains those reflections, and is followed by a copy of the article as it originally appeared 35 years ago.

This article generated a good deal of indignation when it was published in 1968, even among our erstwhile allies. And no wonder. We had set out to challenge the longstanding liberal commitment to racial integration. We thought that because policies to improve low-income housing and education had been tied to integration, these initiatives had provoked enormous antagonism from white majorities, with the result that no integration resulted, and efforts to improve housing and schools for ghetto minorities were doomed as well. The interests of Blacks would be better served, we argued, by a shift from a preoccupation with integration to an emphasis on better housing and schools in the black communities of the nation.



We wrote in the midst of the racial turmoil of the 1960s. Black insurgency, from the civil rights movement that began in the south, to the struggles for economic rights in the big cities of the north that culminated in the riots of 1964-8, had brought the question of how the condition of African Americans could be improved to the forefront of American politics. That liberals, including the Kerner Commission, should call for integration at such

a moment was consistent not only with their existing commitments, but also with a deeper creed that emphasized individual mobility as the solution to problems of stratification. Moreover, a host of reform organizations were invested in promoting integration, proclaiming each arduously achieved step, each apartment opened to a black family somewhere, each student admitted to a white school, as a victory in the larger effort. Meanwhile, there was not much attention to the big picture in which small wins were overwhelmed by the large-scale migration of Blacks from the south to the ghettos of the central cities, and the simultaneous outmigration of Whites to the suburbs. Measured against these trends, integration was a steadily receding goal.

At the beginning of the 1960s, the growing black movement had also demanded integration. The southern civil rights movement was waging a battle against the legal apartheid of segregated public accommodations. And as the movement spread to the north, the early campaigns also demanded integration in schools and in housing. Efforts to achieve school or housing integration, while backed by liberals, were stopped dead by the intensity of opposition from white majorities. Thus foiled, the movement reconnoitered and shifted its demands to "community control," a shift that was consistent with an emerging recognition in the black movement that it was

not only race-based barriers to individual mobility, but the development of collective political and social capacity that were at issue.

We were naturally provoked by these developments. Integration was still the holy grail among liberals, Whites, and many Blacks as well. So, we scrutinized the record of the years-long fight for integration in housing and education, and the record was chastening. We reviewed the cases of public housing projects that were never built because they attempted neighborhood racial integration, with the result that not only was there no integration, but the construction of low-rental housing was virtually halted. And there was no evidence of successful school integration, even while the black movement was at its peak.

We also thought there was another issue that the liberal agenda had ignored. Because the basis of political representation in the United States is territorial, the geographic concentration of Blacks—created, to be sure, by white racism—was beginning to nourish the possibility of black political influence. The movement itself seemed to sense this as it shifted its slogans and targets to community control, black power, or simply black political representation.

Looking back with the benefit of more than three decades of experience, we were surely right, both to think integration unlikely and to emphasize the possibility of black empowerment. True, a good many liberals have not changed their minds. They also point to the overwhelming failure of efforts at



integration, but they seem to think that persistent failure should simply goad us to greater effort.¹ What they are not as likely to acknowledge is that Blacks have indeed

developed a measure of political power, and largely because of their concentration. Not only did Blacks come to control many municipal governments, but minority caucuses in state legislatures sometimes make a difference, and the Black Congressional Caucus (BCC), made up largely of representatives from overwhelmingly black



districts, is the main defender of progressive social policies in the U.S. Congress. This is not simply a matter of the symbolic politics of representation. The BCC has been an important defender of the social programs initiated in the 1960s, programs that did much to reduce poverty in the United States, especially black poverty. Without the BCC, the rollbacks of the past two decades would likely have been even worse. And the political leverage yielded by concentration has given Blacks the power to push for some gains in education and major gains in public employment, especially in city government.²

The socio-economic advances yielded by group empowerment may also, over the long run, move us closer to at least the possibility of an integrated society. Many years ago, W. E. DuBois observed that the rise of race prejudice in Philadelphia at the turn of the 19th century was owed in no small part to the extreme immiseration of the black population.

"A curious comment on human nature is this change in public opinion between 1790 and 1837. No one thing explains it—it arose from a combination of circumstances. If, as in 1790, the new freedmen had been given peace and quiet and abundant work...the end would have been different; but a mass of

*poverty-stricken, ignorant fugitives and ill-trained freedmen... swarmed in the vile slums which the rapidly growing city furnished...."*³

So, if DuBois is right, it may well be that a measure of prosperity and decent public services in ghetto communities would pave the way to a more integrated society in the future.

¹ See for example Douglas S. Massey and Nancy A. Denton, *American Apartheid: Segregation and the Making of the Underclass*, Cambridge, Massachusetts: Harvard University Press, 1993.

² On this point, see Linda Williams, *The Constraints of Race: Legacies of White Skin Privilege and the Politics of American Social Policy*, Albany, New York: State University of New York Press, 2001.

³ W.E.B. DuBois, *The Philadelphia Negro*, 30-31.

BY FRANCES FOX PIVEN AND RICHARD A. CLOWARD

The Case Against Urban Desegregation

■ Although efforts at integration have produced significant gains in some areas, they have worked against the interests of urban Negro poor in housing and education. The authors discuss various approaches to housing and education desegregation that have been ineffective as well as measures that, in effect, have worsened ghetto conditions. The need is stressed for an improvement in ghetto conditions and the development of separatist institutions that can be the bases for developing political power and ethnic identity and advancing the specific interests of the Negro poor in our society. ■

FOR YEARS THE chief efforts of a broad coalition of liberals and reformers, in dealing with the problems of the Negro, have been directed against segregation. Some significant gains have been made, particularly in the laws governing Negro rights in certain institutional spheres, such as voting and the use of public accommodations. But in some areas the thrust for integration seems to have worked against Negro interests. This is especially true with regard to housing and education of the Negro poor in large cities.

There are two main reasons for this: (1) Efforts to ameliorate basic social inequities, such as deteriorated ghetto housing and inferior educational facilities, have been closely linked to the goal of integration and, since integration measures arouse fierce resistance, proposals to redress these social inequities have usually failed. It is for this reason that, after several decades of civil rights struggle, the lot of the Negro urban poor has actually worsened in some respects. (2) If the Negro is to develop the power to enter the mainstream of American

life, it is separatism—not integration—that will be essential to achieve results in certain institutional arenas. Both of these points have implications for both public policy and political action.

DESEGREGATING HOUSING

Reformers oriented to the urban ghetto have generally sought two objectives that they have seen as closely linked—to promote desegregation and to obtain better housing and education for the poor. Restricted housing, they have contended, is the key factor in creating and maintaining racial barriers and, in turn, racial barriers force Negroes into deteriorated slums.

Efforts to desegregate housing, however, have been roundly defeated by massive white opposition. Indeed, residential segregation is increasing rapidly.¹ Moreover,

¹ The proportion of nonwhites living in segregated census tracts in New York City rose from 49 to 53 percent between 1940 and 1950. In 1910 60 percent of the Negroes in that city lived in assembly districts that were less than 5 percent Negro. By 1950 62 percent were in districts that were over 50 percent Negro. "The Program for an Open City: Summary Report" (New York: Department of City Planning, May 1965). (Mimeographed.) See also Davis McEntire, *Residence and Race: Final and Comprehensive Report to the Commission on*

FRANCES FOX PIVEN, Ph.D., is Assistant Professor of Social Work, and RICHARD A. CLOWARD, Ph.D., is Professor of Social Work, Columbia University School of Social Work, New York, New York.

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because provision of decent housing for the poor has been tied to desegregation, this end also has been defeated.

Over the next decade or two many central cities could well become predominantly Negro, if the movement of Negroes into the city and the exodus of whites to the suburbs continue, and if the higher Negro birthrate persists.² Against these trends, the task of maintaining racial balance in the cities seems insuperable. To offset them, huge numbers of families would have to be shuffled about by desegregation programs. This point has been spelled out by George Schermer who provides estimates of the number of people who would have to be moved each year in order to insure that a 50-50 population balance would exist in Washington, D.C., in the year 2000. (Washington is now 63 percent Negro.) Assuming that migration trends and birthrates remain constant, twelve thousand non-white families would have to be dispersed to suburban areas and four thousand white families induced to return to the District of Columbia every year until 2000.³ Segregation between the suburbs and the central city is only part of the story. Even if whites could be induced to return to the city and Negroes could be accommodated in suburbs, residential integration would not result because Negroes and whites tend to live separately within the city itself. Any

public program that would undertake to disperse growing concentrations of Negroes from the ghettos would have to shift formidable numbers to white neighborhoods and resettle whites in present ghetto areas.⁴

Approaches to desegregation have had little effect when the magnitude of the problem is considered. The most popular approach involves legal reforms coupled with education and information programs—legislation is sought to prohibit prejudicial treatment of Negroes, whether by deed restrictions, discriminatory actions of private realtors and landlords, or such governmental policies as the early FHA mortgage underwriting policy, which prescribed racially homogeneous housing developments. It is sobering to note, however, that many such reforms were won years before the civil rights movement but have failed completely to retard segregation.⁵ Racial zoning ordinances, for example, were struck down by the courts in 1917.

Special agencies have been developed to hear complaints of violations of antidiscrimination laws.⁶ The procedures for achieving redress, however, ordinarily require knowledge and patience on the part of the plaintiff that cannot in fairness be

Race and Housing (Berkeley: University of California Press, 1960), p. 41.

² Between 1950 and 1960—for the United States as a whole—the percentage gain in population was 17.5 for whites and 26.7 for nonwhites. The increase in the urban population was 27 percent for whites but 49 percent for nonwhites. In the same decade, the nonwhite population in central cities increased 63 percent while the white population continued to decrease. See *Our Nonwhite Population and Its Housing* (Washington, D.C.: Housing and Home Finance Agency, 1963), pp. 1-3. The nonwhite population in central cities reached 10.3 million in 1960 and may exceed 16 million by 1975, according to McEntire, *op. cit.*, pp. 4-5, 21-24.

³ George Schermer, "Desegregating the Metropolitan Area." Paper presented at the National Housing Workshop, National Committee Against Discrimination in Housing, West Point, N.Y., April 1966.

⁴ One report on desegregation concluded that housing and redevelopment programs directed to the goal of desegregation could at best only halt the spread of ghettoization. New York City's non-white population went from 9.5 percent in 1950 to 14 percent in 1960 and is expected to be more than 20 percent by 1975. (In 1900 it was 1.76 percent.) See "The Program for an Open City: Summary Report."

⁵ The very proliferation of legal reform measures may account for the prevalent view among liberals that there has been progress in desegregation.

⁶ In New York City there are two such agencies: the New York State Commission on Human Rights and a parallel city commission. Both agencies recently announced a "great increase" in the number of complaints received. This increase, it turned out, resulted in a total of only 528 complaints over a six-month period. Needless to say, a complaint received is some distance from being acted on. "More Negro Families Are Utilizing Fair Housing Law Here and in Suburbs," *New York Times*, October 23, 1966, p. 117.

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expected of someone merely looking for a decent place to live. Moreover, these agencies are typically charged to negotiate grievances without sanctioning the landlord. Thus, although one apartment may be "opened" after torturous procedures, there is no deterrence to further violations—no carry-over effect. Each negotiated enforcement of the law remains an isolated event.

There are many programs that are designed to supplement the antidiscrimination laws by attempting to change the white community's discriminatory attitudes. Thus, "fair housing committees" have been established in receiving communities to overcome community hostility toward entering Negroes. Information and broker services are designed to overcome barriers to the movement of Negroes that result from communication gaps, such as a lack of information regarding housing opportunities outside the ghetto or difficulties in gaining access for inspection. Such programs as the Urban League's Operation Open City combine all these strategies to help Negro families find housing.

However, these efforts tend to reach only middle-class Negroes, because housing in outlying communities generally requires at least a lower-middle income. Moreover, even for the Negro middle class such measures do not result in broad-scale desegregation. Resistance in the receiving community varies directly with the number of Negro families who are likely to invade it. More important, the majority of housing opportunities are still controlled by the regular institutions of the private real estate market, and these agencies distribute information concerning available housing and provide access for inspection in accordance with class and racial neighborhood patterns that reflect the inclinations of the majority of housing consumers.⁷

⁷ A recent large-scale demographic study of the United States concluded, "Residential segregation prevails regardless of the relative economic status of the white and Negro resident." Karl E. Taeuber and Alma F. Taeuber, *Negroes in Cities: Residential Segregation and Neighborhood Change* (Chicago: Aldine Publishing Co., 1965).

HOUSING SUBSIDIES

Another general approach to desegregation takes the form of housing subsidies. Both the public housing program and the recent rent supplement program are intended, at least by some of their proponents, to promote integration as a by-product of rehousing the poor. However, it is found that when large numbers of tenants are Negro, low-income whites desert the projects or are reluctant to apply. Projects thus tend to become high-rise brick ghettos rather than outposts of integrated living. Programs to further integration by locating projects in outlying white communities have provoked even more serious opposition. Only when white tenants predominate has any degree of community tolerance resulted.⁸ The political tension produced by this issue has contributed to the shaky political life of public housing. Indeed, this form of housing subsidy seems to be expiring in many cities.

The new rent supplement legislation so far also shows signs of accommodation in its provisions that enable outlying communities to veto a proposed invasion by low-income and minority groups. In any case, current appropriations are adequate only for a few showpiece programs throughout the nation and are likely to be decreased in the next session of Congress. If experience with public housing is any predictor, the opposition that the rent supplement program aroused in Congress, which almost defeated it, will be repeated more fiercely in local communities as efforts are made to implement the plan. Public subsidies, in short, have failed to reverse the trend toward segregation in urban areas.

⁸ In the city of Newark, N.J., the racial balance in projects is regularly graded from over 90 percent Negro for projects located in the central ghetto ward to over 90 percent white in outlying "country club" projects. Coincidentally, Newark has been able to obtain much more public support for public housing and to build more units per capita than most other cities.

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EDUCATION AND JOB TRAINING

A third general approach to desegregation is based on this country's hallowed belief in individual mobility. Once Negroes have better jobs and higher incomes, it is asserted, they will be able to bid competitively for housing beyond the ghetto.

However, programs intended to advance Negroes economically by education and job training have only tenuous bearing on their housing. These programs currently reach merely one poor person in ten. But even if the scope of these programs was vastly expanded, millions of today's poor would not be helped by attempts to equip them for better jobs. Of the 35 million people below the federal poverty line (i.e., an annual income of \$3,100 for an urban family of four), several million are aged; they are permanently out of the labor force and can be lifted out of poverty only by the direct redistribution of income. One-third of the poor are in families headed by females, and it does not seem reasonable to expect this group to raise itself out of poverty by entering the labor force. Many of the remaining poor are ill and others are permanently unable to compete for a host of additional reasons.⁹

It must also be recognized that a strategy of enhancing economic mobility—even if it succeeded in lifting large numbers of people somewhat above the poverty line—would not greatly improve their capacity to procure decent housing. In urban areas, adequate housing is difficult to obtain for families with annual incomes of less than \$7,000.¹⁰ Indeed, even middle-class whites have required and obtained huge governmental subsidies to bring adequate housing within their reach (e.g., urban renewal, low-

cost government-insured mortgages such as FHA, special tax advantages allowed by federal law for builders and realtors, and real estate tax abatements allowed by local governments).

Finally, it should be noted that because of discriminatory patterns, Negroes pay more for housing. They now occupy housing inferior to that of whites with comparable incomes at every income level.¹¹ For all these reasons it seems unlikely that a strategy predicated on individual mobility will have much effect on the Negro's housing conditions—and surely not on ghettoization—at least not for many decades.

WORSENING OF GHETTO HOUSING

While efforts to get people out of the ghetto have been ineffective, a variety of other measures put forward in the name of desegregation have substantially worsened housing conditions within the ghetto itself. Most of the recent housing and redevelopment programs touted as attempts to serve "the city as a whole" by clearing slums, improving the tax base, or retrieving the middle class from the suburbs, have had the effect of intensifying ghetto deterioration. Under the general public mandate of meeting the nation's housing needs and redeveloping the urban core, huge subsidies have found their way into the middle-class market and the business community, and have had widespread and devastating effects on low-income residential areas. Urban redevelopment has resulted in the destruction of low-rental housing and low-income communities, so that many poor people are pushed farther into the ghetto.¹² Moreover,

⁹ See Mollie Orshansky, "Counting the Poor: Another Look at the Poverty Profile," *Social Security Bulletin*, Vol. 28, No. 1 (January 1965), pp. 3-29.

¹⁰ Nationally, it is estimated that an income of over \$7,000 (which only 3.4 percent of nonwhites possess) is required to purchase new, privately constructed housing. Housing costs are much higher in urban areas. Schermer, *op. cit.*

¹¹ In most metropolitan areas nonwhites pay slightly lower rentals than whites in each income group but get vastly inferior housing. McEntire, *op. cit.*, pp. 135-147. In New York City, for example, there are three times as many substandard units occupied by nonwhites as whites at each income level.

¹² Criticism of urban renewal has been launched from both the right and the left. See Martin Anderson, *The Federal Bulldozer* (Cambridge, Mass.: MIT Press, 1965); Herbert J. Gans, "The Failure

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in the process of redevelopment, owners and tenants on sites scheduled for clearance are placed in a prolonged state of uncertainty and often become either the agents or the victims of quick exploitation. Relocation programs designed to mitigate the effects of redevelopment on low-income people and small businesses are ordinarily inadequate.¹³ The stalemate now seen in some urban renewal programs may be considered as an achievement in that the poor have finally been spurred by the accumulated abuses of years of dislocation to protest against the further destruction of their homes and communities.¹⁴

In the housing act of 1949 Congress asserted a national responsibility to provide a decent dwelling for every family. This, however, has not progressed very far. In New York City, for example, Mayor Lindsay's housing task force recently reported that there were half a million unsound units currently occupied (roughly the same number reported through years of new public assaults on the slums) and that the number was on the increase even though the number of low-rental units has decreased more than 30 percent since 1960.¹⁵ In Boston, the last family-size public housing unit was built in 1954; the city's nationally acclaimed urban renewal effort diminished by 12 percent the supply of low-rental housing (less than \$50.00 a month) between

1960 and 1965.¹⁶ The federal public housing program has produced only 600,000 low-income dwelling units in the three decades since it was initiated. The federal urban renewal program and the federal highway program have together demolished close to 700,000 units, most of which were low rental, in less than half that time. Meanwhile, private builders, spurred on by federal tax incentives and mortgage programs designed to encourage construction, have made still further inroads on the supply of low-income housing by reclaiming land to erect middle- and upper-income units. The cheap accommodations that remain in large cities are in buildings that have been permitted to run down without maintenance and repairs or in which rents are pushed to the limit the captive market can afford. High-minded public policies notwithstanding, the dimensions of housing needs among the nonwhites in big cities have, in fact, enlarged.

In summary, attempts to provide better housing for the Negro have failed not because anyone has denied the moral imperative of desegregation. Rather, they have failed under the auspices of this moral imperative. It seems clear, therefore, that if the poor are to obtain decent housing, massive subsidies must be granted for new and rehabilitated housing in the ghettos and slums. The Negro is far from possessing the political power to gain subsidies for integrated low-income housing. The more relevant question is whether he can even mobilize sufficient pressure to house himself decently wherever he does live.

DESEGREGATING EDUCATION

To emphasize the importance of upgrading ghetto housing is also to accept racially homogeneous elementary schools in large cities, at least for the foreseeable future.

¹⁶ Michael D. Appleby, "Logue's Record in Boston: An Analysis of His Renewal and Planning Activities" (New York: Council for New York Housing and Planning Policy, May 1966), p. 43. (Mimeographed.)

of Urban Renewal," *Commentary*, Vol. 39, No. 4 (April 1965), pp. 29-37; and the replies to Gans by George M. Raymond and Malcolm D. Ryskin. "Urban Renewal," *Commentary*, Vol. 40, No. 1 (July 1965), pp. 72-80.

¹³ For a review of experience with relocation see Chester Hartman, "The Housing of Relocated Families," *Journal of the American Institute of Planners*, Vol. 30, No. 4 (November 1964), pp. 266-268.

¹⁴ James Q. Wilson analyzes the political dilemmas created by renewal programs in "Planning and Politics: Citizen Participation in Urban Renewal," *Journal of the American Institute of Planners*, Vol. 29, No. 4 (November 1963), pp. 242-249.

¹⁵ "An Analysis of Current City-Wide Housing Needs" (New York: Department of City Planning, Community Renewal Program, December 1965), p. 67. (Mimeographed.)

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Integrated education has been one of the central goals of reformers, and few seem prepared to relinquish this objective. However, the demographic and political realities in large cities cast grave doubts on the feasibility of achieving anything resembling integrated education at the early grade levels.

As a result of the housing patterns described earlier, Negroes are rapidly becoming the largest group (in some cases, the majority) in the central areas of many large cities. Furthermore, they represent an even greater proportion of the school-age population because Negro families are usually younger, larger, and without the resources to place their children in private schools.¹⁷ The white youngsters with whom Negro children presumably are to be integrated are slowly vanishing from inner-city areas, and there is every reason to expect that these demographic trends will continue.

The issue of integrated education is also complicated by socioeconomic factors, particularly in the cities. Recent evidence suggests that diverse economic backgrounds of pupils may be more important than racial diversity in the education of the Negro student. One study of American education, for example, shows that mixing middle-class students (either Negro or white) with lower-class students (either Negro or white) usually has a decidedly beneficial effect on the achievement of the lower-class student and does not usually diminish the middle-class student's achievement.¹⁸ By contrast, the integration of poor whites and poor Negroes does not seem to yield an improved achievement of either group.¹⁹

¹⁷ Negroes already comprise over 50 percent of the school-age populations in Chicago, Philadelphia, and Washington, D.C. (where they comprise more than 80 percent). In other cities they are rapidly approaching the majority—Detroit, for example, has well over a 40 percent population of school-age Negroes.

¹⁸ James R. Coleman *et al.*, *Equality of Educational Opportunity* (Washington, D.C.: U.S. Government Printing Office, 1966).

¹⁹ Several studies show that by no means do Negroes do uniformly better in integrated schools.

But the number of middle-class whites available to be mixed educationally with lower-class Negroes is rapidly declining, and of the whites left in the city with children who attend public schools, an increasing proportion is poor. (As for middle-class Negroes, their numbers are very small to begin with, and many send their children to private schools.) If mixing along class lines is to be achieved, therefore, educational arrangements in which suburban and ghetto children are brought together will be required. Such arrangements are improbable. The defense of the neighborhood school is ardent; it reflects both racial and class cleavages in American society. Efforts to bring about racial mixing, especially when coupled with the more meaningful demand for economic class mixing, run head-on into some of the most firmly rooted and passionately defended attitudes of white families.

Busing versus "educational parks." Two schemes have been advocated for achieving racial integration while minimizing political resistance. One involves reshuffling children to achieve a racial balance by busing them to distant schools. Aside from the enormous logistical problems this poses, busing usually has met violent opposition from all sides.²⁰ The second scheme is

They either do better or worse than in segregated schools. One intervening variable appears to be the degree of bigotry exhibited by whites: the greater the bigotry, the more likely that Negroes will achieve less than in segregated schools. Poor and working-class whites have traditionally held the most prejudiced attitudes; integrating them with poor Negroes may actually hurt Negroes. *Ibid.*, especially pp. 330-333. See also Irwin Katz, "Review of Evidence Relating to Effects of Desegregation in the Intellectual Performance of Negroes," *American Psychologist*, Vol. 19 (June 1964), pp. 381-399.

²⁰ There seems to be a somewhat easier acceptance when numbers of Negro children are assigned to white schools than when white children are assigned to ghetto schools. This has not been tried on a sufficient scale to put white tolerance to a genuine test, however. It is also true that Negro parents do not want their children to travel far, either.

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the development of massive "educational parks," which would centralize upper-grade facilities for children from a wide area. The superiority of these new plants, it is argued, will help to overcome the opposition of white parents to integration. However, even in such plants segregation is likely to persist on the classroom level as a result of the "tracking system," particularly because educational parks are intended only for older children, whose academic levels already reflect wide inequalities in home environment and early schooling. Equally important is the fact that the cost of such educational parks would be enormous. It is improbable that many such parks would be built, and the merits of such an investment must be weighed against alternative uses of funds for the direct improvement of program and staff in ghetto schools.

Improving ghetto schools. The lower-class school, particularly in the large-city ghetto, has always been an inferior institution. Recently the physical facilities in many ghetto schools have improved because of new building programs, but the lower-class Negro school still reflects significant inequalities when it is compared to its white middle-class counterpart. For example, the quality of the teachers has been shown to have a critical influence on the child's learning—lower-class schools, however (especially ghetto schools in large cities), have inferior teachers and are generally characterized by higher staff turnover. To overcome historic inequalities of this kind would be no small achievement.²¹

²¹ There have been many studies—including the work of Allison Davis and subsequent studies by August B. Hollingshead—on class biases in the intelligence test and the differential response of the school system to children of different socioeconomic backgrounds. Many other studies document the sharp differences between the low-income school and its middle-class counterpart. For a recent study of inequalities by class in a large northern urban school system, see Patricia Cayo Sexton, *Education and Income: Inequalities in Our Public Schools* (New York: Viking Press, 1961). See also Coleman *et al.*, *op. cit.*

The authors conclude, in short, that although schools that are racially and economically heterogeneous are probably superior, removing class inequities in the quality of teachers and programs is also an important goal—and a far more realistic one. Such educational improvements in the ghetto will require public action and expenditure, and these are likely to be achieved only if massive political opposition to demands for class and racial mixing is avoided. As in the case of housing, the coupling of measures for integration of education with measures to improve existing conditions in large-city ghettos must lead to the defeat of both. The choice is between total defeat and partial victory; to many, it may appear a difficult choice—but at least it is a choice.

PRIVATE SOCIAL WELFARE:
SEPARATIST INSTITUTIONS

In discussing housing and educational reforms for the urban ghetto, the authors have stressed the political utility of integration measures. It is not only the feasibility of integration that is open to question; it is also far from clear that integration is always desirable.

Liberals are inclined to take a "melting pot" view of American communities and to stress the enriching qualities of heterogeneous living—however, the history of ethnic groups in American society belies this view. There have always been ethnic institutions, and these, as has been widely observed, have served important functions in the advancement of different groups. An important precondition for the establishment of such separatist institutions—particularly when the members of the ethnic group are poor—has been the existence of substantial aggregations of people in residential proximity. The current emphasis on integrating people physically in schools and neighborhoods thus deflects attention from a fundamental problem confronting the Negro—the lack of organizational vehicles to enable him to compete with whites for con-

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trol of major institutions that shape the destiny of the ghetto (housing and educational systems, governmental bureaucracies, corporate economic complexes, political parties, and so forth). Without separatist institutions the Negro is not likely to come to share control in these various spheres, and the powerlessness of the ghetto's population will persist.

The value of separatist institutions is revealed clearly in the field of social welfare. There is, of course, considerable precedent for ethnically based social welfare institutions, which symbolize for many the highest values of self-help. Networks of agencies have been formed by Jews and white Catholics; even Protestants—under the impact of a pluralism that has made them act like a minority as well—have formed essentially white ethnic welfare institutions to advance their interests. Throughout the country these voluntary agencies raise a huge amount of money, which is directed to the less fortunate in their respective ethnic and religious communities (and sometimes to those in other communities as well).

POLITICAL INTERESTS

The point that is not generally recognized about private agencies, however, is that they are as much political as they are social welfare institutions; they serve as organizational vehicles for the expression of the ethnic group's viewpoints on social welfare policy and also as the institutional means for other forms of political association and influence. Religio-ethnic welfare institutions—from hospitals to child care facilities—command enormous amounts of tax money. In New York City, for example, they are now routinely paid over \$100 million annually from the municipal budget (exclusive of antipoverty funds). Thus, these agencies are important political interest groups that, in acting upon their own organizational needs, serve the interests of their controlling ethnic and religious constituencies as well.

Exerting pressure for various forms of

public subsidy is only one of the political functions of private agencies. They maintain a deep interest in many forms of governmental policy and actively seek to influence the shaping of policy in ways consistent with their interests. These political activities tend to be overlooked because private agencies exert power chiefly at the municipal level—not at the more visible level of national politics. However, large areas of public service are controlled locally and, even when programs are initiated and supervised by federal or state authorities, it is primarily at the municipal level that services are organized and delivered to their intended consumers. Public welfare, education, urban renewal, housing code enforcement, fair employment, law enforcement, and correctional practices—all of these are, in large part, shaped by local government.

Nowhere is there a Negro federation of philanthropy—and there are few Negro private social welfare institutions. Consequently, the Negro is not only without an important communal form but also lacks the opportunity to gain the vast public subsidies given for staff and services that flow into the institutions of white communities. In effect, to advocate separatism in this area means to insist that the Negro be given the prerogatives and benefits that other ethnic and religious communities have enjoyed for some decades.

If the Negro expects to influence the proliferating social welfare activities of government, he will need his own organizational apparatus, including a stable cadre of technical and professional personnel who can examine the merits of alternative public policies, survey the practices of governmental agencies, and activate their ethnic constituencies on behalf of needed changes.

COMMUNAL ASSOCIATIONS

Ethnic social welfare institutions serve another important function. This country has faced the problem of assimilating poverty-stricken minority groups into its ec-

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onomic bloodstream many times in the past, and religio-ethnic institutions of various kinds have played a significant part in that process. One of the ways by which such groups effect their rise from deprivation is to develop communal associations, ranging from fraternal and religious bodies to political machines. These communal associations provide a base from which to convert ethnic solidarity into the political force required to overcome various forms of class inequality. They are, therefore, an important device by which the legitimate interests of particular groups are put forward to compete with those of other groups.

The Negro community lacks an institutional framework in private social welfare (as well as in other institutional areas), and the separatist agencies of other ethnic and religious communities are not eager to see this deficiency overcome. When the Negro is concerned, they resist the emergence of new separatist institutions on the grounds that such a "color conscious" development represents a new form of "segregation." This view has frequently been expressed or implied in behind-the-scenes struggles over the allocation of antipoverty funds. In one city after another private agencies have either fought against the development of Negro-sponsored programs or have sat by while Negro groups argued in vain with municipal, county, or federal officials over their right to form autonomous, ethnic institutions to receive public funds.²²

By and large, private agencies have contended that race is an irrelevant issue in deciding who should mount programs in a ghetto. Existing agencies, it is argued, have the proved professional and organizational competence to operate new programs, and many have succeeded in obtaining pub-

lic funds to do so. In the end, however, this form of "desegregation" is destructive of Negro interests. Although coalitions of existing ethnic and religious agencies may provide services to the ghetto (especially with the financial incentives of the anti-poverty program), these services do not strengthen the ghetto's capacity to deal with its own problems. Rather, they weaken it. Through the "integration" of Negroes as clients in service structures operated by others, political control by outside institutions is extended to one more aspect of ghetto life. Furthermore, the ghetto is deprived of the resources that could encourage the development of its own institutions or bolster them. Existing voluntary agencies could serve the ghetto far better if they lent political, technical, and financial aid to the development of new social welfare institutions that would be under Negro management and control.

Class power in the United States is intimately connected with the strength of ethnic institutions. Powerlessness and poverty are disproportionately concentrated among minority groups—Negroes, Puerto Ricans, Mexicans, and so forth. The success of traditional ethnic and religious social agencies in resisting the emergence of Negro institutions is a reflection of class power differentials. But it also reveals that class power is produced and maintained in part by racial and ethnic power differentials.

NEED FOR SEPARATIST ORGANIZATIONS

A new system of voluntary social welfare agencies in the ghetto can hardly be expected to produce the collective force to overcome the deep inequalities in our society. Ethnic identity, solidarity, and power must be forged through a series of organized communal experiences in a variety of institutional areas. In housing, for example, energy should be directed not only toward improving ghetto conditions, but also toward creating within the ghetto

²² Some OEO funds have been used to stimulate the growth of Negro welfare institutions. Bitter conflicts have inevitably followed—as in the case of New York's HARYOU-ACT and the Child Development Group of Mississippi. Neither of these embattled agencies has received appreciable support from established social agencies.

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the organizational vehicles for renovating buildings and, more important, for managing them.²³ Similarly, educational reforms should mean not only improvements in facilities and staff but also arrangements under which the local community can participate in and influence the administration of the schools.²⁴

What the Negro needs, in short, are the means to organize separately and a heightened awareness of the distinctive goals to which his organizations must be directed. The Negro poor in our society do have interests distinct from and, more often than not, in conflict with those of other groups. Unless they organize along separatist lines, it is unlikely that they will have much success in advancing these interests. Judging from the history of those ethnic groups that have succeeded in gaining a foothold in our pluralistic society, it seems clear that ethnic separatism is a precondition for eventual penetration of the ruling circles and the achievement of full economic integration. Minority groups will win acceptance from the majority by developing their own bases

of power, not by submerging their unorganized and leaderless numbers in coalitions dominated by other and more solidary groups. Once they have formed separatist organizations, participation in coalitions (whether councils of social agencies or political parties) can then be a meaningful tactic in bargaining for a share of power over crucial institutional processes in the broader society.

In a recent essay David Danzig observed:

It is, to be sure, a long step from the recognition of the need for power to the building and strengthening of indigenous social and political institutions within the ghetto from which power can be drawn. The Negro as yet has few such institutions. Unlike most of the other religio-ethnic minorities, he lacks a network of unifying social traditions, and this is why he must depend on political action through color consciousness as his main instrument of solidarity. That solidarity entails a certain degree of "separatism" goes without saying, but the separatism of a strengthened and enriched Negro community need be no more absolute than that, say, of the Jewish community. There is no reason, after all, why the Negro should not be able to live, as most Americans do, in two worlds at once—one of them largely integrated and the other primarily separated.²⁵

In these terms, then, physical desegregation is not only irrelevant to the ghetto but can actually prevent the eventual integration of the Negro in the institutional life of this society. For integration must be understood, not as the mingling of bodies in school and neighborhood, but as participation in and shared control over the major institutional spheres of American life. And that is a question of developing communal associations that can be bases for power—not of dispersing a community that is powerless.

²³ In a tentative way, this possibility is now being explored by some groups (e.g., churches), which are receiving loans to rehabilitate ghetto buildings under the federal low-cost mortgage program. These groups form local corporations to rehabilitate and later to manage houses.

²⁴ Parent groups in East Harlem recently boycotted a new school (P. S. 201); they abandoned earlier demands for school integration to insist that the Board of Education cede a large measure of control to the local community. The ensuing controversy brought to the fore certain issues in professional and community control. As of this writing, a final resolution has not been reached. Without some administrative arrangement to insure greater involvement by the ghetto community, the schools will continue to be responsive to other, better-organized religious, ethnic, and class groupings that traditionally have been powerful enough to assert the superiority of their claims for educational services and resources over that of the ghetto. There is some indication that such arrangements may also bring educational benefits. A recent study showed a high correlation between the achievement of Negro children and their feeling that they can control their own destinies. See Coleman *et al.*, *op. cit.*

²⁵ "In Defense of 'Black Power,'" *Commentary*, Vol. 42, No. 3 (September 1966), pp. 45-46.

APPLICATION OF MODERNISM/POSTMODERNISM AND DISCUSSION/DIALOGUE TO COLLEAGUE INTERACTION

By Curt M. Paulsen, Ph.D., Associate Professor, Department of Social Work, Augsburg College, Minnesota

Difficult interactions with academic department colleagues regarding an MSW research requirement are assessed in the context of two theories: modernism/postmodernism and discussion/dialogue. From this assessment, the author discerns five areas for personal change he believes will enhance his effectiveness with department colleagues.

My students are generally startled when I relate this observation: Working with people experiencing difficulty need not be exhausting. To the contrary, it can be nourishing if clients are assisted, in a spirit of co-creation, to discover and use their own strengths and resources to respond to their unique challenges. What may be exhausting, however, is that in order to have credibility with clients, practitioners must live this same responsible strategy, often bringing personal growth by way of humiliation, regret, apology, reconciliation, and confrontation, along with fear of change and loneliness. I think of this personal journey as walking in clients' footsteps in order to become increasingly authentic with them.

Recently, I was challenged to personally practice this conviction. Our department of social work, a group of exceptionally talented people with impressive educational and professional backgrounds, addressed an emotionally laden question: Should we require the continuation of a research project for our MSW students that had traditionally leaned in the direction of quantitative data analyzed by way of the scientific method? Or, should we consider other strategies to fulfill the research requirement?

Our faculty revealed divergent positions. Discussions were heated. Ultimately, a valued colleague resigned, a significant loss to the program for she is a very capable educator

and researcher who had rendered valuable service to our department. Her position on the matter, however, in my opinion, was no more or less correct than the convictions held by those who disagreed with her.

Recognizing that such political debates are commonplace in academic institutions, and acknowledging that they sometimes mask personal differences, I was tempted to disregard the matter and withdraw to protect myself from such "messy" matters. Yet, I was burdened with the realization that if I were to be true to my philosophy relative to self-responsibility, it was imperative that I discern whatever contribution I might make to our department, not as a victim, but as one who could be "part of the solution" to the extent I identified myself as "part of the problem."

This benevolent "I want to help" attitude soon gave way to a realization that I first had to acquire more awareness of my own confusions, inconsistencies, and strengths before I could maximize my effectiveness in relating to my colleagues. In the midst of our conflict, amid other departmental experiences, I had lost some awareness of my positions on critical issues, as well as how these positions had initially been informed and synthesized. And, I considered it imperative that I address my nagging doubts as to my effectiveness with colleagues when interacting with them.

Improved self-awareness, I determined,



could be achieved by my assessment against norms that related directly to 1] our department's consideration of MSW research, in this instance "modern versus postmodern," and 2] my participation in our group interaction, with reference to "discussion versus dialogue," both of which are the foci of the section, BACKGROUND.

In the section, PERSONAL AWARENESS, I identify five areas for personal change that I discerned from section I, which I believe will enable me to be more present with colleagues, and will facilitate my capacity to listen more effectively to them.

I have made one assumption in this project: When two dimensions exist on either end of a continuum — such as hot/cold or night/day — they are each considered equally important, as each is necessary for the continued existence of either one. For example, without both female and male, sleep and awake, land and sea, neither one of the dialectical pairs is ultimately possible. Applied to my consideration of my colleague interaction, this assumption means that modernism and postmodernism are in a dialectic relationship, as are discussion and dialogue.

BACKGROUND:

Modernism/Postmodernism

Library research reveals hundreds of references to *modernism* and *post-modernism*, often noting that exact and consistent definitions are difficult to find. I have relied on the work of Nichols and Schwartz (2001) for cohesive direction.

Modernism

According to Nichols and Schwartz (2001), modernism, which gained strength in the first half of the twentieth century, was a reaction to romanticism "which held that there were unseen, unknowable forces at work in the world" (p. 309). In contrast to the views of romanticism, which left people feeling

vulnerable, modernists claimed that through scientific observation and measurement the essence of phenomena could be discovered that explained individuals and their relationships with one another. Ostensibly these discoveries would give people a greater sense of control over their destinies.

With reference to human service practitioners in the modernist tradition, it was believed that grand narratives or universal laws, transcending individuals, could be discovered and applied to people to enhance their lives. This strategy, manifest in the medical model, is practiced by practitioners, identified as experts, who are more inclined to do something for clients than to co-create with them.

I observed modernism practiced during a family therapy internship. Against the norms of structural systems theory, people and their relationships were assessed, seemingly with little regard for their individual identities, histories, or contexts. In this tradition, family therapy practitioners were clearly knowledgeable and skilled in their understanding and use of theories and interventions that transcended individuals and families. Impressed as I was with the remarkable progress made in the treatment of families, I was equally uneasy with aspects of the work that sometimes seemed to be done *to* families and their members, rather than *with* them.

Postmodernism

Postmodernism, which gained momentum during the last half of the twentieth century, was a skeptical reaction to modernism. It challenged phenomena that had been discovered and interpreted as fact by modernists in the name of the scientific method. What had been presented as absolute truth and objective reality beyond question was shown, in many instances, to be biased and motivated by power. For postmodernists, phenomena could never be

fully understood, particularly when history and context were taken into account. Reality was simply too elusive to fully know or understand. This skepticism reduced the security that modernists had attempted to deliver, but it was liberating. Instead of single realities, there potentially were as many realities as there were people, leading to the possibility of unlimited multiple perspectives.

Postmodernism is consistent with Turkle's (1995) statement that people make conclusions about the world more by way of "interpretation" than by "perception" (p. 264). From interpretation, it is an easy transition to constructivism, the notion that people make meaning of their lives by way of their particular constructions of reality. In other words, reality is not something external that is the same for everyone; rather it is the mental constructions of the individual observers significantly influenced by their assumptions.

When oriented to the postmodern perspective, human service practitioners are experts, not by way of applying external, universal laws to people — and then providing assessments through techniques such as interpretation and insight — but by facilitating, a process whereby people become more aware of their unique identities with reference to what they need or want and the strengths they possess or can acquire to reach their goals. Client self-determination is strengthened, as is the sense of practitioner-client partnership.

Application to MSW Research Requirement

Modernism and postmodernism are different ways of searching for truths about reality but, in my opinion, neither is more important than the other. With reference to my assumption regarding dialectics, modernism and postmodernism, linked by way of a creative synthesis, offer more potential for a closer approximation of reality than does either one alone.

In relation to modernistic and postmodernistic research, Martinez-Brawley (1999) raises a critical and relevant question for social work: "Does the profession speak with the single voice of science and empirical evidence or the complex fluidity of art?" (p. 335). As I listen to conversations between people in the profession, and read writings in the field — heavily spiced with terms such as "diversity" and "strengths" — my sense is that social work might be more art than science; that the profession often responds creatively in different ways to different situations, in the spirit of postmodernism, rather than applying service templates to individuals and systems of individuals potentially representing vastly different histories, identities, and contexts.

This more artistic, postmodern orientation seems to be contrary to the traditional notion that to attain and retain legitimacy within academic settings, quantitative research based on the scientific method is required to merit credibility and associated perks, such as financial allocations. Could it be, however, that these modernistic influences may cause the profession to be at odds with itself by forcing artistic, postmodern data into a modernistic, scientific research paradigm? Or, could it be argued that the profession has become so practice oriented that it has neglected a more disciplined, scientific, and modernistic research dimension? These two questions summarize the diverse positions held by our faculty as we debated our research requirement.

Both orientations, in a dialectic relationship, provide corrections to the weaknesses of the other, in my opinion. Manifest in scientific research, modernism risks the possibility of failing to recognize uniqueness in individuals and, in so doing, leads to a dangerous confidence in a "one-size-fits-all" practice orientation. However, when postmodernism is supported to the exclusion of certain modernistic theories and practices, social work, and perhaps other professions,

runs the risk of multiple perspectives that lack verification and fail to respect knowledge bases which offer stronger assessments and interventions.

Against this background, the essence of our departmental search involved this question: Should our MSW program continue to require student research that leans heavily in the direction of the scientific method, usually quantitative and modernistic, or should we move toward research more compatible with postmodernism?

In retrospect, our discussion relative to this question was dualistic, creating a win-lose atmosphere where everyone was hurt, to various degrees, and we failed, in my opinion, to produce a creative, dialectical outcome that represented the strengths of everyone. To label any of my colleagues as right or wrong seemed limiting, reductionistic, and sad, for I perceived them all to be competent and well meant.

In contrast, I propose that the operative question guiding our process might have taken a variation of this form: How can a modern and a postmodern orientation be synthesized to form a "both/and" dialectic with reference to our MSW research requirement?

To facilitate group interaction that might yield a more creative response to this question, I would argue that the work of Senge (1990) would have been applicable because it appears to be in the interest of dialectic outcomes through dialogue more strongly consistent with postmodernism, while simultaneously recognizing the need for discussion, more compatible with modernism.

Discussion & Dialogue

Senge (1990) argues for the significance of the distinction between *discussion* and *dialogue*.

Discussion is composed of individual presentations to one or more people with the intended result of having "one's views accepted by the group" (Senge, 1990, p.

240). Aspects of the views of others may be accepted, but "fundamentally you want your view to prevail" (Senge, 1990, p. 240). Discussion can be loosely correlated with modernistic, scientific research that generally finds one hypothesis prevailing over another, and usually there is no attempt to synthesize hypotheses that take contrary positions. This orientation, according to Senge (1990), is inconsistent with progress toward finding a higher truth and coherence.

Dialogue, on the other hand, is a free exchange of ideas and the generation of outcomes that usually could not be achieved without interaction between two or more people. Gradually, through dialogue, a common meaning develops that transcends the views of any one person or group, resulting in constant development and change. This process is unlike the competition and opposition generated by way of discussion. Could dialogue, therefore, be thought of as more consistent with postmodernism than modernism?

During our department's endeavor to address our research requirement, I am uncertain as to why we seldom reached a dialogue, as indicated by our dualistic, "either/or" positions. Discussion could have yielded positive results, however, had it been united in a creative dialectic with dialogue.

To move interaction beyond discussion dialogue, Senge (1999) recommends that three basic conditions are necessary for dialogue: "1. all participants must 'suspend' their assumptions, literally to hold them 'as if suspended before us;' 2. all participants must regard one another as colleagues; 3. there must be a 'facilitator' who 'holds the context' of dialogue" (p. 243).

My past administrative and consulting experiences have left me vulnerable to the temptation to make recommendations to our department. I have resisted this temptation. I am, however, free and responsible — particularly with reference to my "walking in



clients' footsteps" — to extract from this assessment understandings as to how I might change in order to render a greater, more productive contribution to our department. In essence, this would involve strengthening my capacity for "being" rather than "doing." My experience, with myself as well as with observations I have made of others, is that the most significant growth often accompanies small, subtle progress in awareness that positively impacts transactions between people, rather than large "how to" conclusions and recommendations.

PERSONAL AWARENESS

My assessment, with reference to modernism/postmodernism and discussion/dialogue, has enabled me to identify five areas for personal change that I believe will enable me to be more present with colleagues and will facilitate my capacity to listen more effectively to them.

First, I am inclined to think in terms of "either/or" dualities, not "both/and" dialectics. For example, my natural inclination is to think of practice *or* policy. I fail to regularly ask questions of this type: How can policy be incorporated into practice settings? Or, how does practice influence policy? Could it be that this orientation is related to courses being segregated by topical categories? Relative to certain postmodern and modern theories, I often move away from inquiry, for example, considering how solution-focused and narrative practices could be strengthened by a creative, dialectical fusion with psychoanalytic ideas.

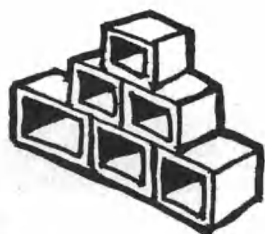
Categories, like boxes, serve to contain knowledge and skills for me. In this rather boundaried condition, much like that of a closed system, I experience greater confidence in my level of comprehension. However, when I allow these boundaries to be more diffuse, permitting their contents to seep into other theories and practices, changes inevitably occur that result in something more

mysterious and complex, requiring me to extend myself beyond what I know. "What if" questions, posed by me or my students, are the quickest way for me to move from teaching to the dialectic of teaching *and* learning.

Creative unity of different, even opposite, dimensions can be equated to feedback loops where each part impacts the other. Grappling with the inevitable shifts and changes produced by their interactions is particularly frightening because after 35 years of experience — practice, administration, consultation, radio production, and teaching — I am increasingly uncertain of what I know in relation to what I do not understand. This uncertainty, I think, makes me vulnerable to pretense rather than honesty for hanging tightly onto the known, rather than risking acknowledging the reality that I may have made too much out of too little throughout the years. The challenge of staying with this exciting but difficult, never-ending learning process reminds me of the heavy equipment operator who once told me he held a Ph.D. in psychology, but he prefers to dig the earth because "It's more fun."

My task it seems is to engage in categorical thinking for purposes of organization, but not to use this as an excuse for failing to foster creative unions between categories, such as between modernism *and* postmodernism, that will produce outcomes beyond my present knowledge and skill. Leaping from what I know to what I do not understand gives me a feeling of a mildly chaotic state where I am slightly off balance. In this condition, I am flexible to accept new ideas, but I have sufficient structure to avoid collapse of myself and the systems in which I participate. Although this is not necessarily a comfortable way to live, I know it offers possibility for constructive change.

Second, I am aware that I often maintain control by failing to recognize people ready for dialogue, shutting out possibilities for learning that might have yielded new



understandings with corresponding invitations to change. I feel a sense of personal embarrassment, tinged with regret and loss over this practice.

To surrender my need to control through discussion and the avoidance of dialogue, it is necessary that I identify myself as "part of the problem," not a victim of my department. For me, this brings a simultaneous recognition of my deficiencies in my departmental interactions, including some blown classes, occasional poor-quality contributions in department meetings, half-hearted research efforts, etc., all of which invite feelings in me of hurt, disappointment, fear, and embarrassment. Failure to acknowledge these feelings would promote repression and subsequent projection in the form of judgment and/or the right to absolve myself from responsibility as to how I might change to make things better.

When clients are most responsible, they usually exercise their strengths to make changes in response to acknowledgment of deficiencies and mistakes. Otherwise, why would people make changes? So, I choose to walk in their footsteps by acknowledging my hurtful feelings linked to weaknesses which may be active — such as engaging in departmental politics — or passive — as in a failure not to be sufficiently informed on some issues about which I vote.

My identification with clients, and perhaps most people, may relate to the words of Oliver (1992):

Whoever you are, no matter how lonely, the world offers itself to your imagination, calls to you like the wild geese, harsh and exciting — over and over announcing your place in the family of things. (p. 110)

"The family of things" or community, it seems to me, offers the possibility for

reconciliation, by whatever form is consistent with the group's value and belief systems, clearing the way for the constructive acknowledgement of strengths. Recognition of my weaknesses — such as blown classes — and strengths — such as my being named honored professor of the year in our professional studies division — is then honest and authentic, as well as holistic. It is not "being too hard on yourself" or engaging in braggadocio. It is a prelude to dialogue as, in essence, it communicates this message: I have something to offer you from my strengths, and I wish to listen to you, recognizing my weaknesses.

Third, I keep a frenetic schedule that allows time for few experiences of dialogue in my professional and personal life. Short cuts have left me productive relative to short-term objectives. I am, however, too often stuck in my own perceptions without benefit of corrective learnings acquired through dialogue, a process requiring more time.

And without allowing for serendipity, a prime ingredient for dialogue, I have likely failed to recognize some people who fall outside my usual interactions but who could have enhanced and enchanted my journey. In particular, I have probably missed many people who are thought to be "characters," folks who may threaten and challenge but who also add refreshing perspectives and interpretations that foster correction and extension in myself if allowed to simmer in dialogue.

Ironically, by inviting my clients and students to consider new perspectives, might I be identified as a "character"? I want to more often honor this aspect of my identity, even though this orientation may not be received well by those who choose to live within more narrowly defined boundaries. For example, might it be a constructive exercise to challenge my students with this question: How could a creative union of strengths and weaknesses be more potent than the strength perspective



alone? I do not know the answer to this question but would argue that in instances such as this, the question keeps ideas from becoming rigid and beyond challenge.

Fourth, as my academic training has advanced, my work with colleagues and clients has shifted subtly and gradually toward discussion rather than dialogue. Titles, fees, and appointments, while important, encourage efficiency, a by-product of discussion as manifest in interpretations and suggestions with students and clients. This more efficient strategy is quicker in the short-term than it is to fully engage them in a manner that invites them to author their own rationale for change toward their desired results by way of their identified resources. Upon close examination, however, it is apparent that short-term gains, discovered in an atmosphere of discussion, may be accomplished at the expense of long-term results that are a by-product of dialogue between persons.

Several questions arise. Why is it then that a clinical, modernistic discussion strategy is often regarded as more indicative of professional advancement, particularly with reference to third-party payments and licensing, than a postmodern orientation that may place greater emphasis on dialogue? I presume it may be because such work is more scientific, but does it require more practitioner knowledge and skill? Could an argument be made that it might be easier to apply general standards and grand narratives to people in a medical-model, clinical setting where clients are not expected to have as many strengths — justifying, for example, a pharmacological approach — than it is to invite individuals and systems to take greater responsibility for their own lives in accordance with their own standards, as in a client-centered, postmodern strategy?

For me, it seems that a clinical orientation is more modern, discussion oriented; alternately, client-centered work seems to be more postmodern and dialogue-oriented,

thereby offering the possibility, if not the inevitability, that everyone, including the practitioner, changes in the process. But, with respect to the necessity for a dialectical relationship between modern and postmodern, clinical diagnoses by way of the DSM are no more or less important than postmodern personal narratives, such as in solution- focused and narrative orientations. One without the other leaves gaping holes that give too much authority to one or the other and reduces the possibility of correction for the weaknesses of each.

I believe it is important that I continue to explore how clinical and non-clinical orientations can be mutually reinforcing, in reality inquiring how modernism and postmodernism are better together than separate.

Fifth, perhaps the goal is to strive for a dialectical balance between the discussion of modernism and the dialogue of postmodernism. In the classroom, I think it is possible to be the expert, in a modernistic tradition, to the extent students are then invited to challenge the material against their own constructed standards, an exercise in postmodernism. This dialectic becomes a dialogue whereby everyone — faculty, students, and staff — teach, learn, and change. In the future, when dualistic ideas arise — such as modern versus postmodern-oriented research requirements — I hope to recognize them as an opportunity for creative synthesis by way of dialogue, not as a dualistic, “either/or” opportunity that may discount others. This process, however, is the long way. Short cuts restrict opportunity for depth and breadth of interaction.

My personal challenge is that dialogue with dialectical potential requires interdependence as it essentially reflects this reality: only by way of interaction with others will I be able to go beyond my present biases to new knowledge and skill. Relationships at this level require trust and the sacrifice of my

assurance and conviction that my individual perceptions are highly correlated with truth not only for me but, I assume, for others. It may even mean that I relinquish assurance of the known to a new position of uncertainty, and a recognition that I may not be able to replace what I have abandoned with anything else that will render me equally confident. Moreover, I may be tempted to interpret this process as failure or as my losing to others whom I may then define as victors.

In this situation, one that I find somewhat frightening, I will have little choice but to trust and listen to others, a primary ingredient for dialogue. This orientation, one that some might interpret as sacrificial, would seem to be supported by Brown's (1978) reference to American Indians: "So it is told that only in sacrifice is sacredness accomplished; only in sacrifice is identity possible and found. It is only through the suffering in sacrifice that finally freedom is known and laughter in joy returns to the world" (p. 15). Of course, most people who willingly sacrifice know the paradoxical, dialectical relationship between giving and receiving.

Summary

By way of an assessment in the context of modernism/postmodernism and discussion/dialogue, I have discerned five areas for personal change that I believe will enable me to be more effective in my interactions with department colleagues: 1) to think beyond "either/or" dualistic categories to "both/and" dialectical relationships between entities, as in open systems that are impacted by feedback, creating fluidity; 2) to recognize my individual identity yet my simultaneous membership in a universal family from which I receive acceptance and encouragement to acknowledge both my strengths and weaknesses in the interest of holism; 3) to celebrate serendipity and seek to learn from the characters in my midst; 4) to orient myself increasingly toward generalist practice with

recognition for equal emphases on modernism/postmodernism and discussion/dialogue; and 5) to trust the appropriateness of sacrificing certain aspects of my identity to provide room for more interdependence.

By way of these five dimensions of improved awareness and associated opportunities for personal change, I realize I have challenges that I can best meet in community; in this instance, my colleagues. To acknowledge them as partners in this journey identifies them as resources, people from whom I can learn. This is about a new quality of my "being," not necessarily about "doing." It is consistent with the "butterfly effect" where small changes can potentially culminate in large effects for me, and possibly for my colleagues.

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SENSEMAKING: TURF WARS 'R' NOT US

By Paul Abels, Ph.D., Department of Social Work, California State University, Long Beach

California Marriage and Family Therapists are out to get social workers; that is, they are out to get them to join their organization. NASW California chapter executive director Janlee Wong, noted in the October *NASW California News* that the (CAMFT) sent a membership solicitation letter to all LCSW's and social work associates in California. He stated, "Needless to say, we were shocked and angry that a non-social work association would attempt to diminish the professional organizations of social work" After emphasizing the differences between social workers and *them*, he noted that some members have considered quitting NASW to join CAMFT. He concludes by saying, "If you identify any social workers planning to Quit NASW for CAFT, please do your best to retain them as members."

Now if I could identify such persons, I would try to retain them, but also tell them to join as many organizations they wanted - the more the merrier.

Having recently read Robert Putnam's *Bowling Alone: The Collapse and Revival of American Community*, which pointed out how there has been a significant decrease in groups, voting, social action and general participation of people in fulfilling, civic responsibilities, I hesitate to suggest that people *not* join with others. The importance of "social capital" is that the connections and resources that a person and group have are vital to their welfare. Social capital refers to "connections among individuals, social networks and the norms of reciprocity and trustworthiness that arise from them." (Putnam, 2000; 19) "It is the trust, norms and networks that facilitate cooperation for

mutual benefit." (1993; 167)

I was distressed that we social workers would try to deter persons from fulfilling a basic human need of joining with others. As a social group worker, sort of a minority group in social work, I was particularly upset. "The more groups, the better," say I.

Now, I admit that it might not have been very civil of the Family Therapists to try to recruit social workers without first alerting or getting permission from NASW, but on the other hand, they didn't suggest that we leave NASW. Social workers would never do what they did, would we? It only shows how CAMFT really needs us; they don't understand that social capital requires trust and reciprocity, and now we feel they can't be trusted. And as far as reciprocity, well. . .

There is another important point to consider; NASW and CAMFT hear different voices. When I practice and teach, the voices I hear are William Schwartz, Saul Bernstein, Helen Perlman, and Whitney Young, and they taught me from the voices they heard from their teachers: Bertha Reynolds, Grace Coyle and Jessie Taft; Alton Lynford and Sophonisba Breckinridge. Edith and Grace Abbot learned directly from the voices of Jane Addams and Mary Richman. Countless voices which guide me every day. Sadly perhaps, the Marriage and Family Therapists, a newer profession than ours, do not have these voices in their heads.

Should we get into a turf war? I don't think so, because the voices in my head and my own experience suggests they have some darn good practitioners. They have contributed knowledge and practice which I have used with students. They are not us and

we are not them, but we can help each other. If we really believe that our education prepared us to think contextually, and that we are more into the "whole person" and the "environment," and that they are "narrowly focused," can we prove it? Are there really that many of us involved in social and institutional change? It may be true that we advocate more for the client; I can't say because I don't know what they do, but I do know that in California they have to be licensed and must meet some of the same requirements about human sexuality, ethics, child abuse as we do. They are learning some of the same things we learn and at times by the same teachers. Like it or not, we are linked to them by the California licensing board. How did that happen?

Rather than a turf war, why not some joint meetings at our conference each year or theirs? We may both have something to learn, and we might find common ground to move us both forward. Mr. Janlee Wong, who I believe offers us tremendous leadership and is as committed to the profession as one could be, can be a catalyst for such a synergistic move.

The same NASW October issue also printed a joint NASW and California Society for Clinical Social Work (not all of whom are NASW members) response. Well, I read it and it says what we do, it presents some important facts, points out the dangers, and focuses on protecting the profession and of course the clients. But what happened to a mutual response involving group work and community organization? Why not a unified response, a social work response? Is that what makes CAMFT seem appealing? That it doesn't "bother" with external contextual forces and institutional change and the factors of justice and diversity that social work thinks about and should be working for?

Rather than tell social workers not to quit, what? Remind them of the profession they are in; remind them of why they became

social workers, and of hope they once had to build a just society? Most of all, we might ask them to remember their teachers' voices in their heads, all of them, not just those who taught therapy. If they are not able to do this, or if it makes no difference, then perhaps this is not the profession for them, but they will still help persons in need.

Social work is not about how large we are, but about how capable we are in fulfilling our professional commitment. Working with CAMFT makes sense to me. As Putnam might suggest, it is always more preferable to bowl together than to bowl alone.

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FILM REVIEW:

ONE GREEK'S REACTIONS TO *MY BIG FAT GREEK WEDDING*

By Agathi Glezakos, Ph.D., Department of Social Work, California State University, Long Beach

The movie *My Big Fat Greek Wedding* was released in April of this year. I went to see it the first week it hit the theaters. As a Greek born naturalized American citizen, I was eager to see how Greek Americans were depicted in the movie. I knew that the idea for the movie grew out of a one-woman stage show which I had seen several years ago. That night, the theater had been filled with laughter, followed by deep reflection upon what it means to be Greek in America.

Tom Hanks and Rita Wilson, his wife, who is half-Greek, were inspired to produce the movie after having seen the same show. The script, written by the movie's female protagonist, Nia Vardalos, is an expose of the behavior, belief system, and cultural practices of an extended Greek American family, composed of several sets of immigrant parents who work hard, take pride in their financial successes, and are troubled by the wishes and life choices of their American-born offspring. These Greek immigrant parents try to hold on to what they knew were the social norms for parental responsibilities, and for children's obligations, in the different regions of Greece where they grew up. These social norms are gender-based and define differential parental aspirations for sons and daughters. For the parents, the Greek American community to which they belong meets their needs for socialization and supports and insulates them and their children from "dangerous" non-Greek influences.

Their traditional ways are challenged, however, when one of the American born daughters (Nia Vardalos) expresses

aspirations for education and a life away from the family's restaurant. The father (Michael Constantine) cannot understand this. She must marry, and marry a Greek, to give him Greek grandchildren. Their Greek heritage will make them exceptional because, according to him, everything Greek is superior and exceptional. He objects and is distraught when his wife (Lanie Kazan) tries to mediate the father-daughter conflict. The family is thrown into a state of greater upheaval when the same daughter falls in love with an American man (John Corbett), who, in the family's eyes, is a "stranger, a foreigner." Love, as is usually the case with these kind of conflicts in ethnic families, reigns, and the young couple get married in the Greek church in the Greek fashion. The father's wedding present to the newlyweds is a house, next door to his, in which they are to live happily ever after.

My Big Fat Greek Wedding was a low budget movie with limited marketing costs. The movie industry was skeptical about its success at the box office. It was even suggested that the script be adapted to depict a family of a better known ethnic group, such as Italian or Mexican. Against expectations, it has become a blockbuster.

Since the movie's release, many people have told me how much they enjoyed it, how much it made them think of my family, and how much the Greek behaviors and Greek family dynamics depicted in the movie resemble those of their own ethnic and cultural practices. One wonders: What is in this movie that made it such a success with the general public?

As a naturalized American citizen for many years, I identified with some of the characterizations of the Greek behaviors, found some to be irrelevant to my own experience of acculturation, and felt offended by others. I have engaged in heated debates about the film with fellow Greek immigrants and with their American born offspring. Many enjoyed the entertaining aspects of the movie and others loathed the portrayal of ignorance and the promotion of ethnic stereotypes. Aware of the power of movie messages, they were concerned about "our ethnic image" in the eyes and minds of the American public and of the world community. "Finally a movie about the Greeks in North America and what do we see? We have become laughingstocks. Nia Vardalos and Rita Wilson have disgraced the race."

What truths and myths does this movie really present about Greek American families, parenting styles, gender-based behaviors, values, traditions and belief systems?

It is a fact that Greek lore and Greece's educational system encourage ethnocentrism and exclusivity. The glory of the ancient Greek civilization is used to instill in the youth of Greece a strong sense of superior ancestry and national pride. Greece is tirelessly presented as the cradle of western civilization. It is not surprising, then, that the father in the movie finds a Greek "root" in every word in the English language.

In this same context, one can understand a parent's expectation that their son or daughter will only choose to marry one "of their own." There is fear that a non-Greek son or daughter-in-law will pull the child away from the family of origin, and will alienate the grandchildren from the Greek religion and from an esteemed culture and a language of prestige. The expectation to marry a Greek is not a family expectation only, but a community expectation as well. "So-and-so got engaged," Greeks say, "but not to a Greek." Such an announcement invites an instant reaction of sympathy for the family and

of loss for the ethnic community. Parents grieve, some disinherit their children, yet others dress in black and refuse to attend the child's wedding. (These feelings often dissipate upon the arrival of the first grandchild). In the movie's Portocalos family the daughter's choice to marry a non-Greek creates multiple relational conflicts. The heartbroken patriarch finally succumbs, consents to allowing this marriage to take place, and family, relatives, and community join to celebrate the bicultural young couple's wedding in the Greek American fashion.

In an era of a global technological revolution, Greece has followed a fast pace of modernization in many aspects of life. These changes have altered the earlier gender-based differential treatment and have encouraged Greek women to be more assertive and to become active participants in the family decision-making process.

Greek immigrant families in the United States, however, have, in many cases, held on to familiar, pre-immigration national and regional practices. Often the immigrant parents have not kept pace with the social changes in the motherland. They glorify Greece and exalt all that is Greek. In America, they form associations based on regional origins and are happiest when their child marries a "patriote;" someone from their region of origin. While xenophobia permeates many Greek American families, degrees of acculturation among family members vary as do individual aspirations. Hence, in the movie, the women team up first to "trick" the father into allowing the daughter's "liberation" through school and work away from the family's restaurant business and, later, to consent to her choice of an American husband.

As a member of the Greek-American community, I know that the turmoil that this daughter's choice creates is experienced by many Greek families in America today. Acceptance of the "foreigner" in-law without protest, disappointment and hurt feelings remains an exception rather than a common

practice.

Traditionally, gender-based differential treatment and expectations were pronounced in the life of the Greek family. From the moment a female child was born, particularly in families with limited financial means, the parents' concern was to save enough to secure a good dowry for the daughter, sufficient to make her a desirable future wife to a husband who will be a dependable provider. The custom of dowry is now abolished in Greece. The movie's bride's father, however, upholds the old custom and presents the newlyweds with a house (next door to his, of course), as a wedding gift; the dowry to his daughter.

Greeks usually follow a behavioral protocol that insulates the individual and the family from humiliation in the community. Children are instructed from a young age to always consider what others will say about them and/or the family as a result of what they do. The reputation of the collective depends on each family member's actions. A brother's choices may jeopardize his sister's chances for a good marriage. A female's behavior may bring shame on her entire family. Greeks in America feel compelled to behave in ways that are condoned by other Greeks, but not necessarily by the broader American community. Their sense of humor can be insensitive, insulting and degrading according to American social norms. Thus, in the movie, cousins compete for the most offensive way to tease the new, non-Greek member of the clan. They take pride in inviting laughter at his expense. At the same time, they accept him with genuine warmth.

Children are the central focus of a Greek family. Greek families are child-centered in a paradoxical way. Greek parents are expected to love their children unconditionally for life. No rite of passage and no chronological age of the child frees the parents from responsibility to the welfare of their offspring. At the same time, Greek parents liberally scold, tease, and ridicule their children, both privately and publicly. The cultural belief is

that praise and open acknowledgement of a child's accomplishments "inflates the child's head." Such an inflation may introduce a risk of loss of decorum and of expected modesty. In addition, children are to defer to their parents' choices for them. "Do as I say" is the dictum in situations of disagreements between parent and child, particularly disagreements between father and daughter. This is illustrated abundantly in the movie as we witness numerous such exchanges between parents and children, including adult children. Opportunities for use of creative potential and for a more rewarding life away from the family's restaurant are neither explored nor pursued by the son of the family's patriarch.

Contemporary Greek American women are not "baby machines" (a term the protagonist uses to describe her married sister). Young married couples, however, are expected to produce offspring. Parents, other family members, and community members do not hesitate to express their expectations on the matter. Couples feel the pressure. To remain childless by choice is not acceptable. The extended family in the movie includes members of multiple generations at different levels of acculturation.

These are some of the realities and myths of the Greek American culture from my personal perspective as a woman who was born and raised in Greece, and spent more than half of my life in America. I married a Greek man and we raised two American born daughters. The four of us encountered numerous challenges in our process of acculturation. As parents, we wished to facilitate a process of biculturalism that instilled appreciation for both the American culture and the Greek culture. We wanted our daughters to develop two separate ethnic identities; an American identity and a Greek identity, and to participate in activities in both; the American community and the Greek community. Finding a balance was difficult and, naturally, there were clashes. Over the

years, I have come to realize that our challenges were the challenges of other immigrant families of diverse ethnicities. The intra and inter-family conflicts of the movie's Portocalos family are similar to the conflicts other families experience. The manner in which they attempt to resolve them reflects the ethnic group's struggle in the unavoidable and tumultuous acculturation experience of immigrant families.

The movie evokes many emotions in the Greek American viewer and, judging from the public reaction to it, in the general audience. It both entertains and offends. In the end, it delivers the message that determination, good will, and acceptance have the power to minimize difference and to accentuate common human characteristics. Love and commitment can create happy hybrid families despite multiple differences in the backgrounds of those who start these families.

Editor's Note: In the Spring 2002 issue, Dr. Evelyn Newman Phillips should have been identified as the primary author of the article entitled "Reflecting on the Death of a Colleague and Teacher: Lessons Learned," and not the co-author, Barbara A. Candales.

BOOK REVIEW:
*UNDERSTANDING NARRATIVE THERAPY:
A GUIDEBOOK FOR THE SOCIAL WORKER*
BY PAUL ABELS AND SONIA LEIB ABLES

By Agathi Glezakos, Ph.D., Department of Social Work, California State University, Long Beach

New publications, particularly books with titles that promise learning in a new area, attract my attention. Such was the case with *Understanding Narrative Therapy: A Guidebook for the Social Worker*, co-authored by Paul Abels and Sonia Abels, two faculty colleagues, a book that triggered my interest in Narrative Therapy. I read the book as both a social work educator and a clinical social worker with a private practice.

The text is a significant addition to the existing social work literature. In twelve brief and easy to read chapters, the authors define Narrative Therapy, describe the unique characteristics of this form of therapeutic intervention, and explain the process through which practitioners can venture to integrate it in their repertoire of micro and macro practice skills. Sensitive to the needs and orientations of the diverse populations who access social services today, the authors skillfully conceptualize the application of Narrative Therapy in multicultural settings. The authors are proponents of Narrative Therapy, which, they believe, "...both liberates us as helpers and those whom we work with" (p.195). Their work deserves praise; it also raises critical questions.

The aim of Narrative Therapy is to help clients recognize the contextual nature of their problems. Clients are helped to realize that they are separate from the problem (problem externalization), that they have power over their problem, and that they are not who they thought they were. In a professional relationship in which the client is the "consultant" and the worker takes a "know nothing, anti-expert" stance, clients are helped

to re-author their harmful life stories and produce new, more affirming future narratives that hold the promise of preferred outcomes. In the course of the therapeutic relationship, therapists also learn to liberate themselves from the stories they wrote as practitioners of more traditional therapeutic interventions. The telling of the story has transforming and healing power.

Narrative Therapy is a new paradigm; as such, it introduces some new practice techniques. The use of the *Reflective Team*, the *Virtual Group*, *Mapping the Problem*, *Relative Influence Questions*, and *Regular Letter Writing* by the therapist to the client, are some of the innovative techniques that narrative therapists use. Sessions are only briefly recorded, and it is preferred that the therapist's letters to the client become the only form of documentation.

The founder of the theory on Narrative Therapy is Michael White, a family therapist in Australia, who identifies himself as a social worker. The exact nature of his professional credentials, however, is unclear. Reference is also made to other authors who are recognized as experts in the use of Narrative Therapy, although their professional credentials are not described. Since Narrative Therapy has been used extensively in clinical practice with families, one might draw the conclusion that their training and practice experience are in the area of marriage and family therapy or in clinical psychology. The credentials of the founders of Narrative Therapy have implications for the place the authors want Narrative Therapy to secure in the "landscape" of social work practice.

Abels and Abels describe social work as a dynamic profession in a perpetual search of the "optimal" practice theory. In their review of the profession's evolution, they offer a critical explanation of how significant parts of social work's practice theory were borrowed from related disciplines. The caliber of social work education, research, and practice has progressively reflected sophisticated levels of theory development and of practice skill and technique. While social work needs to remain open and ready to integrate new theories from other disciplines, the authors' claim that Narrative Therapy, a "borrowed" postmodern, constructionist approach "...has the potential to be the quintessential unifying force in our profession" (p. xii) might be too ambitious.

There is lack of congruence between the authors' expressed concern about the impact private practice might have on the future of the profession and their advocacy for integration in social work practice of a therapeutic intervention which has been used primarily by helpers in private practice. "The growing clinical areas of the professional landscape might overwhelm and smother the historical social change aspects of the profession" (p. x) they state. Their proposition to replace the word "therapy" with that of "practice" is a simplistic one. In the text, they use the two terms interchangeably as they do "therapist" and "social worker" and "person" and "client." They are critical of the profession's ongoing search for its identity and recognition, and of its struggle to "create a unifying practice methodology" (p. 34). Their belief in the effectiveness of an approach that originated in private practice rather than in agency practice-based reflects another paradoxical stance.

One of the strengths of this book is the authors' extensive review of relevant social work literature that highlights the many similarities between Narrative Therapy and other postmodern practice theories. This

congruence, however, also weakens the innovative aspects of Narrative Therapy. The Empowerment Approach and the Strengths Perspective, for instance, seem to have much in common with Narrative Therapy. Notwithstanding the significant contribution Narrative Therapy can make to clinical and generalist social work practice, it has much in common with other approaches and, at the end, one can conclude that it is the terminology rather than the substance that distinguishes it from other therapeutic approaches.

The presentation of Narrative Therapy from a social work perspective stimulates the reader's interest in it. Social workers should embrace the publication of this text. It opens new vistas to helping clients in a collaborative fashion. It increases our knowledge and deepens our understanding and appreciation of our clients' perceptions of their problem situations and of their ability to define their own solutions to these problems. Narrative Therapy is not a revolutionary approach to helping. It does, however, include innovative techniques and affirms the interrelationship between the personal and the contextual and makes the contextual responsible for the personal. While Narrative Therapy cannot be the force to unify an already well-defined social work profession, its philosophy and methodology can be incorporated into the existing professional literature. Social workers can only benefit from learning about Narrative Therapy. I now integrate the knowledge I have gained from reading the text in both classroom lectures and in my direct clinical work with clients.

Call for Narratives

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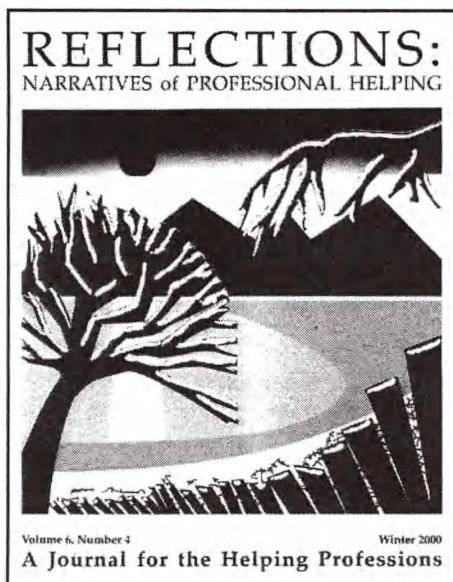
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Narratives should give readers a fresh perspective about the practice of change. Narratives explain and describe events, results, conflicts, complicating actions, and how, why, and what was done. In narratives, the writer evaluates the experience, whether or not there is a resolution, and explores the meaning of the experience. Some narratives end with a coda; a perspective on what occurred.

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1. Authors are expected to use APA format.
2. The manuscript length depends upon the temporal sequence of the event.
3. Include, on a separate page, a brief abstract (no more than five lines) written in the same style as the narrative.
4. Place identifying information such as name, affiliation(s), title(s), address, and phone/fax numbers **only on cover page**.
5. Send three (3) printed, double spaced hard copies of the manuscript, **set in 12 point Times New Roman** to the editor.

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REFLECTIONS: Narratives of Professional Helping
California State University Long Beach
Department of Social Work
1250 Bellflower Boulevard
Long Beach, CA 90840-0902
(562) 985-4626
<http://www.csulb.edu/depts/socialwk/reflections>

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Reflections: NARRATIVES OF PROFESSIONAL HELPING
CALIFORNIA STATE UNIVERSITY, LONG BEACH
Department of Social Work - 111194
1250 Bellflower Boulevard
Long Beach, California 90840-0902

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