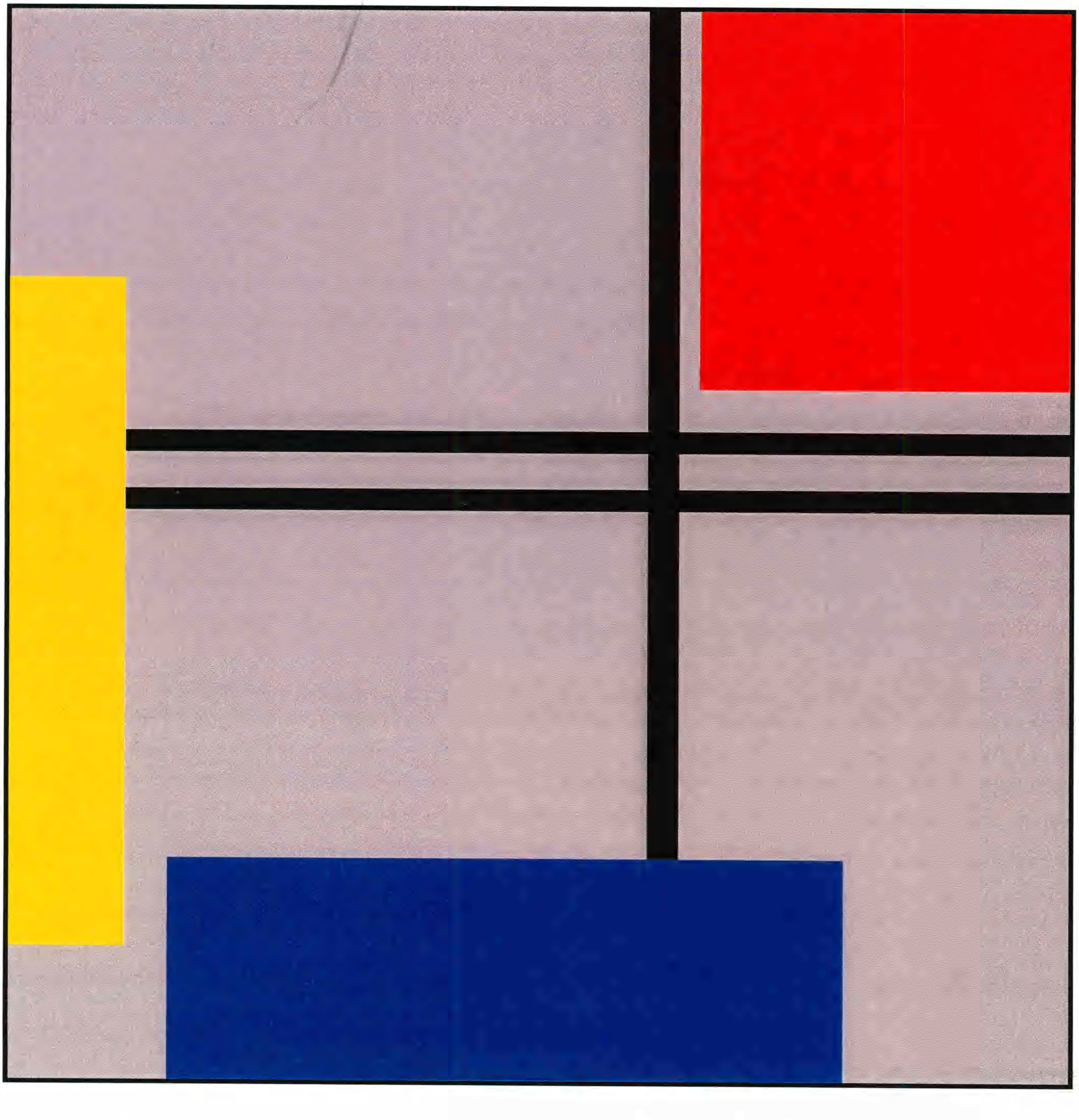
REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



Volume 9, Number 4 Fall, 2003

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NARRATIVES OF PROFESSIONAL HELPING

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REFLECTIONS: NARRATIVES OF PROFESSIONAL HELPING (ISSN 1080-0220)
is a refereed journal published quarterly by the Department of Social Work,
California State University Long Beach, 1250 Bellflower Boulevard, Long Beach, California, 90840-0902
Periodicals postage paid at Long Beach, CA.
POSTMASTER: Send address changes to Reflections: Narratives of Professional Helping, Department of Social Work,
California State University Long Beach, 1250 Bellflower Boulevard, Long Beach, California, 90840-0902

REFLECTIONS
NARRATIVES OF PROFESSIONAL HELPING

Volume 9 **Fall 2003** **Number 4**

Cover and original artwork by Daniel Jimenez

PRINTED QUARTERLY BY **THE CSULB UNIVERSITY PRESS**

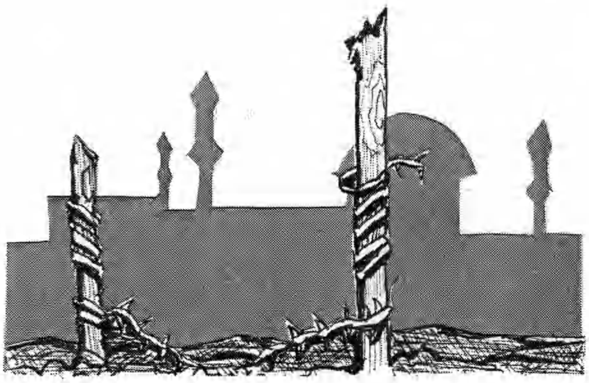
LETTER FROM THE EDITOR

Jillian Jimenez, Ph.D.

Narratives are threaded through public life. They provide justification for past action as well as maps for future ones. Sometimes the stories change swiftly to accommodate facts on the ground; sometimes they override the realities they are designed to order. One might argue that this is the case with our involvement in Iraq. The initial narrative explaining our involvement there was robust with self-justification and patriotism. The need to rid the world of weapons of mass destruction seemed small vindication for the tragedy of September 11, 2001, but it was the least our leaders could do. These weapons could be used on this country and on our closest allies; the weapons were poised to exact a terrible punishment for deeds we had hardly considered deplorable, nor had we acknowledged culpability for them - the poverty and subjugation of a large part of the Arab world. But the narrative was shifted when no weapons were found. It was then necessary to re-explain to ourselves why we engaged in the Iraq conflict. Newer narratives are competing for a central place in understanding the war. Bringing freedom to an oppressed population and stopping those linked to terrorist movements in the region are beginning to emerge as tentative successors to the original compelling storyline. The justification for past actions has been trumped, however, by the need for a narrative to guide future policies. The need to rebuild the country we recently attacked seems to carry a clear appeal: we owe the people that we have hurt reparation. A realpolitik reason is more nuanced but potentially just as compelling to some: the story of Iraq can be a story of the triumph of democracy, if we act now to lay down the infrastructure necessary to support freedom.

None of these narratives can be proved or disproved, now, and perhaps not ever. (There may have been and still may be weapons of mass destruction in Iraq; it ultimately may cost billions of dollars to restore cities, towns and rural life and to prevent angry people from turning on us in the future). But since they are stories, they are largely independent of facts and research. Similar stories have evoked powerful responses in every society, as the history of wars, religious conflicts, and selfless acts of heroism reveal.

These appeals for public support of current policy directions serve as a reminder of the power of narratives in public life. While research—facts and numbers—may seem closer to the truth than do narratives, it is the latter that move people to sacrifice themselves and to test their resolve, even unto death.



CALL FOR NARRATIVES

Special Issue

The Spirituality of Human Service
Guest Editor: Edward Canda

This special issue focuses on the role of spirituality in social work and allied human service professions. **Reflections** seeks narratives that encompass diverse religious and non-religious spiritual perspectives about such topics as:

- Ethical dilemmas encountered when addressing spirituality in professional service and how they are resolved or lived with
- The sense of spiritual calling to service, how it was heard and responded to
- Spiritual bases of practice wisdom
- Ways that helpers connect their personal spiritual life and traditions together with professional helping contexts
- Applications of explicit spiritually based helping activities in professional work
- Connections between spirituality and practice as a social administrator, community activist, or political and social policy advocate
- Spirituality as a source of resilience, strength, and empowerment for both worker and client/consumer within the helping relationship
- Moral imperatives for compassion and justice in human service
- Experience as an innovator who brought spirituality into clinical practice, macro work, or social work education
- Spirituality in relation to the work of the researcher, teacher, and scholar
- Spiritual wellsprings for theoretical and philosophical innovation in human service

Contributions should blend significant personal stories, accounts of professional work, self-reflective insight, lessons learned that may be helpful to others, and connection to relevant background literature.

Mail manuscripts to: Edward R. Canda, Ph.D., Professor, University of Kansas School of Social Welfare, Twente Hall, 1545 Lilac Lane, Lawrence, Kansas, 66044-3184. Phone: 785-864-8939. Email: edc@ku.edu. Home page: www.socwel.ku.edu/canda.

Manuscripts are due by: January 30, 2005

SEEING BOTH SIDES: A NARRATIVE INTERVIEW WITH CHAUNCEY ALEXANDER: PART ONE

Joshua Miller, Ph.D., Smith College

Chauncey Alexander has been named "Master Builder" of social work - 65 years of it. In public welfare, mental health, community organization, social policy, education, and in professional leadership, he has led the social work profession. Besides all of that, Chauncey is thoughtful, caring, and always driven by an inquiring mind.

-Sally Alexander, 2003

Interviewer's Introduction

Some social work leaders are larger than life when you only know them from a distance, solely from their professional roles. When I mentioned to some of my colleagues that I would be interviewing Chauncey Alexander, there was often a sense of awe, as well as fond recollections from those who knew him. After all, Chauncey was the Executive Director of the National Association of Social Workers from 1969-1982, a time when the profession coalesced and developed in stature and clout, as well as a time of massive social change and turbulence. Chauncey was at the helm when NASW became what it is today: the centralized, efficient, recognized professional association that most social workers take for granted. As we shall hear in these interviews, this involved a lot of hard work and developing and implementing a vision of NASW, which significantly changed the nature of the organization and has endured.

Chauncey held many other leadership positions – directing agencies and regional associations, leading professional organizations, teaching social work at the graduate level—too numerous to include here (see attached summary of resume). He also published many articles, essays, chapters, op-ed pieces, and delivered numerous papers and speeches. Chauncey's involvement in community projects and initiatives as well as his service on agency boards is Herculean. If anyone could be called "Mr. Social Work," it is Chauncey Alexander.

This is the first of three interviews conducted with Chauncey in September of 2002. (The remaining two will be published in future issues of *Reflections*). They were held in Chauncey's home in Southern California, with his wife Sally present. I had never met Chauncey before these interviews, although I was well aware of his leadership of NASW. Chauncey was open and gracious with his time and willingness to share professional and personal stories and perspectives. He had also been weakened by a number of physical ailments and treatments. It was very helpful to have Sally present as she filled in some gaps, prodded Chauncey with leading questions and directly responded to my questions with her own knowledge and perspectives. In the first interview, we focused on what led up to Chauncey's career as a social worker: his family and community influences, childhood, military service and work in a number of interesting professions before becoming a social worker. The second interview tracks Chauncey's professional career, particularly his work as Director of NASW. The final interview considers Chauncey's later work and affords him the opportunity to reflect on his career, the state of the country and social work's obligations and challenges.

The public figure is often a more complex person than meets the eye. For those who know Chauncey in his leadership roles, who would suspect that he was disruptive at school? That he stole and was a bootlegger during his childhood? He also endured accusations of being a communist and other forms of red-baiting throughout much of his career. As a young man, he worked as a longshoreman, as a replacement for striking workers, which involved some dangerous, potentially violent situations, although these stories sound humorous when described by such an esteemed citizen and professional leader.

A theme that is developed in these interviews is Chauncey's ability to see both sides of an issue and his capacity to effectively work with diverse and disparate people, in a variety of jobs and settings. For example, Chauncey managed to work as a union organizer with the legendary trade union leader Harry Bridges, despite confiding to Bridges that he had previously been a "scab" while working as a longshoreman. While growing up during the Depression, he had friends who were honor students and pals who were involved with liquor running. He was adamantly against the Vietnam War, despite having a son serving in the military and a brother who died in the conflict. Chauncey understood both sides of the tracks and perhaps this helped to sustain his unceasing compassion for those who are socially marginalized and disadvantaged and his strong commitment to quality services and social justice. Chauncey is a straight shooter and a man with integrity; he was not afraid to resign if he felt that the situation called for it. He demonstrated courage in the face of adversity and a strong moral compass. Social workers, our clients and consumers and our society have all benefited from his work. Here is his story as told to me last September.

Interview One

Josh Miller: You've obviously had an extremely illustrious career. I would be interested in hearing about what led up to that career: how did you get involved in social work at all, and particularly social work administration?

Chauncey Alexander: I was raised in Kansas City, Missouri and was there until I was eleven. My father was a banker at first, and then became a used car salesman. And so our life was very much middle class. And, until I was thirteen or fourteen I was quite religious because [my father] taught Sunday school.

JM: What denomination?

CA: Methodist most of the time. My life turned around radically when I was thirteen or fourteen because [we moved] to California, right at the end of the Depression. We were very poor.

JM: Is that why your family moved?

CA: No, we moved because my dad was fairly wealthy, because he had made money in Kansas City and he moved to California for a new life and new interests. For the first few years, things were plentiful but then the

Depression hit and his business went to hell and he came out [to California]. He was very much into medicine and science and developed this healing lamp that was used for helping people in trouble.

Sally: Is that the lamp that didn't cast any shadow?

CA: No, that was the second one - (laughs) - he developed an operating lamp that didn't cast shadows on the operation. He was very much into science and scientific things and medicine.

JM: He invented these lamps?

CA: Yes. We ate the business when the Depression came. Gradually, by selling off pieces of it we managed to continue to live during that time. I had been very religious, as I think most social workers tend to be. When I was nine I had read through the Bible totally to find out what was going on. I rejected religion at about fourteen or fifteen, because there were a number of contradictions that I ran into. One was that they rode one of the ministers out of the church because he had been consorting with a woman. I knew that two or three other men of the church had been consorting with her. She was very popular (laughs). That contradiction made me angry. And I was arguing with my father constantly about religious matters. I was constantly seeing contradictions in religion. I think it was partly connected to the anger that I was feeling about the situation: Tough times, I didn't have what a lot of the other kids had. And I was fighting with my father on various issues at the time that were mostly family matters, so that was a point where I rejected religion entirely and I began to feel more comfortable.

JM: Can I ask you a couple of questions about that?

CA: Of course.

JM: It sounds like you had been deeply religious when you were younger.

CA: Yes.

JM: And that this was also very tied into your father's passionate beliefs.

CA: Very much so.

JM: And then you're saying you became very disillusioned. And the two things you mentioned were that you saw some of the hypocrisy within the church and experienced the Depression, kind of like: "How could this happen?" Was that part of your loss of faith?

CA: Yes. Because there were so many things that I saw where a good and gentle God would not allow such things to happen. So I rejected that and that was an important part of my professional development. The other part of it was that I was always going to be a doctor because my grandfather was a physician and I was always told all my life, when I was young, that I looked like my grandfather and was going to be a doctor. [My grandfather] was a country doctor in a small town in Missouri. I always took subjects around medicine and did so with the intent of being a doctor up until my last year in college, when it became evident that I would never have the economic opportunity to do it. So I shifted to psychology.

JM: So it was really due to economic reasons that you decided not to pursue a medical career.

CA: Yes. But at the same time, I was excited and interested in psychology. I went to Glendale Junior College for two years and then was accepted into UCLA. In the summer, after I had just graduated from high school, I had a telling experience. My friend Al Smith and I were looking for jobs and we answered a query for people to work on ships. We both applied and were accepted. I was handling the Captain's mess. About the time we shipped out, the 1934 longshoreman strike had hit in San Francisco and we were on the way to San Francisco. We were stranded for two or three days in the harbor. During that time, the crew mutinied and took off to work as longshoremen because there was great pay. There was nothing else for us to do, so we went with them and got hired on there as strike breakers. I remember it well because as I was signing up there was a big box (laughs), next to the table. I looked into the box and there were guns and knives and everything that people were disposing of when they came on the ship (laughs). Al left but I didn't have the opportunity to leave because I didn't have any money, so I stayed there. I had no knowledge of what a strike was anyway, growing up in Glendale. Towards the end of the strike we hired a boat to take us to get out; the whole waterfront was enclosed with barbed wire and you couldn't get through one way or the other unless you were let through and we were strikebreakers. So we hired a boat and it took us to where the ferries would come in and we slipped in a door as the ferry was letting people off so we would merge with the people, to avoid being noticed. But we were picked up, I don't know how they knew, but we were picked up and followed. And so we got on and off streetcars and noticed people were following us, and finally lost them. By that time I was in the company of two or three people who were helpful, they were older men, I was just a young guy so they were very helpful. We stayed a couple of days in San Francisco in a small hotel and finally got the bus back to Glendale. I had all kinds of experiences of manhood during that time.

Sally: Tell us.

CA: One was that there was a guy that was in our crew (they had 18 to a crew and in the morning they would send you out to different places, different ships to load or unload) who was, I think, mentally ill. He was always very hostile to everybody. We were working a job and he starting picking on me and we wound up in a fight. I didn't feel like I had any argument with him and it was a strange experience that I should have to be in a fight with this guy (laughs). So we were fighting down in the hold of the ship with very uneven surfaces. I would slap him hard across the face when he'd get near me and kept him away from me. He was trying to hit me as hard as he could (laughs). So I would just dance around him and keep away from him and at the same time I would try to keep him off of me and finally he got so tired that he just couldn't fight anymore. It was a telling thing for me because I could have demolished him, I think, but didn't. I felt like I shouldn't hurt a person like that.

JM: It sounds like you also learned to restrain yourself, that you didn't want to hurt him, because you saw that he had some problems with his own control.

CA: Yes. I guess that's so. I hadn't thought about that before, but I think that's right. I felt like I could just move in and knock him over and but I didn't do that because he was a sick person.

JM: Here you were, 18 and working as a strikebreaker and working with some pretty tough guys doing really hard work. When you think back on that now, what do you feel you took away from that, that stayed with you in your career, in your life, if anything?

CA: Well, I remember specifically then, going back and entering college at the time that I felt a great deal of confidence because I had been in a situation with tough guys, although a lot of them were not tough (laughs).

JM: Tough on the surface?

CA: A lot of people were in that strike for economic purposes.

JM: They were desperate?

CA: Yes. For example I was in the ship, we had bunks and the fellow who was in the bunk beneath, next to me, was a young farmer from middle California, and he was down there only because he had no other place to work. On weekends he would slip out and get away somehow, and come back on Mondays and work there all week. Things like that. They were telling. I learned a lot. One of the people took me under his wing, a tall guy who had been an engineer, who was out of work and he protected me a couple of times from people.

JM: I guess what I'm hearing you say is that doing this really took you outside of your usual comfort zone.

CA: Very much.

JM: And that you took away from this a sense of confidence because if you could handle this you could handle other situations.

CA: Yes.

JM: There were men who you learned from, who taught you things.

CA: There were, yes. I think that's true because when I went into college at the time I felt like I had had more life experience than some of the people around me.

JM: I imagine you did.

CA: One of the interesting things about that is that later I was a union organizer for a short while and one of the people I worked for was Harry Bridges.

JM: Wow. Just for the sake of people who don't remember Harry Bridges, say who he was.

CA: He was the head of the ILU. [International Longshoremen Union] He ran the strike....

Sally: That you broke - you were one of the strikebreakers.

CA: (laughs) He didn't know that. And at the time, he would come down to Southern California and we'd have meetings about every two weeks. We'd get plans of what to do and what we were organizing. I started driving Harry to the airport. So one time I told him the story about my working as a strikebreaker. I was very tremulous about it.

JM: Sure.

CA: (laughs) It was a terrible thing to do. But, I told Harry about it and he started laughing. I felt all the fear just wash away (laughs). It was a very telling experience. We had a good relationship after that.

JM: What was he like as a person?

CA: A very down to business kind of guy. He would get right to the things that he needed to. I had this job organizing architects, engineers, chemists, and technicians [for the longshoreman's union]. It was very difficult, and I was organizing Lockheed. On one of my trips taking him to the airport I started telling him about what I was doing and a problem I had. In a matter of a few minutes, he just layed out a plan and an idea of how to organize these guys. It was special because they were all middle class, upper class workers, a very difficult group to deal with. I was just astounded by what he told me about how to go about it.

JM: I don't want to jump ahead, but as I was reading some of the things you've written and thinking of your career, something that stood out for me was your capacity to see a lot of different sides of things, like Harry Bridges. I mean, here you were a strikebreaker at one point and then you were a union organizer. It sounds like early on, you had to see things from a number of different perspectives.

CA: Well, I learned that, I think.

JM: Do you think that influenced your ability, too, to see the bigger picture and a variety of perspectives?

CA: I guess that did. I think that was always an advantage that I had, to see many sides of things.

JM: The other thing that I remember reading about is how when you were hired by Whitney Young, one of the things that interested him about you was that you had clear plans about things and here you are describing Harry Bridges as somebody who, when you would ask him for advice, gave you very clear plans. I don't know if you see the connection or not.

CA: (laughs) I don't know whether there was a connection there. So much of everything seemed like a learning experience to me.

JM: Chauncey, can I go back a bit to your family and childhood? You talked about your father and what you did and the influence he had and the struggles you had with religion. Where did your mother fit in, while this was going on, because I thought I had read somewhere that she also did a lot of volunteer work and that this had an influence on you.

CA: Well, my mother was a very strong woman and had great influence on our lives. She always gave us an idea of what to do and what not to do and how to do it. She was a farmer's daughter, one of eleven children. She was extremely active in the community. In Glendale she was head of the Salvation Army effort as a volunteer and she was extremely active in the Democratic Party (laughs).

JM: Did that have an influence on your interest in eventually going into human services and social work?

CA: It probably had a great influence. In the first place, she had me working in a lot of these places. Also, my sociology professor at UCLA asked me what I was going to do when I had graduated in '34, and I told him I didn't know. He suggested I apply for a job in social work and I thought that was a good idea so I went down and I went to the welfare office for a job. I met this very nice woman who interviewed me and then said that she didn't think I belonged in social work (laughs). She didn't think I should be in social work, at least at that time, because all of my jobs were in industry and I didn't have any experience with people. I went home and was really depressed and my mother asked me about it. So she said, "You go down and see the supervisor" (whom she knew). So I went down and met him and he talked about everything except the thing I was interested in for about a half an hour, told me all the ways he was doing good. Then he asked me what I was interested in, and I said I was interested in the job over at the welfare office. So he picked up the phone and called them and I went over and saw the same woman and she welcomed me with open arms. She said that she thought she had a very good job for me (laughs).

JM: What did you make in her change of stance about your suitability for social work?

CA: I learned a lot about politics (laughs).

JM: (laughs) It sounds like it. So before we leave your youth…I'm interested in this because people know you as an adult…but as a child, what kind of person were you?

CA: Oh gosh, I'm not sure I know (laughs).

JM: (laughs) Did you have lots of friends?

CA: Yes.

JM: Were you a good student?

CA: I was a good student from one standpoint and a bad student from another. I was always in trouble.

JM: Really?

CA: Always.

Sally: He had red hair.

JM: Does that explain it? (laughs)

CA: Yes. In the first place, I went through the first five grades in Missouri without being able to see. The way I handled that was I would walk up to put paper in the wastebasket and then I would read everything I could on the board and then go back to my seat. It wasn't until I came to California that they examined my eyes and gave me glasses.

JM: Is that why you were getting into trouble?

CA: That was probably some of it. It finally got so bad that every Friday, I would have to come to the teacher and she would give me a note as to whether or not I had been good enough during the week to go to the show on Saturday (laughs). That was their way of handling it.

JM: It wasn't like you were getting into fights with kids or you were not listening or not doing your work…

CA: No, I was just pestering everybody and just making it difficult, I guess, for the teacher to teach. And asking questions and raising my hand and doing all kinds of things like that. I was a fast learner.

JM: You were saying you were a fast learner, do you think that was part of why you were getting into trouble, that you were sometimes just getting bored with things and you were in a sense working at a faster pace than the teacher and perhaps the class?

CA: Yes, yes, I do remember being bored. It wasn't until the time I got in college that I felt challenged by a subject, and then that was delightful.

Sally: One of the stories that fascinated me was his friendship with two different kinds of people. He had friends who were always getting in trouble and he had friends that were good guys. A couple of his friends have ended up in jail…tell him a little bit about that.

This is during the time of "prohibition."

CA: This was '30 to '34. We were very poor at that time.

JM: In Glendale?

CA: It was a middle class town, but everybody was poor.

JM: That's interesting.

CA: Yes and I wore one pair of pants to school for the entire year. Every night I pressed those pants. And they were red and I only had them because my aunt bought them for me. I hated them because they were red (laughs). That was the type of problem we had and we always had something to eat because Mom would always arrange it some way. So I felt I had an understanding of poverty.

Sally: So how did you make money in Prohibition? Come on, tell the story.

CA: (laughs) Well, one of the things that I did the last couple years of high school was I and the minister's son were bootleggers for the high school. The [professional] bootleggers rented a house three or four blocks away and would pull in there at night with their trucks and then would deliver it somewhere. So we got to stealing the liquor and selling it to the...

JM: Stealing their liquor?

CA: Yes, stealing their liquor.

JM: Wasn't that a bit dangerous?

CA: Mm-hmm (laughs).

Sally: Yes (laughs).

JM: Wasn't that taking a bit of a risk?

CA: Yes. The last two times that we stole anything from them, they heard us, came out, and shot at us as we were loping across the field. We sold the liquor to the kids at lunchtime. We had a regular supply operation, some of the kids in the school would let us know that somebody was producing wine at their house; so we would go and steal the wine and then sell it at school. This ended when we heard about a fellow that was making wine in his garage and we stole a huge, regular size barrel full of wine. It must have weighed a couple of hundred pounds because we couldn't carry it.

I never told anyone about this. We put it on the end of the car and balanced it there, and then I was on one running board and one of the other guys was on the other running board, holding it on there. So we took off and it was just about slipping away from us so we stopped under a light. The police rolled up next to us and asked us what we were doing. Then they saw the wine. So they took us to the police station and questioned us for about three hours. And it turned out that they were talking about a man whose daughter was really the queen of Hoover High. She was a very beautiful girl and he was the bootlegger for the area. They were questioning us because they thought we were working for him. We spent three hours there and finally they turned us loose and kept the barrel.

JM: And that ended your career?

CA: (laughs) And that ended our career.

JM: I assume that your parents didn't know that this was going on.

CA: Oh, yes. The police took us home at about 3:00 in the morning.

Sally: What'd your mother do then?

CA: She was, of course, upset, and so was my dad. There was nothing to say, they knew it was bad business and they didn't want me doing such things and she was a popular woman in town. It didn't help her reputation any.

JM: So it sounds like you were hanging out with two different groups of kids.

CA: The difference was very significant. One group was the school leaders and were economically better, and the other group was economically very poor. The poorer ones went to San Quentin. The wealthier ones were officers in the army and got good positions.

JM: So you could really see very different trajectories for people depending on their class.

CA: Exactly. You certainly could.

JM: And were the people who were from poorer families the ones who were involved in the bootlegging with you?

CA: They were. With the poorer group, our prime objective was to take off and steal food. We would drive around until we saw a house where there was a party going on and then we would come around and work our way around the back, get in the back door or back window or something and steal enough food for all of us.

JM: You must have been awfully hungry.

CA: I don't know whether we were hungry for food; we might have been hungry for something else. But we certainly enjoyed it. And it involved a number of things. It involved the ability to get over high fences; it tested your ability to do these things.

JM: It sounds like it was such a complex time, moving to California at this time in California's history, the depression, people hanging together, some people being well-off, some people suddenly becoming very poor.

CA: Yes.

JM: But it's also interesting to me that it sounds like as an adolescent and also as a young adult that sometimes you would do things on the other sides of the rules, as it were, like, the food and the bootlegging or the strike breaking.

CA: I think it helped my ability to see differences, to see what was happening to people.

JM: To help you realize why people ended up doing what they did?

CA: Why they got in trouble. And why it was wrong to put them in prison.

JM: Did you have any siblings?

CA: Yes. I had two brothers and a sister. My sister is living. My brother, Kenny, who is next to me, was a good athlete too. He got in enough trouble and went to jail.

JM: Was he younger than you?

CA: Yes, he was two years younger.

JM: Same types of activities that you were doing?

CA: Uh-huh. Similar. But in high school we ran with different crowds and he was a good student but he got in difficulty. (Becomes sad and emotional.)

JM: Sometimes these conversations bring up some old, painful things.

CA: Well, he meant a lot to me. I tried to keep him out of jail, but it didn't work and he got out of jail by going into the army. And he went in and went to Hawaii and was there when things struck.

JM: So he was in Pearl Harbor?

CA: Yes. He was at work for a general who was in charge of all of the Asian theater and he had, he had thirty one [missions] over Tokyo. I don't know why the hell I'm crying (laughs).

Sally: It's crazy! He never does this (laughs)!

JM: Well, it sounds like it's a strong feeling you are really getting in touch with as you go through this.

CA: I must be (laughs).

JM: Did Kenny survive the war?

CA: Yes, he did. He later became Lucius Clay's navigator.

JM: Who was Lucius Clay?

CA: Lucius Clay was head of all the armed forces and so he traveled all over the world, and at the latter part of the war, and after the war he left the military and became a consultant. He was in charge of the whole research program for the Air Force and he was on that job when he died of a heart attack. We were always fighting and I was close to him and yet I wasn't.

JM: A complicated relationship?

CA: Yes, and it wasn't until years later when we were both in the army that we kind of got together and, it melded our relationship together.

Sally: And George, tell him about George.

CA: George was about eight or ten years younger. We both took him under our wing and taught him as much as we could and (becomes choked up, laughs) he didn't get into trouble. He later became a pilot in the navy. He was lost in Vietnam. He was flying a couple of officials somewhere and the plane disappeared.

JM: I can't imagine what it was like for you, having to deal with social workers, particularly when you were at NASW, many of whom were against the war and were liberal people in the peace movement, and you lost a brother in the war. It must have been very hard to have that happen.

CA: I was very much against the war. Sally and I were marching; we were doing whatever we could against the war.

Sally: His son was over in Vietnam.

JM: So you had family members who were involved, and yet you were personally against it.

CA: My son was in the Vietnam War and he was a sergeant in the army.

JM: Just going back to WWII, you were not called up?

CA: Actually I was called up seven times. The fellow at our draft board was very angry about the fact that he hadn't been accepted for a job as a social worker, and I was a social worker and I was not in the army, so I got drafted. It was after the Battle of the Bulge, and so they were drafting everybody. I went to the induction center and they noted I was a social worker and referred me to a psychiatrist. I became his assistant.

Sally: Were you not doing at that time psychiatric social work?

CA: Yes, I had been a psychiatric social worker.

JM: So you already had your master's degree?

CA: Yes. I was already out of it, and the psychiatrist was Phil Shapiro, who was a terrific guy, very progressive and from San Francisco. And he and I worked together for a year or so at the induction station. Our job was to keep people out of the military (laughs). And then Phil and I were moved to start the first social work military program for taking care of guys who were coming back.

JM: People who had like shell shock, and what we would now call Post Traumatic Stress Disorder?

CA: Yes. We started the first general services, a psychiatric unit for this. I was a PFC (Private First Class) then and remained a PFC during my entire military career (laughs).

Sally: There's a reason.

CA: Because I had worked as a union organizer.

JM: So that in a sense haunted you in your career in the military?

CA: But that was the way it was.

Sally: How did you get out, to transfer to the Philippines?

CA: I was working hard and we got an officer in there, who had been in the police department and he was going after all the radicals. Plus the fact that we had revolt at the, at the camp. We had a group of about 60 guys who had been on the first islands and nobody could handle them. They were very tough and they came to our place and we were working with them and they precipitated this action, which was a revolt against the fellow who was the head of the camp. Phil Shapiro and I did all kinds of therapy, [including art therapy]. Phil did a statue of Michelangelo's David. This [former police officer] came in and he saw this statue and went up to it and snatched the genitals off of it, saying, "What's this going on here? We can't have this! You'll have all these soldiers masturbating around the place." That was the kind of nut he was (laughs).

JM: A sensitive, compassionate kind of guy.

CA: Yes(laughs). And his actions led to this revolt by the guys, and we were asked about it, and told him exactly what we thought. Some weeks later I got transferred out of the outfit. In five days, I was on my way to the Pacific on a ship going to Japan. While we were on our way peace was declared. So we were detoured and went to the Philippines. And so in the Philippines, I went to the nearest hospital and said, "I'm a psychiatric social worker. Do you need any?" And they said, "Oh yeah" quick, and they got me transferred there real fast. I was there about two or three days and then I was transferred back (laughs). This happened twice, so then I gave up.

JM: But why was that, Chauncey?

CA: Because I had been a union organizer.

JM: Still that same thing.

CA: . . .and I had a record as being a radical, so. . .

JM: So it kind of followed you.

CA: Oh yes.

Sally: Forever.

CA: In many ways it led me (laughs).

JM: It led you and followed you.

Chauncey went on to describe his relationship with the Huckalaps, Filipinos who had fought the Japanese and were now protesting over their job conditions. Chauncey advised the "Hucks," drawing on his experience as a union organizer and advocated within the military on their behalf. He showed me a collection of Filipino woodcuts that depict the Japanese slaughtering Filipinos as well as demonstrations that occurred while Chauncey was there.

TO BE CONTINUED

LOSING MY LANGUAGE(S): FOR BETTER *AND* FOR WORSE

Anthony N. Maluccio, D.S.W., Boston College

After emigrating to the United States as a teenager from Italy following World War II, the author "lost" both his native Calabrian dialect and the Italian that he had learned in elementary school as a second language. In this narrative he recalls his experiences with such losses and reflects on their potential significance for children and adolescents from current immigrant groups.

Soon after returning from a recent trip to Italy, my native country, I read in *Reflections* the article by José Sisneros (2002) on "The Loss of a Language that I Never Had: A Story about Linguicide" (Sisneros). The article was fascinating, and the author's recollections about "losing the Spanish language" were strongly – and strangely – evocative. Suddenly, long-dormant memories of "losing" my own language were reawakened, and for weeks I found myself returning to such memories and struggling with their meaning at that juncture in my life. It was then that I realized that I had to write this article in which I first present some of my recollections and then consider their potential significance for social work practice with children from current immigrant groups.

Personal Recollections

- World War II has finally ended, and many people begin to leave our impoverished village of Stefanaconi in Southern Italy.[1] The lucky ones emigrate to America, as did previous generations. And so, following an interminable bureaucratic process and a long sea voyage from Naples, Italy, in August 1948, my mother, three younger brothers, and I arrive at New York City and join my father, whom we had not seen for over nine years. As a naturalized citizen, he had returned to the U.S.A. in 1939 to pave the way for our immigration – a plan that soon fell through when Italy joined Germany in the war. Finally, here we are – reunited with a barely remembered father in a strange country with an incomprehensible language. But I also recall how excited my brothers and I were. *America!* The very word evoked long-held visions of social and economic opportunities, along with cascading and clashing feelings of wonderment and bewilderment.

- Soon after arriving and settling in New Britain, Connecticut, my father takes us to the local Board of Education office where we are enrolled in public school. My brothers and I are bewildered as we do not speak English and do not understand whatever is going on. We realize that our proper names were Americanized, without our consent, and that we will soon be attending a junior high school near our home. Moreover, all four of us are assigned to the homeroom of a biology teacher along with other recent immigrants from Italy as well as other southern European countries. And here is a quick blow to my self-esteem: after having just been promoted to 11th grade in Italy, I find myself in the same homeroom as my brothers, the youngest of whom is nine years old.
- Although the time was long before the emergence of bilingual education, I recall with admiration how teachers and administrators in the midst of their many duties sought to provide us with an effective teaching experience. For example, the homeroom teacher, who was of Italian origin, would teach us some English words during class breaks; after reviewing our transcripts, the guidance counselor would arrange for us to spend some time in such classes as algebra, where the Spanish-speaking teacher would translate exams

into Italian for us; and the English teacher would meet with us after class to provide individualized instruction.

By the middle of the year, we had learned enough English to be transferred gradually to regular classes. Speaking the language, however, was very difficult, except for my youngest brother, who picked it up quickly and became rather proficient. In contrast, I rarely spoke in class except in response to direct queries from the teacher. I even recall going to the post office or grocery store and writing down my orders as I was ashamed of speaking with a marked accent.

• In high school and college, I continued to improve my skills in reading and writing in English, aided in no small measure by my knowledge of Latin and Greek. (These classical languages had been a substantial component of my education in Italy.) In contrast, I *talked* as little as I could get away with. By then I had also learned to avoid certain words or syllables that were particularly difficult to pronounce. (To this day, I still occasionally ask my wife or children how to pronounce certain words.)

My teachers must have wondered about my intellectual capacity and/or motivation. But my proficiency in writing counterbalanced the lack of involvement in class discussion, and at least some teachers recognized my "better" qualities and encouraged me in my studies. By the time I reached graduate school, I had learned enough English to be comfortable in speaking as well as writing and reading – though I would not describe myself as "loquacious." However, my childhood dream of becoming a novelist had by then ended.

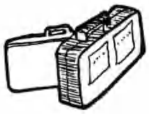
• As a young father, I tended to be rather overprotective with my children – and stricter than my wife. (After all, she was *American,* and like all Americans rather permissive.) I still recall worrying about them much more than, in retrospect, seemed justified or reasonable. This was especially true as they began to "separate" from me after they learned to walk and, in particular, when they went off to school for the first time.

Some of my dearest memories are about my telling them in Italian various bedtime stories, or talking, also in Italian, about my own childhood experiences. While they did not comprehend anything that I was saying, they were amused and laughed and quickly went to sleep, probably wondering about their father's mental health.

• In 1972 accompanied by my wife and three young children, I returned to Italy for the first time since leaving 24 years earlier. As the recipient of a Senior Fulbright Fellowship, I was based at the University of Padua and affiliated with the Fondazione Emanuela Zancan, a leading research, training, and advocacy organization in the human services. For several months, I traveled throughout Italy to offer consultation and seminars in the area of social work, particularly child and family services.

As I communicated mostly in Italian, which I had rarely spoken since first coming to the U.S., I felt strange and sad. I struggled to convey my ideas clearly, and found it equally difficult to understand what the participants were saying as they talked rapidly and often heatedly. These difficulties were exacerbated by the fact that Italian was actually my *second* language; my *native* language was the rather different local dialect of Calabria, a region that over the centuries had been exposed to the diverse languages of such conquerors as the Arabs, the Greeks, and the Romans.

• Following conclusion of the Fulbright fellowship, my family and I traveled to my native village, to be met by over 50 relatives and friends at a nearby train station. This was a major event as I was the first of my generation to return from America. We remained there for two weeks, and the experience was for me almost surreal.



On the one hand, it was comforting to visit (and eat continually) with old relatives and friends and to meet cousins who had been born since I left; to hear and speak the old dialect as if I had never left; to walk in awe through the streets of our seemingly unchanged village; to visit the old cave where we fled, during the worst of the Allied bombing in World War II, seeking the illusion of safety.

But I was also sad and bewildered as I saw that many things had changed: the village had expanded into the country, and I occasionally got lost in one of the new sections; many of the people whom I had known had also emigrated, most recently to Northern European countries; younger people disdained the old dialect that for me represented comfort and security. And, above all, I realized that I no longer "belonged" there.

But where did I belong, and what was my identity? Was I American, Italian, or Italian-American? And what was my children's ethnicity, especially since their mother was American? At the time it seemed as if I were the first human being to face these questions, although intellectually I, of course, knew that they were ancient and recurring for many immigrants through the ages. Underlying these questions was the theme of having "lost" not one but two languages, the same theme that Sisneros (2002) addressed.

Helping Immigrant Children and Youths

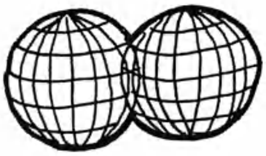
Although I could go on with my recollections, it is time to consider what they might mean in relation to the practice of social workers and others in the human services and in schools with children and youths from current immigrant groups, groups such as those from Asian and Latin American countries as well as children and young people from Puerto Rico and Mexico. Rather than engaging in a systematic and scientific analysis of the loss of language, I would like to see what the preceding narrative regarding my personal experiences might evoke as I reflect further from my current perspective as a social worker and social work educator[2].

Perhaps the most important issue to consider is that of bilingual education[3]. In light of my own experiences, I am ambivalent about the current emphasis on bilingual education. On the one hand, I appreciate the arguments in its favor, especially in regard to preserving a young person's cultural identity and family heritage. I also identify with Sisneros' point (2002, p. 71) about the tragedy of "linguicide" experienced by many immigrants from Mexico through the loss of Spanish, that is, "the taking away of a language by the process of cultural genocide" (p. 71). And I recall – painfully – the rejection and frustration that my parents experienced as my brothers and I adopted English as our preferred language, even at home, while we appeared to reject, or at least forget, our native dialect as well as the Italian language. From their perspective, how could we be so thoughtless? How could we be so ruthlessly "American?" How could we forget our heritage? (I can appreciate their feelings, as to this day I am vaguely disappointed that none of my children learned Italian.)

On the other hand, there is no doubt that the then prevalent emphasis on acculturation and on learning English by immersion had some merit. As a result of such emphasis, my peers and I were able to become more quickly and successfully integrated into our new society. Our proficiency in English was a major factor in such success, and it led to enhanced opportunities in education, work, and recreation – and ultimately in our being able to contribute in various ways to our adopted society. In effect, we thus succeeded but invariably at a price in terms of relationships with our parents and extended families. At times, from their perspectives the cost became even greater, as we not only lost our language but also married spouses from other ethnic or religious groups.

In his reflections on growing up in an Italian community in upstate New York, Jerry Mangione (1943) so aptly described our parents' feelings and our adaptive strivings:

> *My mother's insistence that we speak only Italian at home drew a sharp line between our existence there and our life in the world outside. We gradually acquired the notion that we were Italian at home and American (whatever that was) elsewhere. Instinctively, we all sensed the necessity of adapting ourselves to two different worlds. We began to think that there were several marked differences between those worlds, differences that made Americans and my relatives each think of the other as foreigners.* (p. 50)



At about the same time as Mangione's book, Irvin Child (1943) published a sociopsychological study of the sons of Italian immigrants in New Haven, Connecticut.[4] Noting that these sons had been socialized under two different and incompatible cultures, Child found three types of reactions among them: most were *apathetic*, as they deemphasized the importance of their parents' nationality; others were characterized as *rebels*, who rejected membership in the Italian community and sought instead acceptance among Americans; and a few showed an *in-grouper* reaction, as they identified primarily with the Italian community. As might be expected, the Italian language remained of greatest importance to members of the latter group.[5]

Another critical issue concerns the relationship between language and one's identity[6]. In an earlier section I alluded to my sense of shame (almost) in speaking English with an accent, along with my conflict about my cultural identity as a newly immigrated adolescent. To whom does one turn in trying to cope with such feelings and conflicts, especially when one's parents are not (or do not seem to be) accessible? Social workers, teachers, and others can do much in this regard by being tuned into the young immigrant's feelings; by conveying their readiness to be of help; by striving to understand her or his culture; and by accepting her or his struggle as natural, perhaps inevitable, and typically growth producing. I could have used such help in determining my major in college. I was torn between English and psychology. The latter soon won, perhaps not only because of some rebellion against my original languages but also because the need to find and understand myself prevailed over my fascination with English.

Conclusion

As social workers and teachers we can help parents from immigrant groups and the young persons themselves, to appreciate that our use of language is a reflection of a complex process, as it is intricately connected with one's psychosocial development and identity formation. In particular, an adolescent's rejection of the parents' native language can be a reflection of her or his strivings toward growth and individualization, somewhat like various rebellious behaviors evident in many families. Such rejection is usually a phase in the process toward adulthood, rather than a final event. It can represent the spontaneous behavior of an action-oriented person who is actively struggling with life challenges. Perhaps most important for many, rejection of the language is eventually replaced by mature understanding, appreciation, and even pride and admiration for one's parents and ancestors. This is what I discovered as a young adult but never told my parents as they were by then deceased. Ah – if we could only relive crucial moments from our past!

Notes

1. See Lopreato (1967) for an extensive sociological study of peasant society in the village in which I grew up – the group to which my family belonged. (The author is a relative on my maternal side and former professor of sociology at the University of Texas at Austin.)

2. There have been many studies of the loss of native language among immigrants, albeit typically from the perspective of second and third generations. See, for example, Alba, Logan, Lutz, and Stults (2002).

3. See Portes and Schauffer (1994) for discussion of bilingualism among second generation Americans.

4. Irvin Child was my academic advisor in college. Although I had read his study, we never talked about it – probably due to my then mixed feelings about my language and ancestry.

5. In recent visits with cousins who decades ago emigrated from our village to Australia, I found that they speak primarily our dialect while their Australian-born children speak the dialect at home and English elsewhere. Cronin (1970) has described the variations in language use among Sicilians in Australia, along with language-related conflicts between different generations.

6. See Bailey (2000) for consideration of language and ethnic/racial identity among Dominican Americans.

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The author appreciates Alex Gitterman's comments on an earlier draft of this manuscript.

COREY'S LULLABY: LIFE WITH MY ADULT DAUGHTER WITH ADD

Margaret Marcus*

For Corey
Because I love her,

For Leah
For enduring love,

And
For all families struggling with the challenges of ADD

It is 9:30 p.m. on November 13, 2000, when I get the call. Eleven years earlier, on this very day, my father died. Now my 23-year-old daughter, Corey, is choking in anguish, "Mom, I think I *am* pregnant. I feel funny. There is mucous-y stuff coming out of me." My rage—my exquisite hot fury—gets only a fraction of a second. I automatically move into my crisis mode. I am the center of the tornado. I become hyper-alert, rational, directly keyed into the moment.

"You told me you hadn't slept with anyone since you and Sean broke up."

"I know, but it was only once."

"When?"

"I don't know—maybe June or July." Still sobbing.

"I don't want it!" Corey yells, furiously.

I calculate. She probably isn't in labor. I put my hand over the receiver and look at Leah, my partner of ten years. "Corey's pregnant. Something's wrong. I think I should go over there—take her to the hospital."

Our eyes silently acknowledge mutual incredulity and, instantaneously, a confirmation of what we had known but not known for months. Corey *was* pregnant, after all these months when I had been asking her if there was any possibility that she could be pregnant. At Leah's father's funeral in July, Corey's 26-year-old brother, Jonah, had wondered if Corey could be pregnant. She looked pregnant. I had asked then if she was getting her period. I had asked if she had had sex with anyone. And now, of course, she is pregnant after all.

Leah and I talk quietly before I leave to pick up Corey. Leah will stay home with the younger boys, Noah (12) and Robin (17), but I should call and let her know what is happening. I look at her and feel a surge of love and awe. Here is a woman who had no children of her own, yet accepted into her heart as a partner, me, a woman with five children who were ages 18 to 2 at the time. When we were dating, I inquired over and over, "You know I have five children, don't you? Five! For life."

Now, ten years later, she readily admits that she had no idea what that really meant. As it turned out, one thing it meant was a frightening lack of control over her own life, as ex-partners, extended family members, and children's undeniable and unstoppable needs buffeted her about in a series of storms and uneasy calm. Together—and sometimes furiously apart—we have survived the hurricanes of life: deaths of family members and friends, Jonah's illness and kidney transplant, Noah's struggle with Obsessive Compulsive Disorder, (OCD), teenagers and teenagers, car accidents and alcohol abuse, and all the mun-

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* *This is a true memoir but names have been changed to respect the privacy of the individuals involved.*

dane but accumulating wounds and scars (as well as the intense joys) of everyday life with children. And I still know she loves me. Her look of love (and worry) before I leave the house will sustain me in this difficult journey.

Driving to Corey's apartment, I am flooded with memories of her life.

We drove to get Corey from the adoption agency when she was six weeks old. I remember wondering what I thought I was doing with some other woman's child. Corey was considered to be a special needs adoption. She had a 50 percent chance of inheriting a rare muscle disorder from her mother—periodic hypokalemic paralysis. And she was a biracial child—half Caucasian, half Native American. We were told her birth father was full-blooded Cree, but we were never able to get her registered in a tribe because neither he nor his parents were registered. I was married at the time. Our five-year-old son, Simon, begged to hold the baby on his lap on the car ride home. Our three-year-old son, Jonah, wondered aloud what would happen if she fell out of the car window. And I pondered the huge responsibility I was taking on. That night I began a ritual of singing Corey to sleep. "Hush a bye, Don't you cry, go to sleepy little baby. When you wake, you shall have all the pretty little horses."

"Mom, I think I had sex in March or April." Corey greets me at her apartment door. I recalculate. Oh my God! Maybe she *is* in labor.

At the emergency room, Corey tells the receptionist that she thinks she is in labor. They escort us quickly to a room—only a curtain between us and another distressed person. Corey tells the questioning nurse that she has not received any prenatal care. The nurse inadvertently glances at me. I say nothing. I struggle with shame and embarrassment but tell myself to stay in the moment. My job is to be as authentic and compassionate as I can.

They move us to a private room and begin the examination. We hear the baby's watery heartbeat—undeniable evidence. There is another human being in the room with us. Corey is in labor. The baby is term. I won't be teaching my college classes tomorrow.

I call Leah to deliver the news. She offers to call Corey's father.

"He's gonna kill me," Corey whines.

"Not 'til after the baby is born," I reply.

The fury keeps trying to force its way into my consciousness. If I stop thinking for an instant it threatens to overwhelm me. I cannot allow it space. Throughout her labor, it bangs wildly at the door of my consciousness and I close my ears to its angry desires.

As a baby, Corey, with her snapping black-brown eyes, dark skin, and sunny disposition, was striking. Strangers were drawn to comment. At the Stop-N-Go market, I met a woman, who would become a dear friend, who was compelled to tell me what a beautiful baby I had. When we traveled to Alaska to visit my sister's family and Corey was 18 months old, native women would teasingly tell me to give her to them—she belonged to them. I was challenged by the politics and ethics of this transracial adoption. And I was bonded to Corey as her mother. Later, when she sprouted freckles from her Scottish genes, her appearance grew even more impish and precious.

We are moving to a birthing room. Corey is in a wheelchair with IV trailing, me scuffling behind with coats, her clothes, jewelry, paperwork. She's been tested for drugs, STDs, HIV—I can't even *think* about that possibility. I push it into the think-about-it-later file, which is getting crowded.

Throughout her labor, her father and I, divorced for 21 years, work as a team, taking turns supporting Corey. Corey appears to have no awareness of her position as a curiosity—a woman who got no prenatal care and claims to have not known she was pregnant. Right now I envy that lack of social connection. I slip too easily into embarrassment and shame. Here I am a college professor, with a Ph.D. in social work! These people must think I am some piece of work, allowing this avoidable disaster.

I came home to feminism in 1970, a year after I married, when I read The Second Sex, *and then* Sisterhood Is Powerful, *and felt instant connection. When we adopted Corey in 1977, I wanted her to have a strong and powerful name to encourage her in life. I worked in a battered women's shelter. At her first Take Back the Night march, Corey was riding in the backpack. "Mama," she exclaimed, enchanted, "Look! The moon is following us!"*

Doctors, residents, interns, nurses are in and out. They are professional and efficient. Some don't ever introduce themselves, some do. They appear to be concerned about the monitor of the baby's heart, but they don't speak to Corey or us about it. I am a person who needs a good eight or nine hours of sleep each night. Corey's pain, all these people in blue scrubs and masks which hide half of their non-verbal signals, the various monitors—it feels surreal. Maybe I'll wake up and discover this was another anxiety dream.

When medical personnel ask Corey questions, she keeps turning to me for confirmation. "I'm only allergic to sulfa—right Mama?" I feel torn between wanting to give an accurate answer and wanting her to be capable of answering for herself. I think, "I am obviously *not* the one here with the answers."

Corey charmed everyone when she was in the Elephant Room for two to three year olds in day care. She knew everyone's name and their parents. I had a T-shirt made that said "Corey's Mom" because, whenever we were out, strangers to me would say "Hi, Corey" and she would recognize them and greet them by name. She reversed letters in words. Her beloved blue cup with a lid was her "puc." When people mistook her for a boy because of her name, she informed them crisply that she was a "glir." Her daycare evaluation reads, "Corey bubbles over with laughter and sunshine. She enjoys relationships with both adults and children."

Corey's cervix is dilated almost ten centimeters but there is a lip still reluctant to open fully. They have her get on her hands and knees. Labor is intense and interminable. Then suddenly, the doctor announces that the baby is in distress and they believe it is in the best interest of all to get the baby out immediately. We are going to a C-section. Only one other person is allowed to be with Corey. Her father gives me the choice. I say, "If I am not there, I will worry." I go with her. I dress in scrubs. I sit at her head with the anesthesiologist. Corey is only a head now. A curtain separates her head from the rest of her body. She is finally out of pain. She drifts in and out. I try hard not to think ahead. The baby is in distress—what will that mean for us?

And then he is out, but not crying. I hold my breath. I stand and try to get a glimpse of him, but he is surrounded by a sea of serious blue scrubs. He is big, they say, 10 pounds, 3 ounces! Finally, a faint cry. They show him to Corey, then whisk him away. He is gone and we are there. I ask what his Apgar scores (ratings on a baby's health done at birth, with 10 being the best) were: 3 and 8. I think 3 sounds really scary, but 8 is OK. It leaves room for hope.

When Corey entered first grade, several years after her father and I divorced, *she was placed in an open classroom with team teachers. The room was overflowing with activity. Mobiles and signs hung from the ceiling. There were fish, and hamsters running on their endless wheels. Children wandered about freely from station to station counting with abacuses, balancing weights, listening to music with headphones. I was delighted and entranced. For Corey, however, it was a nightmare. Her only salvation from being constantly bombarded with painful noise and motion was to learn to read. From that point on, whenever she was getting over-stimulated—when we went out to dinner or when we were unwrapping Christmas presents or when she came home to my sometimes chaotic family day care business—she would pull out a book. She was and is a voracious reader and a highly, albeit unevenly, informed individual.*

The recovery room is a torture chamber for me. Corey is sleeping much of the time. There are two wooden, padless rocking chairs. I stare sadly at the cold, gleaming linoleum floor. It is 5 a.m. I try to sleep sitting up and manage occasionally to doze off.

At some point the doctor comes in to inform us that the baby is very sick—"in extremely critical condition," she says. They believe he was a post-term baby who aspirated meconium (a baby's first defecations) in the womb. He is on a ventilator and they are doing what they *can*. We cry. A sense of dread permeates my soul as I realize how drastically our lives may change. I am so very tired and the burden of life is so great.

Corey's father comes to spell me when she is wheeled up to her hospital room. I go home to sleep fitfully for a couple of hours, eat, and shower. Leah is there to hold me. Robin and Noah have gone to school.

We return to the hospital and visit the baby. The ventilator is taped in his mouth. He has IV's in his belly button, head, toe, a little blood pressure cuff on his arm. He is having seizures, his body jerking and trembling uncontrollably. He is incongruous in his setting, a giant surrounded by tiny babies: 1-2 pounds in tiny isolettes. His 10 pound 3 ounce body lies exposed on a table, too big for an isolette. A heat lamp keeps him warm. He looks like a chubby cherub.

Later, I call my mother to give her the news. I tell her that Corey has had a baby and the good news is that Corey is doing fine. The bad news is that the baby is in critical condition. My 80-year-old mother weeps quietly, saying, "This isn't how I wanted to have my first great grandchild." I know. It has felt almost cruel to be called "Grandma" by the well-meaning hospital personnel. My family rallies round us during this crisis. My brother, a physician in Oregon, is on the phone to answer medical questions and, with his wife, to offer support and courage. My sister, who lives in Alaska, makes a point to reassure me that I am a good mother each time she calls. I am the little sister, the one who always seems to need to be taken care of. I wonder how people can survive without this safety net of love. And I take note again of how independence loses its luster in a crisis.

When Corey was in the fourth grade I was convinced that she was having some kind of neurological trouble. The school balked at doing a multidisciplinary team (M-team) evaluation of her, though, since she was performing adequately as a student. But her teacher, a former special education teacher, encouraged me to get an independent evaluation. She was diagnosed as having Attention Deficit Disorder (ADD) and put on medication. She began to see a counselor who also had

ADD. There was some improvement on medication but nothing striking. Corey hated it because of the side effects—especially insomnia.

My partner, Leah, is a respiratory therapist at the hospital. She is in an awkward and uncomfortable position, as she must explain over and over to co-workers that her stepdaughter got no prenatal care and the baby is in critical condition. Leah too feels shame and guilt, although in all fairness I have to report that she tried to convince me to force Corey to see a doctor and I resisted. She, as I told her later, was right. Her coworkers respond to our plight with love and concern. If they do feel judgmental, they don't show it, instead going out of their way to demonstrate understanding.

It is comforting, when we are visiting the baby, to know Leah is working nearby. I often page her and, if she can, she comes to the special care nursery. She is my island of safety in the world of seizures that trigger buzzers and bells and caretakers who, while kind and professional and savers of lives, don't know our hearts.

One morning, Leah is able to get away for a few minutes to attend the doctors' rounds on the baby. Corey is there in the special care nursery, listening. The doctors discuss the baby, using medical terminology unintelligible to most lay persons. Leah, who is observing Corey's confusion, asks "Do you understand what they are talking about, Corey?" Corey shakes her head sadly and the doctors then make a point to explain more simply. After they leave, Corey hugs Leah tightly and cries.

Simon, Corey's oldest brother who lives in Colorado, calls the hospital after receiving a message on his machine from Jonah, which simply says to call this number. Corey and Leah and I are sitting in her hospital room when the call comes in. Corey answers and chirps brightly, "I had a baby!" Leah gets up and leaves the room, shaking her head in disgust at Corey's light, cheery tone. Corey chatters on about the baby and his birth and how big he is.

I ask to talk with Simon and I break the news of how sick the baby is. Simon is very worried about Corey and the baby and wonders if there is some kind of in-patient treatment program available for people like Corey.

Corey decides to name the baby Alexander James—"after two kings." We go to the special care nursery and ask to have his name put on his bed, like the other babies. Many times over the next few weeks as Alexander struggles to live, Corey repeats, "At least he has a name—and he is named after two kings." It is as if his name might protect him. She writes him a letter, explaining where his name originates.

The neurologist comes into Corey's room on the third day after Alex's birth to tell us that the baby's EEG looks very bad. The baby, if he survives, will most likely be severely brain-damaged. He is very sorry to have to tell us that but he believes in being honest. While I appreciate his straightforward approach, my heart breaks. I can feel it crack open and bleed—as it has done on occasions before. I rub the middle of my chest to comfort it, but there is no repair for this kind of despair, except time. Corey's heart breaks open then, too. For the first time she seems to understand the enormity of what has happened.

"I probably caused this," she sobs. And I am torn between wanting her to really feel this pain so that she will make sure it never happens again, and wanting to comfort my baby whose heart is broken.

I go home and write a letter to Corey. She has never been an oral learner—always needing to see or touch to learn. I think in a letter I'll be able to say more clearly what I feel she needs to hear—that she has created havoc in the lives of her parents and stepparents, brothers, and extended family. And now, another family member, an innocent baby, has been harmed. She needs to make significant changes in her life. And, I love her forever with every cell of my body and heart.

I call my mother to update her. She struggles with how to respond to the situation. She has to decide which of her friends to "come out to" about this latest crisis of her youngest daughter. Unlike the necessity for Jonah to have a kidney transplant a few years earlier when he was only 21, this crisis carries with it a moral element. There is a question of control. There is a question of whether it could have been prevented. Whom do you trust to hold their judgment in the light of love and charity?

By eighth grade, Corey was falling behind, and the school finally agreed to do an M-team evaluation. She would have to be two or more years behind her grade level in at least two subjects to qualify for any help. The results came back that she was spelling and writing at a second-grade level. In contrast, her understanding of general information about the world was above 12th grade level. She qualified for an Individual Educational Plan. She would be allowed to study in a small quiet resource room instead of a large study hall. She would take tests there, too. She would not take any oral tests.

Adolescence had hit with a bang. She threw temper tantrums, slammed doors, screamed at her brothers for being too loud (oblivious to her own high noise level), and kept the rest of us on tiptoes. Leah and I were just newly in love—me after a traumatic break up of an 11-year lesbian relationship that had created two additional children—Robin and Noah.

Corey's ability to read social cues was poor. She had always had trouble with wetting and soiling her pants and now menstruation was further complicating the hygiene mess.

Her broad interests grew—she read about astronomy (and was given a telescope), Greek mythology, and Native American lore and was fascinated with the history of wars, especially World War II. She was an incredibly independent child, taking the bus to swim team practice beginning when she was only eight. She began to devour my Ms. Magazines *when they arrived in the mail and was a natural-born feminist. She was teased meanly that year about having a lesbian mother. A "friend" told her, "and the apple doesn't fall far from the tree." Through our tears of anger, we laughed together about the fact that she was adopted and we joked about whether the orange fell far from the apple tree. We had thoughtful discussions about abortion, racism, and homophobia.*

On her third day in the hospital, Corey wonders aloud why her younger brothers haven't been to visit her and Alex. She is hurt. I realize I haven't encouraged them to visit, too overwhelmed with my own confusion to reach out and comfort them in theirs. They are at their other mother's house for a few days now and I am relieved at not having to care for them. But I dutifully call them there and suggest that they need to go visit. Noah is eager to see the baby even though I explain how sick he is and how many tubes he has in him. After his visit, Noah (who is 12), begs Leah and me to adopt the baby. "I am an uncle," he says with reverence. Noah, who volunteers at the YWCA doing child care, wants to have a day care when he grows up. Once I told him that I thought he would be a great father someday. "Maybe," he replied wistfully, "but I'll have two problems. First, I won't want them to ever grow up. And second, I'll probably give them everything they want." When we tell Noah that we simply cannot adopt Alex because we are too old and Alex needs young, energetic parents, Noah resorts to trying to get his other mother, my ex-partner, to adopt him.

Robin, who is 17, is reluctant to visit. He is frightened of hospitals and needles and sickness. And he is confused about how to connect with Corey because he feels angry and upset about her lack of prenatal care. One night he asks if he can tell some of his friends. I tell him, of course, he can tell whomever he wants if that will help him take care of himself. He does ask two friends to talk with him and tells me how he cried about Alex and couldn't stop. "I guess some people think it's wrong and embarrassing for a guy to cry, but I didn't really care at all," he relates. He says they were very caring, letting him know that it wasn't his fault but that he needed to be there for his family now. Robin does eventually visit Corey and Alex and every night for weeks, Robin prays for Alex's recovery.

Every day, Corey and I (and often other family members and friends) go to the special care nursery, scrub our by-now raw hands, and visit Alexander. He is loaded up on Phenobarbital and another anti-convulsant, his ventilator giving him nitric oxide to coax his lungs into working, and IV painkillers. He is puffy with liquids. I suggest to Corey that she let him know that he can go if he needs to. I sit on a rocking chair and watch her tearfully tell him that he can let go if he needs to, that she won't be mad at him, that she loves him. And later I hold his fat little hand and sing: "Hush a bye, don't you cry, go to sleepy little baby. When you wake, you shall have, all the pretty little horses."

We discuss organ donation. We discuss what to do if he dies. Corey's grandmother has offered to have him buried by his great granddaddy. We discuss cremation.

Alex lies coma-like. We touch him (we can't hold him because of the ventilator). We comment on his beautiful chubby cheeks, his flannel-soft skin, his big toes (not like Corey's little stubby ones), his dark hair (like Corey's). I think he may be Corey's guardian angel—here to force her to get control of her life. Or perhaps he is a guardian angel for all of us as he changes our lives by his very presence. I fall deeply in love with him, as does Corey. I write in my journal:

"Life feels way too raw right now. I'm afraid I will bleed to death from the wound. Please, Spirit, give me some light to bask in. Help me. Are you sure *you haven't given us too much?"*

And I ask for a Sign.

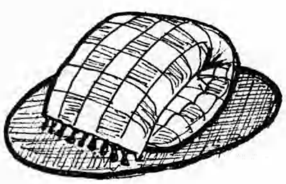
Corey leaves the hospital and comes to stay with Leah and me, always a stressful situation. I go back to work. We visit Alex daily.

Corey has been meeting with an adoption worker recommended by the hospital social worker. Corey has told her that her first choice would be to place Alex with a gay or lesbian couple. She explains that it is more difficult for them to get babies and, since she grew up in a lesbian home and it was a good experience for her, she'd like to give Alex that chance, too. To her credit, the social worker doesn't miss a beat and assures Corey that she has worked with gay and lesbian couples. "But the most important thing is that he have a loving home…if he lives," Corey concludes.

When Corey entered 10th grade, Leah and I were building a house in the country. The house wasn't done by the time school started in August, so I decided to drive Corey to her new school every day so she could begin the school year there. We were up and on the road before the sun rose because she had swim team practice before school. All the way out there Corey would cry and tell me she didn't like it. I would *try to be encouraging and let her know that if it didn't work out, we would do something else. "But everyone in the school is white," she wailed. After dropping her off at the pool and smiling encouragingly, I would cry all the way back home. I thought, "What am I doing to my child?" I figured my car would be the only car in Minnesota that rusted from the inside out—from my tears. One morning on our drive we noticed a truck ahead of us with a pink triangle on the bumper. Both of us perked up. I drove faster and pulled into the lane next to the truck. "It's my homeroom teacher!" Corey exclaimed with excitement. I later heard from this teacher that Corey walked up to her in school and exclaimed, "Hi, Ms. Smith. I like the pink triangle on your truck! My mom is a lesbian, too!" By the time we finally moved into our new house, Corey had adjusted to her new school. It was going to be OK after all.*

One morning I call to check on Alex. They have been weaning him from the anti-convulsant drugs to see if the seizures are over. So far, so good. His nurse can barely control her voice on the phone. "Have you heard from the neurologist?" she asks. "No, we haven't." "Well, they did another EEG and it was normal!" she bursts out. I am stunned. I think—I guess I got my Sign. When I get off the phone I tell Corey and we hold each other and cry. Later the doctor explains that we won't know about possible damage now except as the baby develops. He could have cerebral palsy, epilepsy, ADD, learning disabilities—but this normal EEG is still the best imaginable news.

Over the next few days, the pulmonary specialists are able to wean Alex off the ventilator. We can hold him for the first time. He isn't sucking well, but they are working with him. He will be able to go home soon. Home—wherever that is.



On the day the foster mother is taking Alex home from the hospital, Corey and I are there to meet her. We stop at a baby store on the way to buy him a special quilt. The store owner congratulates us and chatters on about what a happy time this is. Corey seems to enjoy the attention she gets when people like this unwittingly babble on about the joys of having a baby. But I am uncomfortable and depressed. I'm afraid Corey will blurt out something about giving him up for adoption, but she doesn't.

We enter the special care nursery for the last time, dropping off flowers for the heroic and wonderful personnel. The mood is festive. It is amazing and wonderful that this baby, who had been on the verge of death, is leaving the hospital with a guarded but good prognosis. But Corey and I are not festive. Corey holds him and talks to him while the foster mother takes care of business. Then it is time to go. Corey hands him over and runs out crying. As I head out to find her, the unit clerk says, "Oh, congratulations! How wonderful!" I thank her hurriedly and rush out to find Corey sobbing in the arms of Noah, who has come to say goodbye to Alex. He is teary-eyed.

Corey is able to move back into her own apartment, which is so filthy and trashed that I am revolted. She has been living (astonishingly) with an equally messy roommate. Now she must clean up to move out. Her lease is up, and her Dad and I are encouraging (coercing?) her to move into her own efficiency apartment since she has had nothing but trouble with roommates in the past. I look around, almost sick to my stomach. There are boogers wiped on the wall. Pizza boxes with decaying food scraps, apple cores, and other food items and packages are strewn across the living room and bedroom floors. The burners on the stove swim in evil-looking black goo. I feel like I am leaving her off in a war zone.

Corey graduated from high school. Leah and I, her father, and my mother proudly watched her get her diploma. She lettered in swimming and participated in band. As she showed us her diploma, I breathed a sigh of relief. How naïve. How premature. She was accepted and went off to college halfway across the country to a place she had never seen and where she knew no one. She had chosen the small, state school on her own—and it seemed a reasonable choice. We encouraged her to get in touch with the learning disabilities center to get the extra help with motivation and organization challenges. We would soon discover that she didn't take our advice. While she spoke of friends in the dorm and seemed to be having a good time, at the end of the year she was suspended for poor academic performance. During the year, her father and I both called her academic advisor, but she could give us no information. Corey was an adult and, therefore, as I've told concerned parents in my own role as an academic advisor, entitled to confidentiality. She returned home and took a job bagging at a local grocery store. Living on her own, Corey would sometimes forget to take her medication for her muscle disorder. She had given up taking her medication for the ADD as soon as she turned eighteen. One time, her muscles became so weak that Leah and I had to rent a wheelchair, carry her into our downstairs family room, and help her eat and drink. She had gone for a month without refilling her prescription. In a week she was up and out, with admonishments to keep up on her medications.

Leah suggests that Corey's families meet to do an "intervention" with her. And so Corey's dad and his wife, Leah and I, and Jonah, Corey's only adult sibling who lives in town, meet with Corey at a room in the hospital. We want her to hear how her decisions have impacted our lives. We are a motley bunch, steeped in a history of mistrust and betrayal, with long-term and short-term relationships with Corey and each other, and yet we pull together with an urgency and mutual desire to stop the pain and never-ending crises in our lives. We are desperate for Corey to hear and understand our wretchedness. As Jonah later notes, everyone there had very different personalities and approaches, but we all knew the stakes were extremely high. Corey cries, but will it lead to actual positive changes?

A book I am reading on Buddhism speaks to my condition. It says that we must surrender our obsession with outcomes (which we cannot control) and concentrate on making the right decisions, moment by moment. I think I will die if I give up the hope that Corey will learn to make better choices.

After bagging groceries for several months, 21-year-old Corey decided to move back to her college town, work for a while there to get residency, and then go back to school. It seemed like a decent plan. She took off in her father's old car and I breathed in my hopes and fears for her. She had somehow accumulated a huge *phone bill. Creditors were hounding us. I finally paid one bill and recorded what she owed us. One of the bills was to an 800-psychic. Corey swore it wasn't hers. Leah and I had all 800 calls blocked on our phone line. By the time Corey left, the arguing between Leah and I had intensified so that life felt like sleeping on a bed of nails. We recklessly embraced the illusion of calm created by distance. Distance became the false dream of launching her into adulthood.*

Corey and I visit Alex in his foster home. His foster parents have cared for over 300 babies! Foster mom remarks that Alex may be the hardest one yet. He is fussy, cannot entertain himself, and wants to be held constantly. He continues to have difficulty with sucking and digesting. We take pictures. He smiles! His foster mother says, "When he is good, he is really, really good. And when he is bad, he is really, really bad."

Corey hasn't chosen an adoptive family yet. There is a lesbian couple that may want him, but they are worried about his prognosis. Corey chats with the foster parents about this as if it were an everyday occurrence. I slink down inside myself. On one hand I admire her lack of concern about others' judgments. On the other hand, I am frightened by her inability to pay attention to social cues.

The phone rang and Corey, having been back in Colorado for two months now, was sobbing, "I can't get a job here and I don't have any money. My boyfriend wants me to go home to Maine with him and I don't know what I should do!"

"Boyfriend?" I said, terror rising up inside my gut. I tried to discourage her from traipsing across the country, following a young man she just recently met. I urged her to come home. "There are plenty of jobs available here," I advised.

Corey is wavering about the adoption. She thinks maybe she should try caring for Alex. She is afraid he won't know that she loves him. We meet—her father, Leah, Corey, and I—in her father's cramped offices. Boxes are piled in the room since the business is moving, echoing the disruption in our lives. We tell Corey bluntly that we cannot support her keeping the baby because we believe the baby will be better off with adoptive parents. Later that evening I call my dear friend who lives in another state. She says, "If circumstances were different for me right now, *I* would take him." "You're too old, too," I reply jokingly, but feeling rebuked. She, like many people, would never push a family member to give up a child for adoption. I *am* pushing. I search my heart concerning that age-old question of sacrifice. Of course, parenting, and partnering, too, sometimes requires sacrifice. I grapple with the complex and unanswerable question that social workers must constantly confront in our work—What is in the best interest of the child? There is no way to know how Alex will cope with being adopted. I feel pressured to act with conviction (although I don't feel it), aware that any hesitancy on my part will increase the confusion and pain for Corey, Leah, Robin, and Noah. I feel tremendous responsibility for making the right decision for Alex as well. I always had trouble with that part of the IQ test where they have pictures of hands in odd positions and you must identify them as right or left hands. Everything feels all twisted up with no clear answer.

My mother called me from Missouri. Did I know that Corey and her boyfriend, Sean, were on their way to her house? No. They were on their way to Maine and would be stopping at our house too on the way.

After a discussion, Leah and I agreed that, since we let Corey's older brothers bring their girlfriends here and stay together, we would be hypocritical not to allow Corey to do the same. She was 21, after all.

When Corey and Sean arrived on our doorstep a week later, Corey asked where to put their bags. "That depends," I began shakily, "...on whether or not you are sleeping together." "We are!" Corey replied cheerily.

"Well then, we have a rule in this family," I said, thinking quickly. "That is, if you are going to sleep together in this house, then you have to use protection. Because you aren't ready to be parents."

Corey assured me that they used protection.

Several hours later, Leah had to go out to get buffered aspirin for our dog who had sprained her ankle.

"Oh, do you think she could pick up some condoms for us?" Corey inquired lightly.

In an instant my thoughts swung from:

1. Thank God she asked—to

2. Oh my God, they haven't been using them—to

3. Heaven help me, I'm going to have to ask Leah to buy condoms!

We still laugh wryly about the night Leah made a trip to the store to buy buffered aspirin and (for the first time ever) condoms!

I visit Corey in her new efficiency apartment that Jonah helped her find. It is reassuring that she has no roommates to multiply the inevitable havoc. The apartment is so small that there is no space for chairs. We sit on her futon mattress on the floor. The apartment is still relatively neat and orderly. I am trying to work with Corey on some systems so she can remember to pay her $2000+ phone bill in installments to the collection agency, take her medicine for the muscle disorder she inherited, get to her doctor's appointments, and take her Depo-Provera shots on time. She mentions that she brought Alex to her apartment for an afternoon. "I needed to talk to him and let him know how much I love him," she explains. The TV is on—white noise to her—and I look at it, muscles tense, and think about how no one taught me how to act in this kind of situation.

The lesbian couple has decided not to adopt Alex due to his potential long-term disabilities. Another couple, friends of a friend, has not yet pursued the adoption, although they sounded so eager a few weeks ago. The adoption social worker is getting anxious. They are paying for foster care and Alex has been there for two months now. She explains that Corey needs to choose an adoptive family before she can set a court date and move forward with the termination of rights. I urge Corey to make an appointment to meet the couple who is still interested—a young man and woman who are happy to take a special needs child.

In September, 1998, when Corey and Sean left our house for Maine, Leah and I once again breathed anxious and troubled sighs of relief. Once again, distance brought with it some respite. And, surprisingly, we found that we liked Sean! He and Corey seemed like a good match. Corey called, telling us that she and Sean were living with Sean's mom and two brothers in their trailer home. They were looking for their own apartment. They found jobs in a grocery store.

After a couple of months they found a little apartment on an island off the coast of Maine. Corey reported it was so small that they could only fit in a single bed. Corey's phone calls home were full of work woes and social problems, but she and Sean were getting along well, as far as we could tell.

Corey and I are on our way to meet the prospective adoptive parents. We have made a list of questions. We are both nervous. What if we don't like them—or they don't like us? After being lost for some frantic moments (Corey forgot to bring the address of the adoption agency office), we arrive. The adoptive parents sit together on a couch with a pile of scrapbooks. After our awkward swap of information, which takes about a half hour, Corey hugs them. We are all teary-eyed. We are dealing with a child's life. In the bitterly cold parking lot afterwards, Corey chokes and cries in my arms. "I never knew a little baby could break your heart like this!" she wails. And I hold *my* baby close and cry and think, "Oh yes—*how* they can break your heart!"

At age 22, just over a year after Corey went to Maine with Sean, she called to say he had broken up with her and her car had died. Her dad and I spent many hours helping her find a car, sending her money to pay for it, and figuring out how to get her home. She stayed with Leah and me as she was no longer allowed to stay in her dad's home.

At one point, her dad asked her three times if she had purchased car insurance. Each time she said yes—even the third time when he told her he was going to call the insurance agent to be sure. When he called the next day, the insurance agent said that Corey had not yet purchased insurance and that the offer would be withdrawn at the end of that day. Her dad immediately picked her up at work at the grocery store and took her over to buy it.

I am meeting Corey at the lawyer's office before she goes to court to terminate her parental rights. They have not found the birth father, although all the legal protocol was followed. Corey has never talked with me about him—saying only that she slept with him just one time and he was a jerk. When I asked her if she had been raped, she said no. But the rest of what she said was only for the adoption social worker.

The lawyer gives Corey a copy of the questions she will ask in court and they go through them. Has anyone coerced her in any way to give up the baby? I shift uneasily. Does she understand what she is doing today? Is she aware that there are services available to help her if she wants to keep the baby?

Afterwards, we walk to the courthouse. When we are in the courtroom, the lawyer requests that Corey be allowed to testify from the table with her. The judge agrees. I sit alone in the wooden benches on the left side. On the right side, the adoptive parents sit. Corey has invited them to come so that they can "know everything." The adoption worker, who sits at the front table because she will testify, offers tissue to the adoptive parents and to me. The judge is the same one we had when we adopted Corey 23 years ago.

The lawyer explains that Corey has a copy of the questions to accommodate her disability. She cannot follow oral questions. Corey sits stiffly and answers the questions quietly but firmly. The adoption worker testifies that she believes it is in the baby's best interest to be adopted. She notes that the foster mother agrees. The guardian *ad litem* concurs. The judge notes that while this was clearly a difficult decision for Corey, she appears to be firm about it. He terminates her rights.

Corey rushes into my arms and we cry. This is Corey's birth child—my first grandchild. We love him.

Back at home, in November, 1999, and still mourning her break-up with Sean, Corey found an apartment with a friend and moved out of our house. She worked in an upscale grocery store for several months but was eventually fired for problems with customer service. However, after a month or two she found another, higher paying job doing sorting and organizing in a biotech company. It seemed to be a good fit—no customer contact. And she would get health insurance from the beginning—a wonderful perk.

She had begun to put on a lot of weight. Leah and I wondered if she could be pregnant. When I asked Corey about it, she said she couldn't be pregnant because she hadn't slept with anyone since she and Sean broke up. I asked her if she was having her periods and she said she was. Leah and I had discussions about whether people put on weight all in the stomach like that. I thought it was possible. Leah didn't. And Corey continued to grow.

Corey and the whole family attended her brother Simon's beautiful outdoor wedding in August, 2000. Family connections *were strong. Simon's new wife, Kelly, told him she thought Corey was pregnant. But I continued to ask and Corey continued to deny. It had been over nine months since she had left Maine, so she* couldn't *be pregnant by Sean, I reasoned.*

On November 13, 2000, Corey came over to our house for dinner. Afterwards she said her stomach was upset. I asked her again if there was any possibility that she could be pregnant and she said no, curtly. She left shortly after dinner to go home and lie down.

After court, Corey and I drive to the foster home. Alex, who now has a new name, will be going home with his new parents. Alex is all smiles and laughs. I hold him and he beams up at me impishly. He likes to try to stand and march on my lap. I love to touch him and smell him and soak him up into my senses. The adoptive parents give Corey a silver heart locket with Alex's pictures—and an album of additional pictures. As we prepare to leave, Corey hands Alex over, saying, "Here is your new mommy." We leave, weeping. But Corey says through her tears, "I feel happy." And I know what she means.

Last night, Corey called. She had received some new pictures of Alex. He was four months old now.

"Hi, Mama!"

"Hi, Corey. How's it going?"

"Fine! When can we get together?"

Postscript:

Although we did not seek additional professional support during the height of this crisis, Corey has seen a psychologist who specializes in ADD (and who has ADD himself) in the aftermath. For a while, her father and I also paid for an ADD coach, a relatively new kind of helper, who worked with Corey to create structure and organization in her life. Corey has seen many counselors over the years and her favorites were the two who also had ADD, perhaps because they challenged the shame she felt and modeled the ability to overcome.

I too have seen counselors at several times in my life. Last year I went to a counselor for several months and found the work tremendously helpful.

But perhaps the most therapeutic action I took to integrate and grow from this crisis was writing this paper. I began writing over winter break, two months after Alex's birth, and finished a draft during spring break. Then I sent copies out to many people, friends and family, asking for feedback. The richness of the resulting communications helped my healing process. It was a way to honor and examine my pain and to work through the trauma, and it became a powerful positive force in my life. The writing itself was transformative, and I am grateful that I listened to and honored my need to get it out onto paper.

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GROUNDING RESEARCH IN PRACTICE: CONNECTING CONVERSATIONS

Nancy K. Brown, Ph.D., University of South Carolina

Practice should inform and be informed by research. In a reciprocal and reflexive process, these two dimensions of the helping process need to be linked. The author examines two events in practice that led to the development, implementation, and publication of research. Helping professionals should, by the nature of what they do, understand and engage in a grounded-theory process. This narrative examines how that might occur in clinical settings.

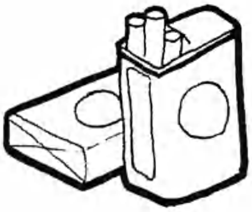
Grounded theory is all about conversation. It's about listening and hearing and the ability to organize what one hears into a framework that has credibility. Grounded theory uses detailed processes that result in substantive knowledge about a particular area of interest (Strauss & Corbin, 1998). The social work practitioner is, by the character of the work, a natural grounded theorist. Out of the counseling narrative comes thoughts about the meanings from both client and social worker. As the client speaks, the social worker notes, organizes, and then groups like ideas into a coherent understanding of the individual. Social workers are constantly forming "problem statements" throughout the course of the session. This paper describes two practice events that led to the development of research through conversations that occurred in the context of psychotherapy.

The therapist as researcher listens on multiple levels. The social worker uses the *content* of the session – "He said this, then I said that" – to lead the client into a more in-depth evaluation of the underlying mechanisms at work, the *process*. The social worker engages in a dance, with content being the dancer or dancers and process being the music. The other significant guest at the ball is the therapist who acts as the dance floor. As such, the therapist feels the shifting weight and moves of the client as a means to offer support while providing an absorbing medium on which to carry out the tango. This continues until the dance is finished and the partners return home.

Occasionally, the client says something that makes the therapist take special notice and say something as simple as, "Hmm, now *that's* interesting!" Or, it may be something that represents a palpable disconnect between the client's belief system and the social worker's values. Both events should trigger a course of action in the social worker that begins a self–examination, not unlike the grounded-theory process. This paper is about listening to the small, interesting things that social workers hear in the context of their daily activities and the places to which they can lead us.

In 1993, while working at an alcohol and drug outpatient rehabilitation center, I was in charge of the women's recovery group. Women in the group, typically in recovery from crack-cocaine addiction, completed either a day treatment or an evening intensive program. Some had come from inpatient treatment to aftercare. As a primary social worker, I met with each woman weekly or biweekly to check on her progress in treatment. One incident, while appearing minor at the time, led to the development of a research project that ultimately led to substantive theory in the area of women's addiction and recovery.

Maya was a 27-year-old woman who had been in the outpatient program for three months. She had entered aftercare and was attending the outpatient women's recovery group. During one of our individual sessions, she handed me a sheet of paper and told me that she needed my signature for her probation officer. I was surprised. Maya had a good job, had been stable in recovery, and had not been on probation when she came into treatment. I asked for details.



Maya reported that she had gone into a store one day and that a friend who accompanied her shoplifted some cigarettes. She encouraged Maya to try it. Maya also stole cigarettes and felt thrilled. As she described the event, I could see the excited look on her face. Despite the fact that this had brought terrible consequences, Maya, as she spoke, looked like someone who had experienced a thrill ride. Her face glistened and her eyes widened and brightened, the look of a physiological response to adrenaline.

Maya reported that after this event she began to shoplift on a regular basis. She said, "I really didn't need to do it, I had the money." She noted that it gave her a sense of power and well-being. She told me that recovery was everything to her, but sometimes the pressure of "all that" needed to be relieved, and she had found a way to do it. "Hmm....that's interesting," I thought.

The idea was planted. I began to listen in group and individual sessions to women in a new way. I had begun the grounded-theory process. I suspected that women in recovery did things, not because they were in relapse, but to relieve some of the pressures of being in a highly structured program that they were dedicated to. Other women spoke of events where they knew the outcome was dangerous or threatening to their recovery but for various reasons engaged in it anyway. More questions about the meanings of this process arose. By the spring of 1994, I had a seed of an idea and a plan to examine the phenomenon.

Many professional addictions counselors understood that high-risk behavior was a part of the recovery process, but none, as yet, had ascribed meaning to it. Counselors in a focus group offered to me their professional understanding of high-risk behavior in recovery. From that information, I developed an open-ended questionnaire and interviewed 30 women in recovery from crack-cocaine addiction, identifying an abundance of behaviors that could be categorized as high risk. From shoplifting to bingo to isolating through church activities, women engaged in behavior that had an impact on their recovery process. The impact was not always a negative one; often it led to stabilization in a shaky recovery process.

The study of women in recovery from crack-cocaine addiction and high-risk behavior led to the development of a theory of high-risk behavior in recovery, which was found not to be a linear process, but something that represented different dimensions of women's recovery. Examining addicted women's recovery processes helped to identify and challenge the meanings that certain behaviors may have for women in recovery and the purpose that these behaviors may serve. From grounded theory study, women could be characterized as either "*relapsing, running, or relieving*" when engaged in high-risk behavior in recovery.

In 1996, I began work as a social worker in a family-service agency. I often saw outpatient aftercare clients who needed to complete counseling for parole or probation. One individual was particularly memorable. Mark was a 33-year-old African American male. A crack-cocaine addict, he had just completed 18 months in prison for a drug charge. Mark had come from a middle class family. He had been drug free for two years. He was committed to recovery. Mark was stable, had a job and a family, and did not appear to have any secondary mental health issues to hinder his progress. He was intelligent and had attempted some college; he hoped to eventually complete his degree.

There are several models that would have been useful in working with Mark. The empowerment approach is an effective one with many individuals who are vulnerable or disempowered, and, in particular, for Mark. I believed that if I could assist him in making an attachment to community in both a civic and personal way, it would be a protective factor in his recovery. Along the course of treatment, we discussed ways in which Mark could be involved actively in his community, particularly in the area of drug-abuse prevention.

One day we discussed a community-wide anti-drug activity that he planned to take part in. Without much thinking, I was giving Mark a little pep talk about the positive effects that his activities could have on both him and his family. I said something like, "Think about what this models for your children. You are a force in keeping your kids off drugs." His response was, "You can't keep your kids off drugs."

Perhaps because I was a mother of a seven-year-old boy, perhaps because I was middle class, or perhaps because I was white, I had a visceral reaction to this. "What do you mean?" Mark believed that you could teach your kids all you wanted about drug abuse and addiction, but in the end, you really can't prevent it. My first thought was, "*I* can." As social workers, we need to be responsive to our reactions to clients. I recognized that I had reacted to Mark's statement, but I needed to process where my reaction came from. It could have come from many places. What did it mean that I, a white, middle-class mother, believed that I could positively impact and certainly *would* impact the initiation of drug or alcohol use in my son, and that Mark, a black, middle-class father and recovering addict, believed that he could not.

These types of disconnects in treatment demand attention. The social work student learns early that these types of events, which might be construed as "countertransference," can signal a bias or diminished cultural competence. It must be investigated, but not necessarily with the client. I recognized it as a personal reaction. While it did not become, nor should it have become, the focus of our work together, I tucked it away for future reference.

The recognition that there was a discrepancy between my sense of self-efficacy around the prevention of substance abuse in my child and the belief system of my client led to an investigation of literature on self-efficacy in prevention. What I found was that none of the literature specifically targeted recovering parents, the most vulnerable of all groups. Much of the research had been done on the general population and, in particular, parents of school-aged children. Parents with addiction are highly likely to have offspring that develop the same or related problems. The idea was worth paying attention to.

In 2001, I received a small grant to conduct research on recovering parents' self-efficacy in substance-abuse prevention. A questionnaire was devised that explored dimensions of parental self-efficacy. The analysis, which was done by someone other than I, revealed that parents who are in recovery have a strong belief that they are responsible for teaching their children about substance abuse, but they feel as if they have no control over their children's behavior around issues of drug and alcohol use. Parents who are in recovery, when referring to possible future drug use in their children, use the word "when" not "if."

At the same time this research was conducted, a survey was completed via the Internet with recovering parents and a control group. While the research has not yet

been published, an analysis has revealed a significant difference between the two groups. It seems that recovering parents, regardless of economic status or race had less self-efficacy than other parents. Although the analysis is not yet complete, the original idea, given shape in 1996, now has empirical substance.

Social work research often leaves the reader with questions about applicability at the practice level. Social work has struggled to find its voice and make its presence known among those disciplines that are typically identified with quantitative research with rigid methodology and limited applicability. Perhaps in seeking to quiet the ghost of Flexner, who declared in 1915 that social work was not a profession, we have inadvertently loosened the connection between practice and research.

Researchers have been frustrated that empirical findings often are not incorporated into clinical practice. When researchers have attempted to make their contributions more relevant to the practice of counseling, they have been disappointed by the lack of impact on or response from practicing professionals. One solution is to create research that arises from "practice wisdom."

It has often been said that social workers listen to their clients with a "third ear." I am suggesting that we listen with a "fourth ear," that of the qualitative researcher. Reestablishing a connection between research and practice will lead to an improvement in both practice and research. Creating a more direct connection between the two will strengthen the reciprocal and reflexive relationship between research and practice.

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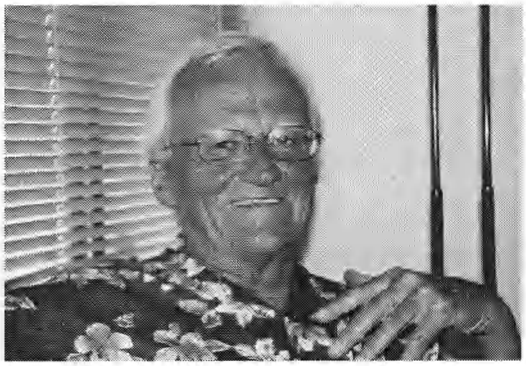
A CONVERSATION WITH DENNIS SALEEBEY

Jillian Jimenez, Ph.D.

Dennis Saleebey, DSW, is professor of Social Welfare at the School of Social Welfare, University of Kansas. One of his primary interests has been the development of a more strengths-based approach to social work practice. For the past 20 years he has been involved in a number of community building and community outreach projects in Fort Worth, Texas, Kansas City, Missouri, and Kansas City, Kansas. He has written widely and made many presentations nationally and internationally to a variety of social work and human service groups. He is the author and editor of the third edition of The Strengths Perspective in Social Work Practice (2002, Longman/Allyn & Bacon). *His book,* Human Behavior and Social Environments: A Biopyschosocial Approach, *was published by Columbia University Press in 2001.*



On August 12, 2003, I sat down with Dennis Saleebey in San Diego California to have a conversation about the path his intellectual life has taken him.

JJ Tell me about the path you've taken to come to where you are, beginning with your undergraduate education

DS I guess I probably wasn't as serious about my undergraduate education as I should have been. I think in the last year I became more serious because I was going to be eligible for the draft. Given the need to postpone the draft for a while, my senior advisor asked, "Have you thought about social work? UCLA has a new graduate program in social work." This is so embarrassing; at that point I didn't know what social work was. So he explained to me what it was. I was accepted to the program and went to UCLA. For me, it was an amazing experience. I was still a little immature, but it was a good time, and there were a lot of interesting people. One of the most interesting was Martin Loeb. From him I learned the importance of being critical of conventional wisdom. I also was taught about human behavior and psychopathology by psychiatrists and psychoanalysts, and that was intriguing to me.

When I graduated, I was still eligible for the draft but I found out that I could apply to be a social work officer in the Air Force, so I did that.

JJ What did you do as a social worker in the Air Force?

DS I worked in the largest Air Force hospital in the psychiatric ward, inpatient and outpatient. One of the things I found out, quickly, was that some of the things I had learned about psychopathology in graduate school weren't very useful. On the other hand, I learned a lot from experienced social work technicians—they had a much more practical, contextual idea about what was going on in a person's life. I realized that practice, and human troubles were a lot more complicated than I was led to believe.

JJ So the template didn't fit everyone?

DS Right. After four years in the Air Force I was accepted to the DSW program at Cal Berkeley. It was the first year of the Free Speech movement. I was just coming out of the Air Force and this was a very different experience and sense of things. Exciting though. I remember standing at a big rally listening to speakers and this young woman standing next to me asked "What do you think about all this?" I confessed my uncertainty. She proceeded to tell me a lot about the movement, about how institutionalized power and what she called the canon had suppressed other views. It turned out to be Bettina Aptheker!

I was lucky to have a fellowship so I spent a lot of time in the library—I actually did lose myself in the stacks a couple of times—I mean I really couldn't get out!

The experience there was so rich. I remember I sneaked into a couple of Erving Goffman's courses (I wasn't enrolled). He talked about human experience in a way that I had never imagined. Interesting—he did this with the lights down low—the word was that he didn't want to be stared at. Jim Leiby was a history professor at the School of Social Welfare. He taught us so much about scholarship, and how to put things together, how to take notes, how to make an argument and how to write about it. I had the opportunity to explore a lot of things that I don't think that doctoral students have these days. Although I had a family, I had this small scholarship from NIMH (all you had to do to get that was to promise to say the words "mental health" when you graduated) and that helped a lot.

JJ What happened after Berkeley?

DS I was looking for a job, I hadn't finished my dissertation and at that point we had 3 little kids and the only place I could find work was the University of Maine. I went there. I was to replace John Romanyshyn who was going to start another program in Portland. He died this past year. He was a miraculous teacher. I regard him as a mentor. He was a major influence on me because of the way he approached teaching. He took it seriously. He never underestimated students' intelligence and he was able to tie what he was teaching into what was happening in the world—to show its relevance. He also was critical of canonical knowledge and convention when it was oppressive. He was a terrific guy.

It was also at Maine that I learned the virtue of having to work your ass off. I ran the whole program there. And it was also at Maine that I came across Ernest Becker's *The Structure of Evil*. It is, I think, still the best integration of social science and philosophy that has ever been done. His idea was that, given the state of knowledge, we could now have a value-centered theory of human nature. He went underneath the way things were usually presented. Of course I wanted to share it with everybody and people would give the book back to me, and it was clear that they hadn't read it. It was at Berkeley where I first came across Ernest Becker's writing—*The Birth and Death of Meaning* was the first. He actually was a visiting professor there for a year. He taught one course—I think on primitive religion—but by the middle of the course there were 1000 students in the class or wanting to get into the class—the word had spread on how this course addressed basic human concerns. The students wanted to hire him and offered to pay his salary when the University said there was no money.

JJ Every teacher's dream.

DS He became my intellectual hero.

I then went to Texas, the University of Texas at Arlington primarily because I couldn't make a living at Maine. By that time we had four little kids. It was a new school; the Dean wanted to hire people who he thought could go down the tenure path, so I was one of many brought in. I did get tenure and finished my dissertation there. But something else happened there—slowly. Some of my colleagues, who were friends, had this dedication to the scientific view of the nature of social work—I don't know why exactly, but I railed against that. It seemed to beggar the richness of human experience. So my first writing (and it was a long time coming) was to examine other ways of thinking about what it is that social workers do.

Much of the stuff I wrote first I like the best because I was just doing it out of my own concerns, predilections—it's also highly personal, because I guess everything we write is personal, even though we act like it isn't. I was reacting against something-against the way some people approached the nature of inquiry.

During this period I got a letter from Ann Weick. She was on sabbatical in Berkeley, and she wrote, "I saw an article you wrote, and that's an article I wanted to write." And so I started to correspond with her and she told me that some people were forming this group to examine the philosophy of social work and alternate ways of knowing. Roberta Imre is the one who actually brought this group together.

JJ Which article was it that she commented on?

DS *The Tension Between Research and Practice: The Experimental Paradigm.*

At one point she said this philosophical group was meeting in New York, and would I like to come? I couldn't because my wife was sick, struggling with leukemia.

But I kept up with what they were doing, what they were thinking. They were trying to move beyond structuralism and positivism and looking at other ways of knowing and other ways of doing and the possibilities for that.

Later, Ann had that group meet up at Kansas and she invited me up to join them. This was after my wife died. I went and it was just sheer fun, sitting around and talking about these things. Through a lot of luck and opportunity, I came to Kansas shortly thereafter.

It was a major professional and personal move. Had I not made that move, I don't know what I would have done. I'm sure I would not have done many of the things I have done at KU. I was very comfortable at Arlington. I'm not sure what I would have done there. I would be interested to know.

Three streams of interest developed at Kansas. One is I was introduced to the strengths model of case management. As part of my duties of a new faculty member I had to organize a conference. Charlie Rapp and Ann (who was acting dean then) suggested that I invite people from around the country to attend a seminar on the strengths perspective. So that spring we had a small seminar, with people presenting papers. Some of those papers were the beginning of the development of the strengths book.

JJ Were you the first person to bring the strengths perspective to Social Work?

DS No. There was a very strong model at the school already and as I said, that was the strengths model of case management in mental health. I think the only thing that I did, and it was not just me, was to move it out and to expand it a bit into other areas and other ways of thinking about it. I'm standing on the ideas and practices of other people's work: Charlie Rapp for the case management model; Ann Weick helped develop a theoretical, conceptual basis for it. The one who brought it to the school was a doctoral student who had been a long time practitioner, Ronna Chamberlain. She and Charlie worked together—they got a small grant to try this at a community mental health center. That was the first strengths practice setting.

JJ This perspective is consonant with your looking at ways of knowing beyond logical positivism. Were they connected in your mind?

DS It was consonant with it, that's true. My interest didn't really start there—it was accidental. Although before I got to Kansas I had been involved for a number of years with a street minister and group that supported activities helping "street kids," called the Bridge association, and they practiced the strengths perspective although they didn't call it that. Through work with this minister, kids developed their own program to deal with their situation and eventually got a million dollar CDBG grant to develop a shelter and they did it capitalizing on their strengths. That was a very important experience, though I wouldn't have said the word strengths.

JJ Where would you say the strengths perspective is now, would you say that it is a competitor to the diagnostic perspective or do you think it is still a leitmotiv?

DS I think it is getting stronger and stronger, at least in social work it is, because it has a lot of roots in social work—group work, the functional school and other various influences. It is also rooted in the Social Gospel movement and transcendentalism and so forth. But it is getting stronger in social work.

JJ Do you think there will ever be a strengths assessment that will replace DSM?

DS There is something coming out next year called, I believe, Values Infused Assessment—psychologists are doing it—it's a list of virtues. We've talked about developing a strengths assessment—Charlie and others did it in case management. We've done it in communities a little. What we really need is a lexicon. We need to have examples of what strengths are. If you ask people to sit down and list everything that's wrong with them, it's easy. If you say I'd like you to do the same with your strengths—talents, resources, capacities you have—people are often embarrassed and don't know what to do.

JJ We don't have a way of piercing reality that allows us to distinguish the good, that's what you are saying in the strengths book. We only have a way of piercing the chaotic flow by finding negative categories, not positive categories, except for simplistic ones like "hero," or this is a "just war." Is the strengths perspective radical or conservative? From one point of view it seems radical because it implies equality rather than hierarchical, leveling the playing field between helper and client. On the other hand, one way to use the strengths perspective is to justify people's ability to survive bad situations, like poverty, and therefore reduce the need for change.

DS That's the way conservatives would use the whole notion. But that is a misunderstanding of what the strengths perspective is. The strengths perspective doesn't say you just leave people alone to their own devices, the strengths perspective suggests a lot of people have had difficulty because of oppression, circumstances whatever. You use the capacities, the inherent wisdom that they have. You just don't easily do that and it doesn't mean that you're saying that poverty is not a real thing.

JJ But are you helping them to adjust to their situation? Is there anything in it that would help people change a situation in terms of social action?

DS Much of social praxis is strengths based—it can't be otherwise—how else could you do it?

Another thing in my Kansas experience has been involvement in community programs. We tried to be strengths based, but a lot of people in communities didn't discover their strengths until they discovered something important to them, doing something that was important in the life of the community, then they realized some of their strengths.

Kids who are abused for example, some people say, well why do they need us, they did well by themselves. That's not the point, they didn't do well just by themselves, there's always somebody who stepped in, there's always circumstances, community resources that helped and provided support.

JJ So what do they need us for?

DS They may not need us, but they could use us to help marshal some of those resources, inner and outer.

JJ Would you say that the strengths perspective is more an attitude rather than an intellectually based theory?

DS I don't think it's a theory. I am not even sure from a constructionist point of view what a theory is.

JJ Well let's say heuristically that a theory is something that's complicated, and seeks to explain something. I was thinking that strengths perspective has so much humanity, a little bit of common sense and so much resonance for our history and that actually it has more to do with our values than with a fully explicated set of theorems.

DS It's not fully explicated. But I do think besides the values, that it creates universal concepts and ideas, very strong and elaborated. The whole notion of hope, promise, and positive expectations—the strengths perspective has really expanded these ideas. As a matter of fact in psychology now there is a positive psychology movement, which they think they invented, and there is also a lot research on hope now. The strengths perspective has I think been helpful in extending these ideas. The strengths perspective has also been helpful in the whole idea of empowerment, which is hackneyed at best; it has really gotten a lift from the people who have been writing about the strengths perspective—you really have some sense now of what you mean by empowerment.

JJ It's much more contextual than just saying empowerment.

One reason I ask the question is a lot of times people in social work feel like step children and they want something that sounds like it has much more certitude, is more complex and seemingly scientific, as you know from your work with the epistemological group. So if the strengths perspective sounds like just social work values that will be a deterrent for some people accepting it.

DS But if they read it, it's clear that it isn't just that. I have been getting more involved in the post positivist, social constructionist, social critical point of view, and understanding of what's happening there. It provides a whole different way of thinking and acting and doing. It also makes clear that any perspective is grounded in the language and standpoints of the various people promoting and practicing it. That kind of social constructionist thinking has been really important to me and people like Kenneth Gergen, Jerome Bruner, Joan Laird and Ann Hartman, Stan Witkin, and Ann Weick who talk and write about it.

JJ Part of the appeal of this approach is that it seems right and correct, although you have to double think yourself when you say that, but also that it's really like being a graduate student again to think about these things. Mostly in academia people don't have these kind of conversations. It must have been very enriching and enlivening for you to go back to the beginning with other people and talk about the fundamentals of knowing and understanding.

DS It is extremely energizing. For the past three years Stan Witkin and I have held a conference in Vermont. Actually, it's not a conference it's an unconference. There's room for 40 people. We just come for 3 days and talk about issues. There are no presentations, but we address questions like "What would academia look like if it was really based on these kind of, say, constructionist, ideas, instead of the idea of the search for ultimate truth?" We also always manage to do things together. A group of people might go leaf peeping, another group may go canoeing. It's another way to get to know each other and to talk about ideas.

JJ An intellectual camp.

DS Yes, and we try to have fun and we try to have a variety of people—Ph.D. students, practitioners as well as academics. We have it at a retreat on Lake Champlain. Several of us are trying to put together a book about the experience. We asked people to write something about how the experience has affected them personally or how it has changed them. About 15 people are writing pieces about this.

JJ What do you think the impact of postmodernism has been on your thinking?

DS Well, I'm not actually sure what postmodernism is, because so much has been thrown in the hopper together but it has been very influential—it makes so much sense—as Max Weber said, it has *Verstehen* —it seems to have resonance to human development. And the people I read in this area speak to my mind and my heart in a way that others do not.

I haven't abandoned the idea of those other ways of knowing that would include counting and more formulaic approaches, there are some really interesting things happening there. I have been teaching a course on the brain and behavior and so-called psychopathology for years and trying to add strengths and a post modern view to that and that's been a lot of fun—it's been hard to do.

JJ There's sort of a seeming paradox in your effort to bring biology more into human behavior because sometimes biological paradigms become determinant and I know that's exactly the opposite of the way you're thinking. How do you make that tension go away: between the strong logical positivism of biology and your more fluid post modern belief in relativity?

DS There is a lot of determinism in biology but the fascinating thing to me is the brain trying to understand the brain and the brain trying to understand the mind, and to think that all the things we thought were so true about our bodies 10–20 years turn out to be not to be as true as we thought—or more fluid that we thought. And the ultimate question is: Is the mind the same as the brain—if not, how are they related, and how do they influence each other and how does the context in which they live influence that? Those are fascinating questions.

JJ I noticed that you have talked about Ernest Becker, Erving Goffman and Thomas Szaaz today and in your work. They all have a shared insight, which is that things are not what they seem to be—many things are made up but we forget that because these things have been reified. What would you say has been the central impact of those thinkers on your work?

DS That's a good question and I'm going to make up an answer, which is all you can do—I think the central thing that has been most important to me is that whatever else human beings are, they are making meaning with machines, animals. That's what you have to do, you're not built into the world instinctually, you have to build yourself into the world in league with other people, in terms of culture, relationships, in a way that gives you some sense of being grounded and purposeful and relevant and makes your universe make some sort of sense to you. The amazing thing is if you watch young kids as they develop, what they do is try to make sense out of things. You couldn't survive as a human being, at some level, unless you did this.

JJ It's both instinctual and beyond instinctual. The need to make meaning both explains why there are so many systems and at the same time exposes their arbitrary natures. If one believed there were certain eminent truths, as in Platonic thought, that people recognized, then you wouldn't be able to embrace the social constructivist point of view.

DS But the kicker in this is if you just say that people have to make meaning and that hopefully the meaning is relevant to them and has consequences that are humane, it's that you are saying that there isn't necessarily any singular truth and I think there is a great human aspiration for that singular truth. In human beings there's that great hope to find truth. Look at the people killing themselves in wars, including us, looking for or supporting a truth.

JJ But isn't finding truth just a subset of making meaning?

DS I think there is a different sense to the idea of finding truth because it's relatively passive. Whereas it's not on your shoulders, it's on the shoulders of others. Making meaning is also on the shoulders of others in some way, but if you take responsibility for that, then I think you are in a very different place. You have to take responsibility for the fact that someday some moment for a variety of reasons your meaning may fail you and you'll have to go down some other path.

JJ Like Ernest Becker at the end of his life [who embraced a spiritual reality].

DS Well yes, I think that's what happens. If I am in a foxhole maybe I'll grasp at a truth.

When some people say meaningless what they mean is there is no received truth and they are uncomfortable with that.

JJ There is no Platonic truth that exists outside of human experience and human creation—that's what I believe, I could be wrong, but it's been very helpful for me to think that.

DS But you could be wrong, see that's what you have to say—it could be otherwise, I could be wrong. This is what is useful; this is what has resonance.

JJ What do you think has been your greatest professional contribution so far?

DS I appreciate the fact that people associate me with the strengths perspective, but it has many different sources beyond me. I am not Mr. Strengths Perspective, other people have taught me this; other people have been at it longer than I have. What I appreciate most is having the freedom to take a look at other ways of knowing and to examine parts of the canon and to say there may be other ways of thinking about this. There may be other values or morals or even human experiences that beggars this perspective. I have liked being able to do that.

I want to continue to write–I like writing. It's hard–not as hard as fixing plumbing.

CONSUMER STAFF IN PSYCHIATRIC INPATIENT FACILITIES

Joann O'Connor, M.S.W., Director, and Larry Schomer, Consumer Services Advocate, Winnebago Mental Health Institute
Forward by Sinikka McCabe, Administrator, State of Wisconsin Department of Health and Family Services

"Self-help" and "recovery" are difficult concepts to convey to staff and patients in an inpatient facility. When a mental health consumer was hired to work as a full-time permanent staff member, patients and staff began to understand the real meaning of recovery. This narrative describes the process of building staff trust in the concept, educating patients and staff about the role of the consumer advocate, and the startling successes of the program.

Forward

As Administrator of the State of Wisconsin Division of Supportive Living and former Director of the Bureau of Community Mental Health, I am thankful to Larry Schomer, Joann O'Connor, and the staff of the Winnebago Mental Health Institute for implementing this project. Thanks also to Barry Blackwell, a retired psychiatrist, for interviewing the people involved and helping to bring the manuscript to completion.

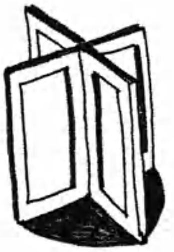
Wisconsin and several other states have recognized the importance of consumer involvement at all levels of planning and implementation of mental health services. The presence of a consumer as an employee in an inpatient facility is another step forward that can have an important influence by encouraging hope, role-modeling recovery, and reducing stigma. This paper provides enough detail that others in Wisconsin and elsewhere may be encouraged to develop similar projects

Introduction

The purpose of this narrative is to describe a successful project that I have the pleasure of enjoying in sufficient detail that others may be encouraged and enabled to replicate it with whatever modifications meet local needs. The ability of persons with severe and persistent mental illness to lead functional independent lives continues to evolve. It is fueled by courageous consumers, creative mental health administrators, changes in public policy, and improvements in medical, social, and psychological therapies. Progress is also shaped by bold experiments that demonstrate innovative ways to improve the path towards full independence for all consumers. The ability to replicate such projects is often frustratingly difficult because of the perception that they seem to evolve from a unique set of human and environmental forces that are poorly understood or defined. This project was a significant step forward in care of patients who suffer from mental illness, by a person with mental illness. The project occurred because of synergy between parallel forces, followed by careful planning and bold leadership and a consumer with courage.

The Recovery Concept.

The half-century leading up to the millennium witnessed a profound change in society's response to people with severe forms of mental illness. The civil rights sentiments of the post World War II era, coupled with discoveries in the medical treatment of mental disorders, led to a switch from custodial care in large state institutions to community-based services. We have found that persons with mental illness can recover and return to their previous state of health. Many people with mental illness feel it is more accurate to endorse the concept of "procovery," meaning obtaining a new level of meaning and being in

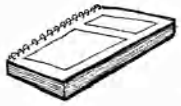


a persons life. Unfortunately, when deinstitutionalization began, it was in many cases, done in advance of the resources, philosophy, and technology needed to assure its success. Neither recovery nor procovery had a chance. Now, with emphasis on consumer empowerment, the concept of recovery and recovery concept offers new hope.

As hospital beds closed, the inability of the community to accommodate consumers was demonstrated by rising re-admission rates, often called the revolving door. Patients discharged from Rockland State Hospital in New York banded together in the early fifties to form Fountain House, a community clubhouse, and initiated a rapidly growing national and international movement in which individuals encouraged one another to provide mutual support and seek employment independent of professional oversight.

Supported by a slim body of empirical research (Corrigan & Gorman, 1997), consumer empowerment has increased in force, fed by a growing consensus that political and professional paternalism may have unwittingly stifled people's innate capacity to adapt and thrive despite their disorders. The concept that illness and disability are related, but independent variables, is now well accepted in the domain of physical illness. Self-help consumer guides have proliferated to assist individuals cope with chronic pain, arthritis, cancer, chronic fatigue, irritable bowel syndrome, and other disorders (Blackwell, 1992). In addition, discrimination between physical and mental illness is dwindling as demonstrated by the move toward insurance parity and inclusion of both in the Americans with Disabilities Act.

The Recovery concept asserts that all individuals, however severe or persistent their mental illness, have the capacity to lead a productive and fulfilling life as they choose to define it, despite their disabilities. It is a rehabilitative model that seeks to eliminate learned helplessness or dependency by strengthening a person's coping or adaptive capabilities. Recovery defines success in ways that build self-esteem, encourage hope, and erode stigma and discrimination (Anthony, 1993; Fisher, 1994). Recovery is enhanced by clinicians and consumers forming a partnership in which the consumer is actively involved in his or her own treatment planning. Recovery is the very personal process of personal growth and life-long learning.



The State Planning Process

In May 1996, Wisconsins' Governor Thompson appointed a Blue Ribbon Commission on Mental Health to redesign the mental health delivery system so that it would emphasize wellness and recovery. The Commission met with over 700 persons and had broad consumer and family input at all stages (Executive Summary, 1997). The report strongly endorsed a Recovery-oriented system and recommended consumer involvement at every level of planning and service delivery. Its conclusion noted that, "the remarkable aspect of this report is that all stakeholder groups represented on the Commission agreed to these key approaches" (p. 13).

In a briefing paper prepared for the Commission (Jacobsen, May 1998), a dozen other states are also noted to be incorporating the Recovery concept into their re-designed mental health delivery systems. In addition to Wisconsin, at least six other states are planning to involve consumers as paid employees in service delivery: Massachusetts, California, Nebraska, New Hampshire, South Carolina and Vermont.

To begin implementing the Recovery Concept, Wisconsin has adopted several strategies, including allocating almost 10% of the Federal Mental Health Block Grant to consumer/family self-help and peer-support activities. In addition, progressive facilities and counties have invested local resources to support similar projects. For example, Milwaukee County has hired a consumer as Director of Consumer Affairs for the Mental Health Division and has established consumer satisfaction teams to assess service-provider agencies, including group homes.

Director

Prior to 1996, while working in the California Mental Health system, I had the opportunity to be involved with the preliminary steps of organizing a consumer self-help group in one of the state hospitals where I witnessed the profound effects of consumers helping consumers. I saw first hand renewed hope within the most severely ill patients, and increasing strength in recovering consumers who were part of the self-help mentor group. In January 1997, I accepted appointment as Director of Winnebago Mental Health Institute in Wisconsin.

The Facility

Winnebago Mental Health Institute is one of two state psychiatric hospitals that serve a population of 5.1 million people. The Institute, situated close to the town of Oshkosh in central Wisconsin on the shores of Lake Winnebago, celebrated 125 years of service in 1998. The current Institute has 14 units and an average daily census of 290 patients. It provides services to civil-and forensic-committed adults, adolescents, and children from all 72 Wisconsin counties. Patients stay for variable time periods, from many months to years.

Shortly after arriving, I began attending a "Recovery" subcommittee of the Blue Ribbon Commission. The committee members included consumers who had worked many years in recovery and self-help programs, and others who had little experience beyond the inpatient experience. One person who lived close to the Institute approached me about spending some volunteer hours at the Institute meeting with patients and starting a self-help program. That person was Larry, who will introduce himself to you now.

The Consumer

I am Larry. I grew up in Wisconsin and am 48 years old. My mother developed a mental illness and was hospitalized when I was a toddler. I grew up in an emotionally withholding and abusive home where I learned not to expect success. I graduated from high school and attended college at University of Wisconsin - Oshkosh. During my senior year I experienced my first major psychiatric breakdown and because of that, I failed to graduate.

I lost the entire decade of my twenties to a recurrent paranoid psychosis and spent almost one and a half years on inpatient units during fifteen admissions. I was diagnosed as suffering from schizophrenia. My first psychiatric hospital admission lasted seven weeks during which time I received twelve ECT treatments and 1000 mgs of Thorazine daily. In the early eighties, my wife divorced me and I became homeless for three months, living in the back of my car. Following this I spent ten months in a halfway house where I gave up alcohol, developed a new routine to life, and began a remission that has lasted 13 years. I still take a major tranquilizer and I see my psychiatrist for regular checks. I feel fairly stable, but I am well aware that I still suffer from a major mental illness. I pace my life, and I am careful to get enough sleep. Once in a while I wonder if I should stop my medication, but I feel it is not worth the risk.

Since my recovery began, I have become increasingly active as a consumer advocate. I served four three-year terms on the Governor's Mental Health Council, and have been its Vice-Chair and Chair. I was also an active member of the Blue Ribbon Commission. For several years, I have been available as a speaker to lay and professional audiences, and I have talked about my own recovery on over 250 occasions throughout Wisconsin and the nation. As an active consumer, I became a close acquaintance of the Director of Bureau of Community Mental Health, and it was she who introduced me to the Director of Winnebago Mental Health Institute early in 1997 when all three of us served on the Blue Ribbon Commission.

Developing the Project

Step one: Assembling the Key Players

The synergy that gave birth to the project is now apparent. A state director of mental health was committed to developing and implementing the Recovery concept, and myself, a new director of a large state institute, looking for a way to implement it. Larry, a consumer advocate, was living in the nearby community, and all three were on the state Commission planning the next innovative steps for the state to pursue. And finally, an evolving and growing national consensus favored the role of consumers as paid participants in service delivery (Fisher, 1994). As Director of Winnebago Mental Health Institute, I became excited about the possibilities that seemed to be presenting themselves to me.

Step Two: Planning and Staff Buy-In

At the same time, I was aware of the need for caution and careful planning. Three years earlier, McCabe and Unzinger (1995) had cited the concerns voiced by others (Besio & Mahler, 1993), including issues of confidentiality, role confusion, employment stresses, reasonable accommodations, and stigmatization and distrust by non-consumer staff.

I met with Larry for the first time in early March 1997. At this time, our goal was simply to explore ways of helping current in-patients make contact with 'outside' consumers who were living successful lives in their home communities. Larry would be the bridge for this purpose. Over the next few days, Larry and I met with several key staff to discuss the project, raise enthusiasm, and identify barriers. I also met with executive staff and clinical, and administrative leadership in order to obtain support and endorsement. I explained the importance of the project and how I felt it would help the recovery process for patients in the Institute. In mid-March, Larry made a formal (and well publicized) presentation to patients and staff on "Personal Perspectives on Mental Illness," which was well attended and enthusiastically discussed. Larry and I spoke to many staff and patient groups seeking support for Larry's new role.

Step Three: Start Small, Build on Success

Larry was now officially oriented as an unpaid volunteer and assigned a formal supervisor who was the Institute's Client Rights Facilitator. Together they toured the facility and met with line staff and patients. I chose this particular supervisor because she had been a strong, supportive influence, and is well respected in the Institute. This has been a very significant factor in Larry's subsequent success.

In early April 1997, 2 of the 13 units expressed an interest in hearing Larry's presentation. I considered this a turning point in the success of the program because the unit staff and patients had requested the presentation. When Larry presented to these two groups, his words were well received. This became the model we followed: speak to groups about the concept, act quickly when there is a pocket of interest, and lastly, work closely with people within those pockets of interest to develop the relationships. Shortly after the presentations, another significant event occurred. Staff was considering the use of a new form of restraint, "the body wrap." The patient is completely enfolded in a blanket secured with Velcro flaps for safe transportation to a seclusion room when necessary. Larry asked to be placed in the device, measuring its impact against old memories of having been placed in full leather straps for five days after staff found him engaged in the "dangerous" activity of throwing a paper ball against the seclusion room wall. Larry survived the ordeal and endorsed the new device. Staff members were impressed with Larry's capacity to become an active participant in the decision-making process and were increasingly willing to ask for his advice.

By late April, Larry had met again with staff on the two interested units, and they endorsed his idea to begin holding weekly meetings with interested patients. News of Larry's work began to spread: a staff member on another unit asked for help with a patient anxious about discharge, and another patient talked openly about how much he had been helped by Larry's visits.

Step Four: Formalizing the Arrangement

By early May, Larry and I decided that there was ample scope for a full-time, paid staff position. We began to put together the outline for a job description, modestly titled as an entry level "Client Services Assistant." By early in August, we had completed the job description and developed standards with which to evaluate candidates. Meanwhile Larry continued his volunteer activities, and by the time he became a formal applicant for the job, he had logged 700 hours of volunteer service.

Developing justification for a salary level that exceeded the minimum entry level pay proved to be difficult because Larry did not have any degrees or any recent work history. As a result, the pay I could offer was scarcely more than what he received in disability payments. The standard state contract had no health benefits for the first six months of employment. In the past, this was a serious obstacle to any consumer seeking work because Medicare coverage lapsed as soon as employment began. Larry discovered that there is now a nine-month grace period so that he did not have to forgo health benefits in order to work. Nonetheless, when the state health coverage policy became available, Larry was forced to give up his regular psychiatrist who was not covered under the plan. He was lucky enough to find that the psychiatrist who had treated him twenty years earlier was available and in the provider network of his new health care provider. Finally, like most new jobs, this one had minimal vacation or sick time as a buffer against stress or a minor relapse.

Step Five: Selecting and Supporting Consumer Staff

Larry had not held a full time job in five years, and he had serious misgivings about the risk he would incur by giving up the security and predictability of life on disability for the stress and uncertainty of the workplace. I felt the risk was very serious. We discussed my level of commitment and set him up for success by arranging for close supervision, frequent meetings, and lots of faith. In Larry's own words:

I wondered if I should give up the security of disability income for a job in which I didn't know if I would succeed. The salary offered was very near to the same amount as my disability income. Maybe if I worked part time and stayed on disability I would be protected. I had a fear that I would fail and then not be able to get back on disability income. I still struggle with paranoia and feel sometimes that people are talking about me or laughing at me. Would this interfere with my work? I wor-

ried that I might be just a token at the Institute for PR purposes, and not actually a staff member. I learned that when people heard my story and my qualifications, they respected me. We built up trusting relationships and staff did support my work with patients. I also knew that I had built up several important relationships with doctors and nurses. I had learned that when my symptoms were troubling me, I could go talk to these key people.

Larry finally took the plunge and began his new job in May 1998, one year after he first began his volunteer work. In retrospect, I have a clearer view of the qualities that have made Larry a success but which were not part of the job description. Understanding these qualities may assist other programs in screening for these attitudes and skills among consumer candidates. In the same light, it should be clear that consumers have many different attributes that will make them successful as a self-help staff member. A consumer very different from Larry will be just as successful if time and energy is spent making the program suited to the consumer-staff persons' special talents.

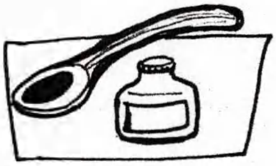
Several aspects of Larry's life as a consumer are important. He was seriously and persistently psychotic for several years, and had extensive experiences in inpatient and outpatient settings with a variety of providers. For a time, he was homeless and spent ten months in a halfway house. This provides Larry with a broad range of experiences to share with other consumers. At the same time, Larry has been in remission for a long period. He has learned how to manage his life and his illness without placing himself at risk of relapse. This includes the fact that he recognizes and accepts the value of medication although he is not at all complacent about the risk of side effects or over medication. At those times when his symptoms reappear, Larry knows the value of having others to confide in, including his supervisor, with whom he has a close relationship as well as ready and frequent access. Larry also knows that rest, relaxation, and sleep are important. Every Thursday he takes a half-day off, and after lunch, drives the eight miles to the home he shares with his two cats. He remains abstinent from alcohol. Larry is rediscovering interests outside of work, including ice and trout fishing. All this means that he is an excellent role model to other consumers in how to maximize recovery.

Larry has several skills that are powerful assets. He is an accomplished speaker who enjoys teaching. Illness apart, he has had varied life experiences. He is a keen observer, knows how to mingle and has an excellent sense of humor. But Larry's most powerful personal asset is that he is even-tempered and never abrasive; Sir William Osler considered equanimity the most vital attribute of a good physician. Additionally, Larry displays a strong sense of humility. Despite the success that attends his work, he is never boastful. On the contrary - he is fearful that the staff may overinflate his skills and come to expect miracles. Larry considers his job to be the best blessing of his life, and worries that he may become a workaholic. But he has taken a vacation with friends that he has made among the staff at the Institute.

The Role and Effectiveness of Consumer Staff

It is difficult to find a name or title that best fits what Larry does. It is easier to call him a consumer employee than it is to describe the multiple roles he fills. To a large extent, these have evolved to match his skills with emerging consumer needs.

Larry works a five-day, 40-hour week, usually beginning at 8:00 a.m. and ending at 4.30 p.m. except on Wednesdays, when he runs a group until 7:00 p.m., and Thursdays, when he takes the afternoon off. Larry spends the first hour of the day reading correspon-



dence, literature, and e-mail in his office. Then he moves onto the units where he fills multiple functions. He has chosen to have a continuing long-term presence on one of the adult forensic units but also attends two or three staff-patient groups at random. On the adult forensic unit he participates in the weekly staffing attended by a dozen or more nurses, occupational therapists, and psychologist. The meeting is chaired by the unit psychiatrist. Each staff person identifies patients or problems about which they have a particular concern.

Larry knows all the patients well; they not only attend the groups he runs but also frequently talk to him alone. During a recent staff meeting, his contributions included noting one patient's increasing difficulty with anger and another's reluctance to attend groups because he disliked talking about his illness. He knew that one patient was particularly interested in gardening, and staff arranged to accommodate this. The previous evening, staff had been particularly concerned about a patient who refused oral medication. The psychiatrist was about to resort to intramuscular injections and asked Larry to talk to the patient. In doing so, Larry shared his own experiences with delusions in a way that allowed the patient to accept medication as a way to control his own intrusive thoughts. After learning that the patient was now taking oral medications, Larry spent additional time exploring his response and reassuring him about side effects. Larry has recently started a "voices" group in which patients can feel free to talk about the voices they hear. Larry tells members that it helped him to focus on only one voice; that it became much easier to read or listen to music when there was only one voice.

When asked about the outcomes of Larry's contributions, the staff are enthusiastic. They feel his presence breaks down a "we-they" dynamic between staff and patients. He is often able to provide new information about problems, strengths, and desires of people who are withdrawn or have poor inter-personal relationships. He is also able to influence people who are reluctant to take medications. Staff noted that by role modeling and sharing his own experiences, Larry is able to influence patient self-care behaviors in ways they could not. A psychiatrist notes the significance of Larry's filling a paid position; he was accepted as an equal by staff, and patients saw the possibility of recovery, no longer feeling ashamed of their illness. There were also examples of contributions that only a consumer could make. Larry had noted that staff-patient bulletins typed in black on white paper were difficult for people to read when vision was blurred by anti-cholinergic side effects. They are now typed against a tan background. One unit had posted named photographs of staff to assist in the orientation of new patients. Recently, these disappeared because some staff disliked being photographed. Larry intends to gently intervene.

One very meaningful comment that I heard during the first year of Larry's employment was a staff member who said to me: "You know, you think different when Larry is in the room." I believe the staff member was referring to the fact that when Larry is sitting right there with us making decisions, you begin to think of all the patients as people with lives and hearts and issues, instead of just as "patients."

In any given day Larry may have from ten to twenty informal chats with patients in the dining area, around the grounds, or on the units. Although he has the authority to document in the patients' charts, patients know that he does so very rarely and only in two situations: (1) if there is a concern about patient or staff safety; or (2) if the patient has experienced the kind of success that both Larry and the patient agree should be drawn to the attention of staff.

In addition to weekly unit staffing, Larry participates in or runs six or more groups.

Participation is always voluntary. The purpose of these groups is therapeutic with the exception of the Apollo group, which seeks to improve services by identifying patient concerns and encouraging the facility to take corrective action. Examples include poor ventilation in bathrooms, patient privacy, and the practice of handcuffing patients when they are transported by police to court hearings in Milwaukee, 80 miles away. This last issue has been a major concern, leading a few individuals to waive their right to a legal hearing. As a result of this group's action, the Institute has gained court agreement to video conferencing, and funding has been obtained to purchase equipment. Larry notes with pride that people attending this group are seldom re-admitted to the facility, perhaps because of the healthy assertive behaviors learned and their effect on self-esteem.

Other groups address members who have a spectrum of difficulties, from young adults of both genders in a behavioral program to withdrawn older patients with hospital stays lasting several years. These groups usually include another staff person, either an occupational therapist or a social worker. Larry's role is to share experiences and role model behaviors that increase self-esteem and reduce shame or stigma.

His favorite group, and the one in which he has the leadership role, is on the adult forensic unit. It is highly popular and well attended. Larry uses Abraham Low's book *Mental Health Through Training* as a guide. Patients read excerpts, including case vignettes, and Larry and group members relate their own experiences in identifying feelings and learning new ways to control them.

Larry also participates in administrative committees at the Institute. His input is widely sought and appreciated at the organizational level. For example, he is a member of a task force that is reviewing the Institute's policy and procedures regarding anger management in general, and seclusion and restraint in particular. The goal is to develop a restraint-free environment, adopting new methods for anger de-escalation. With Larry's advice, the task force has begun to seek input from patients with a history of trauma concerning their experiences with de-escalation and restraint procedures. The implementation of new procedures will be accompanied by a continuous quality improvement project that measures specific outcomes, including consumer response.

Larry has three special longer term projects which add to his work environment. He realizes that visibility, understanding, and acceptance are key ingredients to success. For this reason, Larry meets with all incoming groups of new employees (about every six weeks) to explain his role. He regularly attends staff continuing education conferences and contributes to them. Staff sees Larry in the valued role of teacher, changing their perception about what consumers can do and their approach to patients. They also learn how and when to use his advice and assistance.

Secondly, Larry has set up a consumer information and resource section at the Institute Library, which provides patients with information about the local mental health services, about the Wisconsin Consumer Network, and about specific services, including free dental care, how to obtain low cost medications, and access to multi-lingual services. The goal is to better connect consumers with follow-up services in the community and so reduce the likelihood of re-admission.

The third and possibly most important project is to develop linkages between the Institute and the county system of outpatient services so that consumers who leave can immediately feel supported in their home community. With assistance from the State Bureau of Community Mental Health, Larry is compiling a Community Resource Manual that documents the services and consumer support groups in all 72 counties. We have developed resources to pay local consumer activists for time and travel to visit people at the Institute who are about to be discharged back into their communities. The hope is that widening the scope of peer support will encourage Recovery.

After a year of planning and another year of implementation, there is no doubt about the success of this innovative project. That this is due in part to the unique attributes of the individuals involved is very likely. As other states initiate and report their own experiences, it will become possible to analyze and identify how to further develop the role of consumer staff in the mental health delivery system. Meanwhile, there are some observations arising from this project that may assist others as they attempt to replicate it.

Planning and Implementing Institutional Change.

To produce change in organizations is difficult. People prefer the status quo to the unfamiliar or to change that challenges their experience or beliefs. Consumer empowerment and the Recovery concept require much explanation, working through, and support before staff can be expected to embrace them. I carefully worked through some of the steps of the change process with Senior management and professional groups before Larry even started his volunteer assignment. I identified supporters and personally attended department meetings to inform staff and enlist their support for the Recovery concept before hiring a consumer. The year-long introduction of Larry as a volunteer, his presentations to staff, and top management's endorsement of them were important precursors to his acceptance and success as a full-time employee. Another vital ingredient was the selection of a supervisor for Larry who was respected and excited and who viewed herself as a change agent.

Selection and Training of Consumer Staff

The role of the first consumer employed in a psychiatric facility is a demanding one. The fact that it can be accurately described based on this experience will be helpful in finding other individuals willing to undertake the task. It is very important to develop ways of identifying, training, and supporting individuals ready to take on paid positions in service-delivery systems. Psychosocial club houses and other consumer-operated programs may be natural seed beds since they have members with experiences, both in the work force and as board members, who can help prepare them. A period of mentoring with an already employed consumer, like Larry would be ideal but is not often available.

Support and Supervision of Consumer Staff

Even the best-prepared and most stabilized individuals may have reservations about transition to a full-time, paid position. Employment accommodations are important, including quality health benefits, adequate vacation time, sick days, and flexible work hours. It is unreasonable to expect consumers with a lifelong history of illness to have obtained university degrees, professional training or lengthy work histories. When consumer positions are developed, there needs to be a flexible and equitable way to credit life experiences so that salary ranges are consistent with the considerable responsibilities and above what a person receives from entitlements.

Once a consumer is employed, there is need for a clearly defined and supportive supervisory relationship with ready access to senior administration. This is particularly true early in the project, before facility staff begin to recognize and appreciate the value of the role with the subsequent changes in their own perceptions of mental illness and Recovery. Even after this, there will be boundary issues as the consumer struggles to define his/her own role both as a staff person and as a consumer advocate. Larry and I have focused on sustaining the consumer perspective so that neither staff nor patients feel the consumer has been co-opted by administration. Individual staff persons and units should be allowed to proceed at their own pace in developing a new working relationship with the consumer employee. There are still units here with very little involvement with Larry and others who are begging for his time. It is too early to anticipate the burnout potential of this new role. Larry has said:

> *I feel totally fulfilled and hopefully other consumers will too.*

But there is always the risk that a person's own expectations or those of others will insidiously increase beyond that which is reasonable or sustainable. There is a need to employ more than one consumer in any organization to provide mutual support and help sustain the consumer perspective as well as to provide cross coverage during vacations or brief relapses, should they occur.

Consumers can clearly play an important part as full-time employees in service delivery systems. We look forward to the evolution of this role as other organizations and states seek to advance and improve upon our early experience.

Special Thanks to Barry Blackwell, M.D.

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HE SAID, "I KNOW." THEN HE DIED

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As the author's father was dying, they gifted each other – he gave his father permission to go, and his father lifted the weight of carrying his living will in his pocket for years. He was able to sit with his father for the last two days, hold his hand, say he loved him, kiss him good-bye, and tell him there was nothing more he could do for him. His father said, "I know." Then he died. The experience strengthened the author's clinical and teaching work around dying and death more than any other could.

My dad died yesterday.

Actually it has been a couple years now, and I wrote that first sentence on my way home the morning after his death. Some years earlier, my wife introduced me to writing as a way of dealing with the emotions of certain situations. I don't actually journal, in the traditional sense, but I find that writing my thoughts about the major events in my life, both positive and negative, has served to help me adjust to them. On several occasions, when dealing with major life changes that have affected both of us, my wife and I have written our individual thoughts and then shared them later. As I was driving home that day I found myself in tears, flooded with thoughts and emotions about both my dad's death and his life, so I pulled off the highway and started jotting down my thoughts. The first was "My dad died yesterday." I had spent the two days prior to his death sitting with him in the hospital knowing that this was the last trip there for the two of us together. It was clear when I arrived at the hospital that he would not be going home again. At some point during those two days I had to tell him that.

My dad lived almost seventy-six years, and he spent literally half of that time dying. When he was just thirty-eight and I was in high school he had seven heart attacks in one week. Over the intervening thirty-eight years he had several more heart attacks. During the years after I moved out of his home and was on my own, I would get occasional calls telling me that he had been hospitalized again. Given my geographic distance and family and work responsibilities, I couldn't always get there immediately. Although he lived near Harrisburg, Pennsylvania, and had his first two bypass surgeries there, he had to be flown to Milwaukee for the third surgery as that's where the only team that would do a third bypass surgery was located at that time.

During his long history of heart disease, I had much time and opportunity to prepare myself emotionally for his inevitable death. After all, I made emergency runs with him in ambulances to the hospital while I was still in high school; I watched him experience, then recuperate from, three bypass surgeries, two quadruples and a triple; I had experienced the deaths of three grandparents, numerous aunts and uncles, several cousins, and a few friends; in the 1960's, as a new recruit in the United States Air Force, I was assigned to make casualty notifications to family members of Air Force personnel listed as killed, captured, or missing in Viet Nam; and I teach workshops on dying and death. Even though his death was inevitable and I had much time to prepare for it, I was shocked by the depth of feeling I experienced when it came.

To understand our relationship requires a look at his life. My dad was typical of many peers of his age. He was one of eleven children of an alcoholic father and a mother who died in childbirth with her eleventh child. He quit high school and lied about his age to enlist in the Navy at the start of World War II. While in the Navy he learned a trade, which he subsequently utilized as a civilian. After his medical discharge, due to punctured eardrums received in combat, he promptly got married and quickly had a child, me, all of this before he was twenty-two years old. Initially he worked for others, diligently and for long hours, until he was able to open his own small plumbing, heating, and air conditioning business – a one-man shop.

His sometimes interminable work hours made involvement in my activities difficult, but he found time to go on Cub Scout and Boy Scout camping trips, sometimes being the designated cook for as many as one hundred campers. I took great pride in being his assistant and in the constant praise he received for his meals. We lived in the country in my youth, so we had occasional treks together over local farmland hunting rabbits and pheasants. I also occasionally went on service calls with him at night and on weekends, just so that we could spend time together. But many times his work made it impossible for him to attend my activities. As a teenager, I played baseball for the team in the small town we had moved to. In the four years I played, he was able to attend only one game. In fact, his illness ended my baseball playing as his first hospitalization and subsequent long period of unemployment led to a lifestyle change: my mother opened an in-home day care program for the children of working parents in our area and I took a part-time, after-school job. I admired my dad, his work ethic, and his commitment to his family, nuclear and extended; however, I can't say that our relationship was any closer than those of most other fathers and sons of that era. Some years later our relationship got closer. I'm not sure that he did anything different to cause that; perhaps I just appreciated him more. I often use the old saw that "it surprised me how much smarter my dad got as I got older."

I left home at seventeen to go off to college, leaving behind my dad, my mom, and my sister. For the first ten years of my life I was an only child; then my only sibling, a sister, was born. She was only seven when I went off to college. After that I didn't spend much time at home. I didn't experience any jealousy or upset over her arrival, but the age difference didn't help foster typical sibling closeness or rivalry. My relationship with my sister, like that with my dad, evolved and strengthened in our adulthood.

I don't remember displays of closeness between my parents. To a certain extent, I think my dad's long hours and his commitment to his work partly created that situation and were a result of it at the same time. To the outside world, we were probably seen as a loving, happy family. It didn't always feel that way inside. Also, typical of her cohort, my mother was a stay-at-home mom and homemaker. While my sister was still at home and in high school, my parents divorced, causing an estrangement between my mother and my dad, my sister, and me. My sister moved in with my dad, an uncommon occurrence at that time. As I had already served in the Air Force and graduated from college, I was no longer in that household. It was during that time that my relationship with my dad probably began to strengthen and we grew even closer.

My dad, a very independent man who always attempted to make things comfortable for those around him, never wanted to be dependent on anyone and also had difficulty expressing emotions openly, positive or negative. Several years before his death he said he needed to talk with me, so I drove the two and a half hours to his home. When I arrived, after the typical niceties of "How's everything?" and "How are the kids?" he said he wanted to talk about nursing homes. He said he refused to be a burden to either my sister or me, refused to live with either of us, and wanted to look at nursing homes, saying, "Not for now, but just to be ready for when the time comes."

We spent much of the next few moths visiting assisted-living facilities and nursing homes, and he also decided it was time to do a living will and a power of attorney. As I was the older of his two children, the only male, and he had a somewhat traditional male worldview, I was to be the person to handle any responsibilities that might arise.

Given his medical history and the growing awareness in both of us that the next few years would probably be his last, I never went anywhere after that time without his living will in my pocket. Those four or five sheets of paper became the heaviest load I ever had to carry. They were a constant reminder of his mortality. Toward the end of that three-year period he told me he had never written a will. I was sure he had, but he was adamant. I guess I had just always assumed he had one. As he did not have an attorney, I made an appointment with one near my home to coincide with a visit he had planned with my family. With the will, it seemed all of the legal issues were addressed.

During that same three-year period, on another visit with him, he abruptly blurted out, "What do you think about cremation?" I told him I thought it was a very personal decision that people had to make for themselves. He told me he had been thinking about it, had gotten the paperwork, and was going to join a cremation society. This allowed him to take total control over his final arrangements, including paying for them in advance, an issue that was very important to this fiercely independent man who didn't want to be a burden.

Most years, Christmas celebrations were held in his home with my sister, me, and our families all getting together with him there. Over the final several years, as I would prepare to leave him at the end of those holiday celebrations, he would pull me aside and say, "I made it through another one." As he increasingly accepted that his time was limited, he began to think more definitely about moving into an assisted living facility until he needed full nursing care. During this period, my sister was able to convince him to move into her home, which she lived in alone. He did that the weekend after Thanksgiving, the November before he died the following January. That Christmas was held in my sister's home. Interestingly, he didn't pull me aside to say that he had made it through another year. On reflection, I think both the decision to move into my sister's home and his not mentioning "making" another Christmas were both prophetic and telling. He apparently had emotionally accepted what he had known intellectually all along; his time was truly limited.

During the period he lived with my sister, approximately two months, she and I made several more emergency visits to the hospital with him and dealt with several crises at home. On one occasion, my sister called me on a late Sunday afternoon, quite scared and concerned about him. She said he was hallucinating and thought that there was a groundhog in his bedroom. No amount of searching and reassurance from her would suffice. This normally very logical, problem-solving man 'knew' the groundhog was there. He had 'seen' it and 'felt' it scratching under his bed.

I made the drive to her house, telling her not to let him know I was coming. When I arrived, he was sitting in his normal spot watching television and didn't see me come in. I walked over and took a seat beside him. He asked why I was there and wouldn't accept that I just happened to stop by. "She called you, didn't she?" he asked. I said she had, and then he said, "I guess she told you about the groundhog, too." I guess logic had not totally escaped him.

Knowing that he had been to see his cardiologist (he was also under treatment by a neurologist) the day before, I asked if the doctor had changed his medication. We had had concerns on a number of occasions that his two doctors didn't collaborate well, each frequently changing his medications without discussing the changes with the other. He said the cardiologist had in fact changed his meds. I told him I thought that maybe what he was experiencing was a result of the medication change and that I was going to make an emergency call to the cardiologist. His response, "Oh, so now the child knows more than the parent," came as a total shock. Never before had he made such a comment to me. It seemed he always valued my thoughts and suggestions, so this was totally out of character. I said, "Not normally, but maybe in this situation." I called the doctor's service, which contacted him, and he called me back within minutes. When I discussed the medication change he had made the day before and reminded him what medications the neurologist had also prescribed for dad, the doctor responded, "That could cause hallucinations." I was less than pleased and reminded him that he and the neurologist had previously promised to stay in communication with each other. He said to immediately go back to dad's prior drug regimen. We did that, and in a day or so my sister called me to say he was fine again. He spoke with me on the phone at that time, and I asked how he was feeling. Never one to miss a chance to display his notorious sense of humor, he responded, "I feel better, but you made me lose my pet." Obviously the groundhog had moved out.

A few weeks after this episode, I got another worried call from my sister saying that she was concerned about him again. I made another visit and spent the night sleeping on the sofa right outside his bedroom. During the night he began talking and making grunting and growling noises. He had always talked, yelled out, and made odd noises while sleeping, referring to it as re-fighting World War II. I wasn't greatly concerned, but I did move into his bedroom, sitting in a chair next to his bed for the rest of the night. When he awoke in the morning he seemed disoriented and uncoordinated; he had also wet his bed. I held him up, walked him to a chair, cleaned him up, and asked him if he preferred to go to the hospital by ambulance or in my car. He didn't protest, and said he preferred to go in the car. Shortly after getting him to the emergency room, I was informed that he had had a stroke. I felt guilty and responsible. I sat there watching him have a stroke and didn't do anything to help. Intellectually, I was able to get past the guilt; after all, I'm not a physician, and what I saw that night was a rerun of things I had observed in him ever since I was a child. Nonetheless, the emotional burden and sense of guilt took some time to get over.

A week or so later, my sister again called me to say she thought he was having another stroke. The ambulance was on its way and she was going to the hospital with him. I said that I would not leave immediately but that she should call me should there be a problem. It's not that I wasn't concerned, but I had made that two hour trip to her home and the hospital several times in the past two months, I knew she was with him and would keep me updated, and I was in the midst of some project or another when she called. Within a half hour she called again to say the doctors wanted dad's living will. I had a chill. I faxed the living will, dropped whatever the project was, and jumped in my car for the drive.

Having had to make many phone calls and visits to hospitals with my dad over the years, I had learned a very helpful trick that had served me well on numerous occasions. I would introduce myself on the phone or in person as Dr. Lyter, Willard Lyter's son. Although both parts of that statement were true, I knew medical personnel would draw the inference that I was a physician, not a Ph.D., and they would respond to me more quickly, fully, and professionally than they might otherwise. When I arrived in the emergency room and announced who I was, the nurse said she had just come on duty and had report, but didn't remember hearing report on Willard Lyter. Knowing this particular E.R. quite well, I didn't wait for approval or any other help but began a search of all of the beds myself, asking the nurse to check the log for the day. I was sure he had died and I got there too late – guilt again. He was not in any of the E.R. beds. The nurse returned to say he had been transferred to Intensive Care before she came on duty; thus, she had not heard his name. I sprinted there, introduced myself to the nurses on duty, and was directed to his room where I found him and my sister. It was readily apparent to me that this was going to be the end. As my sister had been caring for him throughout the day and had to go to work the next morning, I suggested she go home to get some rest, that I would call her should there be some new word.

Dad was conscious and alert. We were able to talk and visit with each other, but he looked worn out. It seemed he, too, realized this was going to be the end. The next day and a half are somewhat jumbled in my mind in terms of the exact sequence of events, but at some point while dad was sleeping, I walked out into the hallway just to stretch a bit. At that time, his cardiologist walked down the hallway and asked how both dad and I were doing. Having been my dad's physician for many years, having seen dad just a few days earlier in his office, and having just gotten report from the nurses on dad's current condition, he simply shook his head "no" when I asked if he wanted me to wake dad so he could examine him. He said not to wake him and that he wasn't even going to see him; there was nothing left to do for him.

The doctor and I had gotten to know each other rather well over the years, both in the hospital and when I had accompanied dad to his office. He told me that he had placed the living will on top of dad's chart and instructed the nurses to do nothing more than relieve any pain he might experience. Although he simply affirmed what I already knew, his comments had a true sense of certainty and finality that I was not totally prepared for, regardless of all of my earlier preparation and experiences. He had also told the nurses that any decisions were to be made by me. I greatly appreciated his support in enforcing dad's wishes.

When not sleeping, dad continued to be intellectually alert. In one of his wakeful periods while we sat together, I told him that there was nothing more that could be done for him. He seemed relieved. I think he was accepting of his condition and was just too tired to fight any more. He had been fighting to stay alive for thirty-eight years. He might now finally get some rest from the fight.

My sister continued to come to the hospital whenever she wasn't at work, but I would suggest she go home to sleep at night. On that last night, the forecast was for a heavy snow in the area, so I again suggested she go home. I would stay with him through the night.

During that evening, while dad was awake, I was sitting next to his bed holding his hand. It seemed to me that he was just too tired to continue the fight and was simply waiting to die. At that point I kissed him and I said, "I love you. There's nothing more I can do for you." He said, "I know." Then he died.

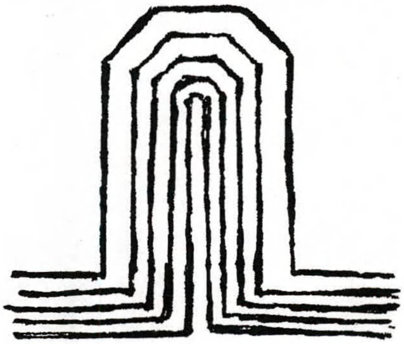
On reflection, I realize that he and I had given each other gifts that night. I had given him "permission" to die. I think he was ready, but he was still being the caregiver for his child; he had to know that I, too, was ready. I took that burden from him. He gave me the gift of unloading the "weight" of the living will.

Knowing that he didn't want anything done to revive him, and even though I knew the doctor had given specific orders to the nurses not to resuscitate him, I sat there with him for a while until I was fairly certain he had died. Then I walked to the nursing station and told the Nurse Manager and the Shift Nurse that I thought my dad had died. They responded as I had hoped they would, getting up out of their chairs at a normal speed and walking, not running, to dad's room. The Nurse Manager put a stethoscope to dad's chest and said, "Not yet, hold his hand if you want." The two of them sat there quietly with me for the next several minutes while I continued to hold his hand, kissed him again, and said "I love you." The Nurse Manager checked his heart again and confirmed that he had died. The two nurses let me stay while they closed his eyes, covered him with a sheet, and made other necessary arrangements.

After that, they walked me to the nursing station where they called the necessary hospital personnel to report his death. They helped me complete the required paperwork and asked if I needed to call anyone. I called the cremation society to notify them of dad's death, and then I called my sister. As the expected snow had come, essentially in the form of a blizzard, I told her to stay home as there was nothing she could do at the hospital; I would drive to her house. It was past midnight when I got there, and we spent the rest of the night talking and, somewhat surprisingly, laughing at some of the reminiscences. The groundhog was mentioned several times.

I had a long time to prepare for my dad's death and felt confident that I would be able to do the things he needed me to do to protect his wishes when the time came. I also felt confident that I was emotionally prepared to accept his death; after all, I provided workshops on dying and death and have helped hundreds of social workers and other professionals examine their own feelings on these issues in preparation for working with clients and their families. I succeeded admirably with the first, not so with the second. I learned that no amount of preparation and no length of forewarning is enough to make this transition to acceptance easily. The finality of the death must still be dealt with.

It has taken me a long time to finish what I started writing the morning after my dad's death. My sister and I reminisce often, and I still find myself overcome with emotion at unexpected times and in unexpected circumstances. I miss him greatly. A recent commute found me overcome with emotion, and my eyes filled with tears as thoughts of him rose to the level of consciousness. These reactions have allowed me to gain better insight into my own reactions to a loved one's dying and death and, I hope, better able to empathize with others in similar circumstances. I believe they will help me be a better social work educator, trainer, and clinician. Intellectually, I have always known that such reflections were crucial to professional development. I'm still working on the emotional aspects.



LINKING CLASSROOM TO COMMUNITY: THE ELLIOTT SCHOOL PROJECT

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This narrative describes a service learning component of a course in macro social work methods at the undergraduate level. Although I have been teaching for 16 years and have always tried to involve students in experiential learning, I took a leap of faith and asked the students to design, develop, implement, and evaluate an after-school study club at the most diverse elementary school in Lincoln, Nebraska.

Social work educators frequently struggle with techniques to bring the printed page to life. Some courses make this task easier, but a course in macro social work methods does not lend itself easily to bridging classroom and community experience. The core knowledge, values, and skill bases of macro methods are accessible through observation, i.e., visiting a legislative hearing, attending a school board meeting, or working with a program director about budgeting issues. As an educator who continually seeks new ways to provide maximum opportunity for community involvement for baccalaureate students, I developed a program for heightened, ongoing community involvement, and the excerpt that follows demonstrates that program.

The social work program at Nebraska Wesleyan University in Lincoln, Nebraska, is a small program with approximately 30-35 majors. The typical class size is 12-15 students. Since Lincoln is the capital of Nebraska, the program has access to the state legislature, many state boards, the state penitentiary, and other state level institutions. While visiting these agencies and programs certainly has its benefits, my goal is to find ways for students to experience firsthand such things as chairing a meeting, planning a program, developing a budget, networking. An equally important concern for me is to increase the opportunity for students to experience diverse clientele. Lincoln is not a city with great diversity. It is present, but one must intentionally develop ways to make the contacts happen.

The macro methods course comes at the end of our practice sequence, so a setting that accommodates individual, family, group, and agency interaction is ideal. The school that has the greatest amount of diversity in Lincoln is Elliott Elementary School. It is what would be called an inner-city school if Lincoln had such a thing. Elliott is approximately 86% nonwhite, has a great number of single-parent families, and has high rates of familial poverty. In addition, 26 different languages or dialects are spoken at this school. Elliott has developed many ways of working with its diverse population, such as its clothing store. If a student comes to school without mittens, the clothing store will find a pair that fits. Obviously, however, there is much to be done in an area with so many needs. A school-community partnership is critical to the development of positive relationships between school and home, school and child, and parent(s) and child.

A retired colleague mentioned to me that Elliott might be a wonderful site for our social work students. He had discovered this opportunity through a conversation with an assistant principal at Elliott. With the agreement to participate from the 13 students in my macro class, called Community Organization, Planning, and Administration, I decided to design the course around an actual project that would allow total student involvement and minimal interference from me as instructor. I have had a career commitment to experiential learning, but in the past have fully developed projects and activities. Thus, the only unknown prior to this experience was the way in which the activity or project would unfold. In this case, I took a leap of faith and asked students to do everything that I typically would have done in the past. I honestly don't know exactly why this idea took on such meaning for me, but it seemed to be a natural fit between my needs for academic content, the students' learning needs, and the school's needs. This format helped me to accomplish the goals of the course but also required some different pedagogical skills from me.

My role changed from hands-on designer and developer to consultant. A critical piece of this role change was the development of positive relationships between Nebraska Wesleyan University and the entire community left primarily to the students in my class. I needed to encourage a sense of professionalism about this activity from the outset. Further, I lost control of the activity in the sense that it was no longer "mine," but the project was now "ours." This change alone meant that I had to think quickly and use every ounce of education and experience in design and development that I possessed. Had I not had experience, I think the entire project would have been nearly impossible to achieve.

The text (Brueggemann, 2002) and workbook (Kirst-Ashman & Hull, 2001) used for the course provided a supportive framework for experiential learning. The first few weeks of the course consisted of defining the place of macro methods in social work, understanding planned change, linking the code of ethics to macro practice, and interfacing micro and group skills with macro practice. In addition, understanding generalist macro practice was emphasized. At that point, the class began a discourse regarding the nature of the project they were to develop. The macro students decided to invite an administrator from the school to speak to the class about the school and what needs were perceived at least from an administrative perspective.

An assistant principal visited the class the following week, discussed current programs, e.g., the YMCA, 4-H, Boy and Girl Scouts, and suggested the idea of a before- or after-school study club. She indicated that many students did not have their homework completed for a variety of entirely understandable reasons: their parents did not speak English and could not help; their parents worked during the evening shifts and they had either sitters or older siblings who did not emphasize homework completion; some were too tired or hungry or cold to do their work. Due to the school-breakfast program, many students arrived early, so she felt that a before-school program might work better and wouldn't conflict with the after-school programs. She welcomed our participation and offered full cooperation and assistance in any way possible.

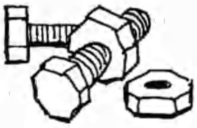
After the principal's visit, the students discussed the merits of before- and after-school programs. They certainly had not had a study club in mind—they were thinking along the lines of entertainment, games, and popcorn! Neither the times nor days suggested for a before-school study club fit the schedules for the students in my course, so it became clear that class time would be used once weekly to carry out the study club at Elliott. Needless to say, this was an unexpected development for me. I suddenly had to figure out how to fit the necessary academic elements into the time allowed. Ironically, the project itself allowed this to happen. Examples will be given later.

I divided the project into four stages. The first was planning, the second was development, the third was implementation, and the final was evaluation. I required a three to five page paper for each stage. A summary of the activities of each stage follows.

The Planning Stage

The fifteen students in the macro methods class began planning by brainstorming. From this process, a general framework of the after-school study club began to emerge. In order to evaluate the project, the students developed a mission statement: "The Community Organization, Planning, and Administration class at Nebraska Wesleyan University (joint program with Union College) will facilitate the transition of Elliott Elementary School's 5th and 6th graders to junior high by providing an after-school study club to encourage good study habits. Goals include developing positive relationships between students and adults, helping students develop good study habits, and creating an ongoing partnership with Elliott School." Role responsibilities and time frames for accomplishment were negotiated. My responsibilities at this point were to point out the need for parental permission slips and to plan a visit to the school to discuss the program with the various elementary teachers. As part of this instructional process, I developed an in-class activity that emphasized writing goals and objectives, which allowed analysis of the link between goals and objectives and evaluation.

Students were assigned or volunteered to do such tasks as contacting area grocery stores for donations to be used as snacks, writing the parental permission slip, organizing the visit to the school (the student from my class who did this eventually became the necessary liaison once the students learned that one person needed to be the primary contact), and seeking activities or games that could be used to interact with the elementary students when their homework was completed. The planning stage took two weeks. I have to say that I was fairly nervous during this stage. I watched as students struggled to find snacks, worried about experiencing such great diversity, and feared "failing" to accomplish our goals.



The Development Stage

This stage of the after-school study club project is the "nuts and bolts" of the undertaking. Elliott Elementary School is part of the Lincoln Community Learning Center project. Benjamin Zink, a liaison representative from the YMCA, is the director of the Elliott Center. The student for the macro methods class and Mr. Zink were in constant communication. Expectations for student behavior (both Elliott Elementary and macro methods), school procedures in case of emergency, dismissal regulations, and other such detailed guidelines were transmitted to the macro methods class. Attendance registration was required both for the elementary students and for the macro methods students. Due to the large number of potential students in the after-school study club and the small number of social work students to work with them, only 5th and 6th graders were targeted for participation. Letters requiring parental signatures were given to all students in those classes. Students were not allowed to participate unless they returned a signed letter. There was a potential of 120 students who might come to the first session, but Mr. Zink assured us that so many were involved in other activities that we might expect only15 or so. The program was designed, rules were in place, and roles and responsibilities were distributed.

The Implementation Stage

The macro methods students arrived at Elliott expecting 15 students. Although not quite that many participated, the students reported that they had a good first session. Part of the following class period was used to troubleshoot issues. Several things emerged. First, there was a no-snack-in-the-room-rule which had not been discussed. Second, the elementary students had to leave the building first, then return for the study club. Role boundaries were also discussed. One macro student overheard a conversation between a student and teacher that concerned her, and she didn't know where to go with her feelings. Also, several macro students were overheard making statements to the elementary students that were clearly insensitive. An example was a conversation about how cold it was outside and that the macro student was glad he/she didn't have to walk home in this weather. The elementary student, of course, *did* have to walk quite a distance to get home. A student came to my office and privately divulged this information. I remember thinking that I needed to address this in class but certainly didn't want to alienate either the student who told me or the student who displayed insensitivity. I had time to think about it before the next class which was time much needed. I decided to teach by example.

I told the macro social work students a personal story of my own insensitivity that reinforced one of my most important "educator messages"—assume nothing. I was working in a weight loss center during the summer and talking with a potential client. This potential client wore ragged jeans and a stained t-shirt. The weight loss program required a prepayment of hundreds of dollars, which I assumed this person would be unable to afford. Well, this person was very wealthy and plunked down the entire cost of the program. I segued from this story into the need to remember that our lives have been different from many other people with whom we will work. We always need to be aware of what we are saying and how we are saying it. The student who had told me privately of the insensitive conversation actually disclosed to her classmate her concerns about what had been said. The offending classmate acknowledged the concern and a raised consciousness of diversity regarding more than race or ethnicity. While it was difficult to address these issues in methods class, I forced them throughout the semester to monitor their own progress. This monitoring process became part of the content for the required paper for each phase.

At one point, the situation was really tense between the person who had emerged as the study club-methods class liaison, one ally, and other students in the methods class who were not perceived as doing their fair share of the interaction and work. I left the room until the social work students resolved their difficulties. I received an e-mail that had been sent to all macro students after that class session. The e-mail not only summarized the meeting, but also demonstrated the need for open communication. This open communication continued throughout the rest of the semester. In fact, macro students were able to address each other directly with their concerns and observations. Conflict management and resolution were not planned according to the syllabus, but actually experiencing and acquiring the skills was an unexpected gain. Even the quietest student in the macro class was involved in this process.

Hearing the students begin to discuss their observations about the elementary students and their progress convinced me that both sets of students were benefiting from this effort. The social work students had taken ownership of their project and had enormous pride in their activities. The snacks were donated; in fact, donations exceeded the need for the semester and were saved for the second semester. One organization in Lincoln gifted each elementary school after-study club student with a game and a CD at holiday break. The macro methods students wrote thank-you letters to all the organizations involved in providing snacks. The implementation stage lasted only six weeks, but the carryover effects were enormous, as the evaluation phase demonstrated.

The Evaluation Stage

As one student wrote, "We began our evaluation procedures when we set up our mission statement, goals, and objectives." The evaluation stage consisted of asking members of the macro class, elementary classroom teachers, and elementary students who participated in the study club to complete questionnaires. The first goal was to develop positive relationships between students and young adults. When asked what they liked best, the elementary students said "talking to the helpers," "the student helpers," and "the people who helped me with my homework." All responded that "yes" they liked the people with whom they worked. A teacher who was away on maternity leave for most of the program heard about it from her students and spoke highly of the positive relationships she saw.

The second goal was to help students develop good study habits. All elementary students responded that the study club had helped them with their homework. The teacher who had been away on maternity leave noticed an increase in homework completion.

The third goal was to create a partnership between Nebraska Wesleyan University and Elliott School. This was accomplished, and plans were made to continue the program during an introduction to social work class the second semester.

The macro methods students were administered an additional survey designed to assess their opinions of the program's success and their own level of learning during the project. Five students felt that the program was fairly successful, and seven felt that the program was successful. No one felt that the program was unsuccessful. When asked what they gained from this experience, some macro methods students referred to learning about programs and planning, implementing and evaluating, while others targeted teamwork, appreciating diversity, and being able to help someone. Some of the responses follow:

- The importance of working together and pulling our own weight.
- An appreciation for the leaders and organizers "behind the scenes" to keep the program running.
- Deeper look into these children's lives and what it is like growing up for them—totally different than my own childhood.
- That in a short period of time, a great relationship can be formed.
- Commitment.
- It made me realize more kids need a program like this in their school.
- I gained the understanding that not everyone feels responsible for a program that we developed.

One student wrote in her evaluation phase paper:

> *I really enjoyed being a part of this program. I will be honest. I thought that this was going to be easy when you first suggested this idea at the beginning of the semester. I never realized that it was going to take up so much time and effort. I also never realized that it was going to be so difficult to make this a class project. I assumed that everyone would be "pulling their own weight," but that was a wrong assumption on my part. That did cause the process to be a little frustrating at times, but I have learned more that way. In the real world, things like this are going to happen all the time, and I feel that I will be better prepared for it when it does. Thank you for giving me this experience.*

After the formal surveys were conducted and summarized, the macro methods students addressed issues that were important for the second-semester class to consider. We had a brainstorming session where we identified concerns and did a cost-benefit analysis of the options generated. The first concern identified was that there was not enough time to work with the students if snacks were a continued part of the plan. All students felt that snacks needed to be included. Many options were addressed, but a consensus led to the proposal to talk to Mr. Zink about two options: allowing the study club participants to be released from their regular class a little early, and extending the time the study club met by 15 minutes. Two people volunteered to talk to Mr. Zink about these options.

The second concern was that the students who participated in the study club were those who tended to be conscientious about their homework. The macro students were concerned that we weren't reaching the population we had targeted. The options discussed were to talk to teachers to get referrals for students with greater needs or to enclose invitations with the "need for improvement slips" ("downslips") that teachers send to elementary students and their parents.

We invited Mr. Zink to class to discuss our concerns with him. Ironically, he informed us that the students who came to our study club participated in no other after-school socialization programs. We appeared to be serving a very important function for these students since they had little opportunity to increase their social skills. Meeting for 15 minutes longer was a workable option, so plans were made to extend the meeting time for second semester.

Summary and Conclusions

Service learning can be a powerful experience. In this particular case, even though there were some difficulties along the way, I would have to say that the experience was meaningful in ways that cannot easily be measured. I believe that the students gained carryover skills that will serve them well in the real world. There are some issues that any instructor of such a course must address, however. First, for this particular class it was important that the planning be part of their experience. This part of the process was probably the most difficult. Making certain there is a shared vision is critical. I am not certain that I was entirely successful at accomplishing this, but I do think it was beginning to happen. Planning can be done in advance for a smoother project, but for these students, I required ground-up designing, development, and planning

Because this first class of social work students had so much invested in the after-school project, they were reluctant to hand their "baby" over to another class. In fact, several students volunteered to be the consultants for the project the second semester. This was an important link that provided continuity.

Second, it required great flexibility on my part. I had to be willing to give up class time but I also had to make sure that the students were using the material we would have covered. I did that by asking for examples from the project to fit the readings. I also had to be more of a facilitator than an instructor. Paulo Freire's *Pedagogy of the Oppressed* (1970) was the model I attempted to emulate. If one subscribes to his ideology, one works with the oppressed to hear their oppression and builds pedagogy from that basis. One engages in a dialogue with the oppressed so that change, action, and education emerge from that dialogue instead of from the top down as in traditional classrooms. I believe we succeeded in two ways by adopting Freire's model. First, we engaged the community with which we hoped to interact in a dialogue of discovery, aimed at determining needs and finding ways of meeting those needs. Second, by using the ongoing project as the framework for course content, learning needs of the students in macro methods class emerged as the project unfolded. This model greatly increased the social work students' responsibility for their own education.

Third, evaluation of the students became more difficult. I was purposefully absent from their sessions at the study club. I depended on them to take attendance. I required a paper for each major section of the project that included both scholarly support and personal evaluation. However, I believe that next time I will require journaling in order to gain more process information. There were distinct times during this process when finger pointing occurred, hostilities and misgivings emerged, and blaming was present. Yes, we dealt with these things openly in class, but I discovered when I read the papers that there was much left unsaid. Both those who were blaming and those blamed would have benefited from a vehicle to vent their feelings in a confidential manner. I believe that journals could also have been a useful personal tool of evaluating self-growth across the duration of the semester. If students had the chance to read the entire journal from beginning to end, they could have had a snapshot of their personal journey and of their journey toward professionalism, too. In order to evaluate these journals, I would have required a scholarly response to some piece of information from the course content and how it applied to the study club experience, as well as their process information.

Finally, I saw growth, personal and intellectual, occurring among the macro social work students from week to week. This is probably the single greatest observation I made from my advantageous position. Individuals who rarely spoke now addressed concerns openly. Persons who tended to dominate now listened. I think that I learned as a professor, too. I had been teaching for 16 years, but to me, every class is a journey taken by both students and instructor. I learned that I had to listen carefully to what was being said, to how it was being said, and to what was obviously absent from conversations. I had to think fast sometimes. When one chooses this sort of pedagogy, one is always leaving oneself open. I never knew where the content for the day might actually take us. I never knew from week to week what might emerge from the on-site interactions at Elliott School. I assumed that if there were any problems, I'd be notified. I discovered that this was probably true on an institutional basis, but it was not true for the macro students. They didn't really "tattle" on each other, but they needed little encouragement to air their concerns when no games were planned, or when someone was absent and an elementary student was then disappointed. The macro students walked around for a week with these issues which then erupted in the classroom!

Coalitions developed as a result of the time between class and study group. This time lag allowed people to get together and talk about each other and each other's performances. I liken this to making stew; it's not particularly ready to eat when the ingredients are first put together, but let it simmer for awhile and voila! This time lag and the resulting "stewing" of thoughts and feelings could be avoided, I think, through the use of journaling. I would also like to find a way to know in advance of class what the issues for the week might be. This might avoid the feeling of walking a tightrope I developed as the semester progressed.

As previously mentioned, I took the responsibility for formal communication between institutions, but the majority of deep and lasting experiences happened on site. One example that will stay with me forever is of a little boy who was exceedingly shy and alone at the start of the study club. Every week showed a huge change in this little boy, and he looked forward to the one-on-one attention he received. By the end of the semester, this little boy was laughing and interacting with other students his age. I wish I would have been there to see this too, but hearing the macro students describe this event was equally fulfilling for me. The tears in the eyes of the person telling the story were enough to convince me that social work was being done.

The study club was conducted second semester by a class of undergraduates who thought they might be interested in social work as a career. While not a part of this paper, the study club was equally valued in their experience. While I no longer teach at Nebraska Wesleyan, I believe the study club continues in my absence. This is a marker of success.

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MOVIE REVIEW: *LOST IN TRANSLATION*

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In *Lost in Translation*, writer and director Sophia Coppola presents us with the multifaceted experiences of two Americans, an older man and a younger woman, who briefly connect while staying in an upscale hotel in fast-paced Tokyo, Japan. The relationship they develop as two people with a sense of emotional disconnect from their spouses, and their individual reactions to the challenges of living in an alien cultural context trigger sadness, empathy, an element of humor, and much thought about life's rhythms and the human condition at different developmental and relational stages. The film blends human drama with glimpses of the Tokyo landscape and generates a wide range of reactions from the audience.

Bob Harris (Bill Murray), an American actor, has been brought to Tokyo to shoot a liquor advertisement. The pay is good and the stay will be short. Bob arrives in Tokyo with no knowledge of the Japanese language and of the Japanese culture and way of life. He seems bewildered as his translator transforms lengthy instructions in Japanese into terse, short sentences in English. Though Bob at times displays impatience with Japanese television programs and Japanese food, the Japanese with whom Bob interacts welcome and admire him. They want to have their picture taken with him; Japan's "Johnny Carson" invites him to be a guest on his popular television program. One wonders to what extent their adulation is a reflection of a national tendency to seek out Americans and all that is American.

Charlotte (Scarlett Johansson), a recent philosophy graduate from Yale, is in Tokyo with her photographer husband (Giovanni Ribisi) of two years, who is visiting on assignment. Charlotte is young, introspective, in search of a life goal, and unclear about the specifics of married life. What we see of her interactions with her husband raises questions about compatibility in their relationship. They do not communicate at the same level and they do not enjoy the same group of friends. From the window of her room at the top of the hotel she looks at the expansive, lively city below and feels alone. She walks the streets of Tokyo, pushed by hurried crowds, seeking human connection and understanding.

Things change for both Bob and Charlotte when they notice each other and begin spending time together. Their acquaintance is brief, but the time they spend together becomes their opportunity to acknowledge their disenchantment with their respective relationships, to express concern about each other, and to have fun with Charlotte's Japanese contemporaries, when they discover that music is the "language" that every one can understand. In Bob, Charlotte finds a father figure; a wiser man who eagerly shares with her his knowledge and insights about life and relationships. Charlotte's need to search, discover and understand what her life course might be like, leads Bob to the direction to question and explore where he is at in his own life course. Their feelings and attraction for each other are expressed and managed within the context of this father-daughter, older man-younger woman, December-May, relationship.

The movie's plot evolves in good sequence and the cinematography is impressive. The story of the two main characters might be anyone's story in a strange land and among people whose language and ways of thinking and living one cannot understand. The respect and mutual concern reflected in the relationship that develops between two persons from different generations are qualities that enhance one's appreciation of human kind. The American's responses to the Japanese ways can be lessons in the importance of cultural sensitivity and appreciation of difference. The film gives us a glimpse of Tokyo's cosmopolitan flavor and of the serenity one can discover in less populated, immaculately kept sacred places.

At the same time, part of the dialogue evolves slowly and creates moments of boredom. Some of the content is void of meaningful messages. Bob's facial expression mirrors a perpetual state of dreariness and one wishes to see more emotive fluctuations to what he experiences. Young Charlotte can be more vibrant with emotion and more eloquent in her brief interactions with her self-absorbed husband.

At the end, the movie is a good blend of East/West customs, human idiosyncrasies, and colorful landscapes that make it inspirational, entertaining, and somewhat ethnocentric. It is worth seeing.

SENSEMAKING

UNSOLVED CRIMES: THE AIR CONDITIONERS DID IT!

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On the face of it, France and Chicago wouldn't seem to have much in common. Yet while they don't speak the same language, they have had similar problems, and in one situation, problems which many would consider criminal. In France approximately 15,000 people died in a heat wave this past August. In Chicago, 700 people died in a heat wave in 1995. In both cases most of those who died were aged, and in many cases persons living alone, or left alone.

In both cases blame was directed in many directions. Some blamed the politicians, some blamed the electric companies, some blamed the victims, and in France, some even blamed the air-conditioners, or the lack of them (Tagliabue, 2003). Closer analysis however reveals more sinister causes: simply, the isolation of, and lack of concern for the aged and their lack of resources and of social capital.

Robert Putnam (2000), in his book *Bowling Alone,* made a strong case for the decline in our society of Social Capital that he sees as social connections related to mutual values: trust and reciprocity. The consequences of this deterioration have dire consequences for persons' well being and for a civil society. His book includes a massive collection of research showing the importance of social capital for health, stress, and as we will see in the Chicago and France heat waves, life and death.

Dying Alone

In France, the fact that the heat wave occurred in August, a time of mass migration by the French to vacation spots through out the world, meant that fewer medical and health services were available to serve those in need. Many families left their elderly relatives at home alone. After a steady period of 104 degree temperatures many, particularly the elderly, became ill and unable to care for themselves, with few connections to call on for help; and those in understaffed nursing homes died. Retirement home officials said that they were understaffed and accused the government of slashing their budgets (Associated Press, 2003).

One family postponed the funeral of a parent, because they didn't want to miss their August 15th holiday (Tagliabue). What social services were available to serve these persons, and what went wrong? We do know that, like their compatriots, there was a large exodus of doctors on August holidays. We will have to wait for the official report from the French government.

However, in the Chicago heat wave, we have a more complete picture of the causes, the consequences, and some clues on the extent of social work participation. In Eric Klineneberg's book, *Heat Wave: A Social Autopsy of Disaster in Chicago* (2002), he discusses, studies, and compares the community in which the highest proportion of elderly deaths occurred, with an adjacent community with many fewer elderly deaths. His data is revealing and depressing, and makes a case against isolation, illustrating the importance of connections and social capital.

He briefly compares two adjacent communities with a large proportion of minorities, one an African-American Community, North Lawndale (NL) 96% black, the other a Latino community South Lawndale (SL) 85% Latino. A few brief statistics will illustrate the large difference in the death rate of both areas. There were 19 heat-related deaths in NL, a rate of 40/100,000. There were 3 heat related deaths in SL, a rate of 4/100,000. The total deaths in Chicago were 521, a rate 7/100,000. (Klinenberg, p. 87).

As in France, the deaths were blamed on the Mayor, the electric companies, the lack of fans in many homes, and among other things, budget slashing. Many of the dead were found in rooms with the windows closed. Some in Chicago would not use the fans because they were concerned about the cost of electricity. Often the poor-elderly turned off their TVs to save money and were not aware of the "cooling centers" that had been opened throughout the city. This led to statements like those of the Chicago Human Services Commissioner: "We're talking about people who die because they neglect themselves…we did everything possible but some people don't even want to open their door to us." (Klinenberg, p.172). There were differences, officials noted: those seniors who were "hooked into the department of aging, the AARP, the senior clubs, the churches, they are part of that word of mouth network and they hear…such active seniors are also the people most likely to go to cooling centers on hot summer days or to call friends or local organizations to request support" (Klinenberg, p. 159). That is just one example of the importance of social capital. Those who were connected to organizations had more chances to survive.

Yet a major question remains: why were the death rates so different in the two communities? Both were almost entirely minority communities. Klinenberg suggests something like this.

The African-American community had a high proportion of empty stores, deteriorating and vacant housing, higher crime rates, elderly who feared leaving their homes because of crime, a lack of stores to shop, and was a community that was less connected with each other and was experiencing a continuing loss of population. It was a historically older community but in decline. Vacant houses and vacant land made connections with others difficult. The population in 1960 was 124,000. The population in 1990 was 47,000,

The Latino community, on the other hand, was a growing community with an influx of new residents, with many shops and person s less fearful of going out into the streets. Shops and market areas were crowded during the day and there were stores that were air-conditioned, which many of the elderly used during the heat wave. The population in 160 was 60,000, the population in 1990, was 81,000.

But the reasons why there were differences in both minority communities have deeper roots. Klinenberg noted comments by Chicago leaders, "North Lawndale became a 'wasteland', while Little Village (*SL*) evolved into a 'beehive of commercial activity' because of 'the degree of segregation' in North Lawndale." South Lawndale did not "experience the particular constraints of ghettoization" that some other African-American communities had suffered from over many years in Chicago."(Klinenberg, p. 115)

The complexities which had consequences for the heat wave tragedy were staggering, and I can only suggest you read the book

Where We Weren't

Surely at a time of such need, social workers would show up, perhaps late, but we would be there. There were organizations active in trying to arrange safe places for people, demanding better service and perhaps doing some counseling of the families who suffered from the tragedy, but what else? How visible were the welfare organizations?

We all know that services are under funded, that the poor and elderly often live in isolated areas and in public housing or single room hotels, that they are marginalized, even in the best of times. But let us consider that many live in areas where "social workers and case managers for the elderly were generally about making home visits to black residents of Chicago's most disreputable areas."

(Klinenberg, p. 156). But read on: "Some of the case workers I got to know, including many African-Americans, disliked working in these "no-go" areas because they believed that the risks to their personal safety were too high." (p. 156) The author continues: "Every agency I visited had adopted an informal and unwritten policy of making rounds in predominantly African-American housing projects, very poor black neighborhoods before noon, and some workers tried to avoid them after 10:00 A.M." (p. 157). Well, perhaps the less said the better. Except to note that this seemed to be the way the elderly in those communities also lived, with a fear to be out on the street at the wrong time.

Could social work have structured its services in a way that would have served the communities they feared? Could a temporary office in trailer been set up on one of those empty lots? Could social workers have made visits along with police to those living alone? Could they have ongoing lists of those living alone, and check with people by phone, if not in person? There was a need for connections with clients, with the police, with community leaders; all of these are social capital for workers and for clients. Social work has always been concerned with the importance of connections and its close links to mutual aid. We have stressed the importance of self-help and support groups. We have not dealt with how these connections can be linked to the external resources and mutual aid, crossing the boundaries to the external power. All workers and clients need the connections that will help them accomplish their goals. Workers can help persons develop needed connections.

Looking at France again, there were no external connections for the aged parents when the family left them to go on vacation. There were few connections external to the nursing homes that could aid when their staff left on vacation. "Many fragile people died alone in their homes." (Associated Press, 2003 p. 1). One might also assume many government officials were also on vacation and connections were thin there as well.

I am not familiar with group work resources in France, or of their social service system. We are not even sure what class differences might have existed that impacted the results.

What we know is that it was not the heat wave that created the problems. In both situations it was the social context, a lack of concern and services for the poor, the elderly, and the isolated, or, perhaps at worst, a lack of caring. Until we can overcome those problems, there will always be heat waves, and snowstorms, and floods, and hurricanes and other metaphors we can use to cover the real problems.

I wish it made sense to me!

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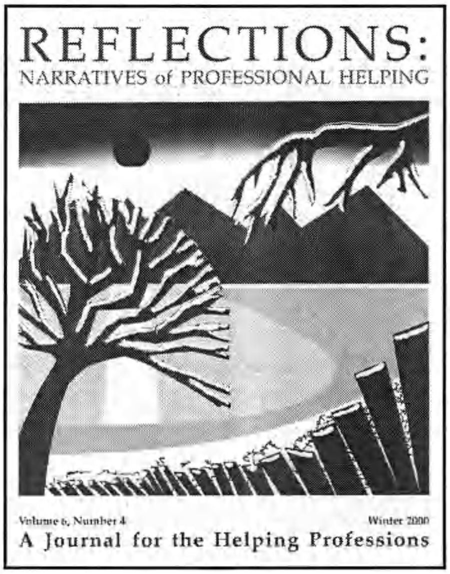

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Volume 6, Number 4
Winter 2000
A Journal for the Helping Professions

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Reflections: Narratives of Professional Helping (ISSN 1080-0220) is published quarterly by the University Press at California State University, Long Beach under the auspices of the Department of Social Work. Annual Subscription Rate: individuals, $40.00; libraries and institutions, $65.00; outside USA, add $15.00. Single copies: $10.00. Payment: check, money order, or credit card (Visa or MasterCard, please include number and expiration date). Please send to **REFLECTIONS: CSULB; 1250 Bellflower Boulevard, Long Beach, CA 90840-0902.** We remind subscribers to please immediately notify Reflections of address changes, providing both new and old addresses. Please allow six weeks for address changes to take effect.

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PRINTED QUARTERLY BY **THE CSULB UNIVERSITY PRESS**

Periodicals postage paid at Long Beach, CA.

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