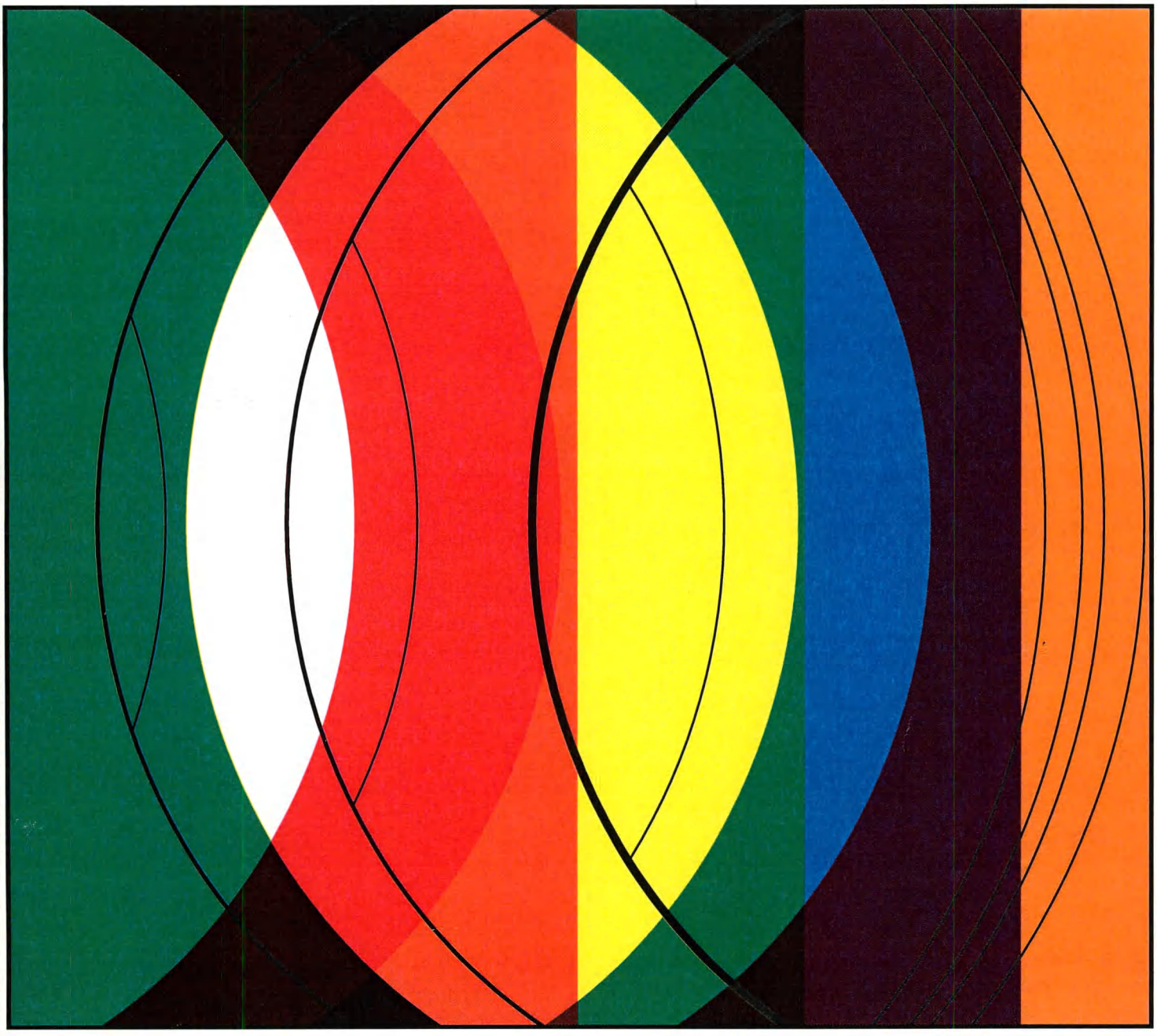
REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



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REFLECTIONS

NARRATIVES OF PROFESSIONAL HELPING

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NARRATIVES OF PROFESSIONAL HELPING

Volume 10 **Summer 2004** **Number 3**

Special Issue: The Worker with the Group
Guest Editor: Paul Abels, Ph.D., California State University, Long Beach, Department of Social Work

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INTRODUCTION: THE WORKER WITH THE GROUP

Paul Abels, Special Issue editor

Welcome to this special issue of ***Reflections***. It highlights social workers' practice and teaching related to work with groups for varied purposes such as social change, individual growth, community action, and policy development.

By an interesting coincidence, this past year celebrated the 25th anniversary of the Association for the Advancement of Social Work with Groups (AASWG). And an even more interesting coincidence, I was the chairperson of their first association symposium twenty-five years ago in Cleveland. In addition, my spouse, Sonia L. Abels, the Founding Editor of ***Reflections***, was active on the planning committee. Taking coincidence a step further, recently I was elected national president of the AASWG. That's an awful "much" for one paragraph.

The articles in this issue present a varying approach to work with groups, supporting workers and aiding students to understand the value of the group as a helping mechanism.

Professor Alex Gitterman discusses colleagues important in shaping his own career and their contributions to the field. Alex, an exceptional educator, is the author of many books on group work, a marvelous leader in social work, and a person I learned a great deal from.

Professor Emeritus Murray Gruber's article offers his reflections on the impact of clinical practice (individual and group): how it influenced the direction of the profession and the consequences. Ready for another coincidence? Murray and I worked together at a Children's Psychiatric Hospital on a project to train nurses to work with groups. He was active in community organizing and chaired a committee for the Cleveland NASW on Discrimination in Public Housing, of which I was a member.

Janice R. Gagerman, a professor at California State University Sacramento, writes of how a teacher can use the group to aid students. She helps us look at the process from idea to fulfillment. In it we see the electrifying results of a group worker at her best.

In "The Death of a Hero," professor Janice Andrews-Schenk of the University of St. Thomas, presents a moving, poetical, and candid tribute to the person she saw as a leading hero: group worker Gisela Konopka, who died this year. It is an exceptional glimpse of this pioneer in the profession.

I have included my article as well. It examines some of my experiences with groups in which activities play an important part in the process of working to help the group achieve its purposes. The range of groups includes children, public housing, residents, a summer camp experience of adults with disabilities, and police officers.

The finale of the issue is an oral history of Chauncey Alexander interviewed by Professor Joshua Miller of Smith College. Chauncey was the former Executive Director of the National Association of Social Work. He is an active member of AASWG and worked with countless groups and committees over the years. The oral history celebrates the work of this outstanding social worker and citizen.

As an encore the issue concludes with Professor Agathi Glezakos' address to the graduating MSW Students at California State University at Hayward in June of this year.

CALL FOR NARRATIVES

SPECIAL ISSUE

WORKERS, STUDENTS, FACULTY, AND RESEARCHERS DISCUSS

The REWARDS, FRUSTRATIONS, challenges, and TRIBULATIONS of doing research "On the Ground" in social work settings.

Reflections is seeking narratives that explore worker, student, faculty, and other researchers' experiences in designing, executing, or participating in studies carried out in social work agencies.

Narratives may address

- experience in any or all of the stages of research, including problem formulation, design, execution, analysis, dissemination and utilization.
- any type of study, including exploratory, descriptive or causal. Narratives that report experiences in evaluation studies, including needs assessments, process/implementation evaluations, outcome evaluations, or cost analyses are particularly welcome.
- studies using quantitative, qualitative, or mixed-method approaches
- studies carried out using traditional, participatory, action, utilization-focused, theory driven, or other approaches or combination of approaches
- research carried out in single or multiple sites
- studies in any field of practice
- studies that had positive, negative, null, or mixed findings
- studies in which the narrator had satisfactory, mixed, or unsatisfactory experiences

Address inquiries to:

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Manuscripts are due no later than **MAY 1, 2005.** Early submissions are encouraged.

Mutual Aid/ Support Group Work Project for MSW I Students: An Exciting Endeavor

Janice R. Gagerman, Ph.D., California State University, Sacramento

This article discusses a program that MSW II students in a graduate curriculum organized and how they facilitated mutual aid/ support groups for entering MSW I students. It describes the events, processes, what and how each step occurred, and analyzes the reactions and responses from both the student group members and facilitators.

Introduction

A major passion of my 28-year career as a social worker has been organizing and facilitating support, mutual aid, and treatment-oriented groups. Group work represents the essence of social work practice: one must employ the full range of interventions on the micro, mezzo, and macro levels for a successful outcome, both for the social worker and most importantly, for her group members and/or communities. Group work also represents various opportunities to educate, lead, collaborate, help members cope with stressful life events, develop clients' awareness of their interpersonal and internal functioning, change behavior, increase members' social skills, and improve the daily lives of clients, families, agencies, and communities (Toseland & Rivas, 2001). This article will present one of the most exciting group work programs I've ever initiated and became a part of, utilizing every skill, knowledge base, strategy, strength and intensity of my personality, identity, and sense of self as a social worker and professor.

History

Since receiving my MSW in 1975 and Ph.D. in 1991, I have organized and led a multitude of groups for adolescents and adults with a variety of presenting problems: youth with legal constraints and gang affiliated activities; survivors of trauma-related groups including molestation, physical violence, childhood abuse, neglect, incest, and/or domestic violence; single parenting, married couples, in-patient adolescent and family group therapy, and, of course, support/ mutual aid groups. Each experience had a unique quality, not only because of the particular focus, its members' demographics, its setting, duration, or gender-related themes, but also because of my own life experiences, energy, and career-related opportunities.

I received an appointment at California State University, Sacramento as an Associate Professor of Social Work in 1993. I asked for and have taught our Advanced Group Work Methods Course each semester since then. The three main required texts have included *Theory and Practice of Group Psychotherapy* (Yalom, 1995), *An Introduction to Social Group Work Practice* (Toseland & Rivas, 2001), and *Group Work with Populations at Risk* (Greif & Ephross, 1997). I required further readings, mainly from *Social Work with Groups* and the *International Journal of Group Psychotherapy*. This literature provided a broad spectrum of various theory bases from which to practice group work and group psychotherapy. Requirements included a midterm, a final paper, and attending a support group during class time from weeks five through fourteen for the last two hours of each three-hour class period. Students' evaluations consistently reported being in a support group as one of the most rewarding experiences. Comments included:

"The class was one of the best I've ever taken. Thank you for the opportunity to be in a group. It really drives the theories home when you see them unfold in group....This class was great!"

"I have found myself using the theories and philosophies in my own (support) groups...I was nervous about facilitating in front of my colleagues but now I am SO GLAD I did."

"Groups were a great experience."

"I know how to express myself now and am in tune to others' feelings and am interested in others' feelings."

Beginning of Support/ Mutual Aid Groupwork Project for MSW I Students at California State University, Sacramento – Spring, 1999

Towards the end of the Spring 1999 semester, many students reported how valuable being in a mutual aid group (Gitterman & Shulman, 1994) would have been had they had this opportunity during their previous semester as entering MSW I students. This led to brainstorming discussions, arriving at possible strategies for a program which would meet the needs of the next incoming cohort of MSW I students, to provide advanced training in group work for these current students during the Fall 1999 semester of their MSW II year; and receive credit toward their MSW degrees by organizing and leading the groups for the incoming MSW I class.

The excitement was contagious. Eight students requested that I discuss this possibility with the current chair of our Division, Dr. Joseph Anderson. Well known for his expertise and enthusiasm for groupwork, we met to discuss my proposal.

The Advanced Group Work Training Project

A. Project Purpose

1. To provide further training/ experience in groupwork for current MSW I students who have successfully passed Social Work 225 this last semester, Spring, 1999.

2. To provide support/ mutual aid groups for incoming MSW I students who so choose.

3. To provide EITHER:

a. thesis project for the MSW II students, i.e., engaging in some type of research regarding the support groups which they will lead

b. three units as elective credit towards their MSW II Fall, 1999 semester

B. Roles/ Responsibilities of Professors

1. Thesis professor of students' choice if MSW II student desires #3a above.

2. Dr. Gagerman

a. to assist in overall coordination efforts of MSW II students

b. to lead a consultation group every Wednesday from 11:00 a.m. – 1:30 pm. with the MSW II students who are leading the MSW I support groups

C. Qualifications/ Screening Criteria for the MSW II Students:

1. Complete Social Work 225 Spring, 1999, with a grade of "B" or higher.

2. Meet with Dr. Gagerman every Wednesday for consultation during the Fall, 1999 from 11:00 a.m. – 1:30 p.m.

3. Limit to 10 MSW II students.

4. Choose either Social Work 299 elective credit or Social Work 500 thesis credit for project participation.

5. Provide a vita and complete a questionnaire.

6. Needs to be available to lead the MSW I groups on Mondays, Tuesdays, or Wednesdays when the MSW I classes are

normally scheduled. Should be available for evening times also.

7. Needs to consult with MSW II faculty field instructor in field placement regarding flexibility in schedule so s/he can lead the support group on days normally required for MSW II field placement.

D. Activities/Tasks to Complete

1. Janice and Joe will write a one-page proposal and disseminate to the SW 225 Advanced Group Work class.

2. Janice and Joe will develop the questionnaire for the students to complete.

3. Janice will collect the information/ applications from the students by June 30, 1999.

4. If more than ten students apply, devise a rating scale to choose top ten.

5. Send out letter regarding acceptance to project by June 15, 1999.

6. Joe requests SW 500 thesis professors to begin work this summer for interested students.

7. Janice will send out correspondence regarding:

a. time lines for organizing groups

b. arrange action plan for support/ mutual aid groups to begin by mid-semester, Fall 1999

c. collect/ analyze data from support groups at end of project, Fall 1999

8. Janice and Joe maintain on-going contact and collaboration.

9. Consider presenting results and/or activities of groupwork project at Association for the Advancement of Social Work with Groups or at CSWE.

10. Write a pedagogy grant for continuing this activity (if response is positive) in order to release me from 3 units of time.

11. Check into space and time availability for rooms for MSW I groups during Fall, 1999.

Normally, my energy has been exhausted at the end of every academic year. Grading final papers, wrapping up committee work, planning for graduation, writing letters of recommendation for students, cleaning out my desk and file cabinets, advising/ mentoring junior faculty on plans for their publications and tenure/ promotion activities for the summer, and being available for extra office hours – all completely fill my life. However, at the end of this particular semester, I had a tremendous burst of excitement instead of the usual exhaustion. During finals week, I mailed a questionnaire to my eight interested students, asking them to return their responses by June 15, 1999. I asked:

1. Why are you interested in participating in this project?

2. What skills/ experience do you bring into this project?

3. What skills/experience would you like to learn from this project?

4. How do you see yourself, once you receive your MSW, using the knowledge and skills from this project?

5. Is there any other information you would like me to know about?

Five students returned the questionnaire, and ultimately four students became involved in the Advanced Groupwork Training Project. Over the summer I called these students to confirm their interest, plan our first meeting a week before the fall semester began, and inform them they would receive credit for this project as an independent study elective course, with my being the professor of record.

It has been my experience that ultimately the positive outcome of a group has always involved putting an extraordinary amount of time, effort, and creativity into the pre-group planning stage. This is the "macro" job of groupwork – organizing. My own intuition has always suggested that 75% of the work towards a successful group occurs during this time: building a strong foundation by attending to the multiple details of 1) advertising the

group, 2) specifying its purpose, 3) identifying recruitment procedures, 4) setting criteria for group composition regarding size, age, gender, race, parenting, and partnering status, 5) time and place, 6) agency representation, and 7) financial issues. Finally, a critical piece which is sometimes overlooked is the chemistry between people working together. I knew from the beginning that my four MSW II students, Adelle, Sheri, Patricia, and Rachel, would develop that chemistry, which would enable both emotional and educational growth from and for each other.

Organizing, Fall 1999

At our first meeting September 1, 1999, the five of us met for four hours, attending to the above items and examining every possible detail. As their consultant, I also attended to their feelings and encouraged their expression. They shared their anxieties, excitement, joy, concerns, fears of failure, and support of each other. I asked them to think about how they were feeling this time last year, i.e., beginning graduate school, which helped them appreciate how their future group members would be feeling and acting. I also reported that no matter how many groups I had organized and facilitated in my career, I too had similar feelings during this time of pre-group planning. I normalized their experiences, which brought laughter and relief for all of us. Finally, I emphasized the importance of the first "attachment experience" the MSW I students would have toward them, and to consider how they would want to begin recruitment for the groups.

The flyer we placed in every MSW I student mailbox addressed all the issues reported above in the pre-group planning stages.

The Division of Social work would like to offer you an opportunity to join a mutual aid/support group during your first semester in the MSW program. A mutual aid/ support group emphasizes emotional support, develops a sense of community and belonging, and provides a climate that encourages open sharing, common understanding, support and communication among its members.

During their first year of graduate school, many students have reported a need to assist them in their adjustment to the general experiences of returning to school; juggling their various responsibilities with families, work, and school; and general stress reduction. Your mutual aid/ support group will address these needs, and others.

The groups will:

1) be voluntary

2) maintain all values and ethics of social work practice, emphasizing confidentiality

3) be organized and led by MSW II students who have taken SW 225 – Advanced Groupwork Methods

4) be scheduled on days you are here for class: Mondays, Tuesdays, and Wednesdays

5) meet 90 minutes each week for a minimum of 8 weeks

6) number between 5 – 10 students

7) only require your time and commitment each week – no written assignments

8) begin during this semester, Fall 1999

You will be offered more information and an opportunity to sign up for these groups during September. Watch for details in your mailboxes. Please contact me if you currently have any questions. I look forward to seeing you and your participation in this project.

Dr. Janice R. Gagerman, Professor of Social Work Coordinator of Mutual Aid/ Support Group Project

The MSW II students (hereon referred to as group facilitators) then asked the MSW I professors with whom they had developed previous relationships to present this information and disseminate the above flyer and applications to their new MSW I students in their classes during the 2nd and 3rd week of school. Presentations were made in MSW I Practice, Human Behavior, and Policy classes. Ultimately, we found this to be one of the best recruitment procedures: making face-to-face contact with potential group members and, most importantly, having the encouragement and support of these MSW I professors in their classrooms. The application was kept short and assisted us considerably in formation of the groups.

MSW I Mutual Aid/Support Group Information

As you begin your MSW Program, you have the opportunity to participate in a Mutual Aid/ Support Group for first year MSW students. A Mutual Aid/Support Group emphasizes emotional support, develops a sense of community and belonging, and provided a climate that encourages open sharing, common understanding, support, and communication among its members.

During their first year of graduate school, many students have reported a need to assist them in their adjustment to the general experiences of returning to school; juggling their various responsibilities with families, work, and school; and general stress reduction. Your Mutual Aid/ Support Group will address these needs and others.

(Name and other fact sheet information at this point)

Groups will meet once/week for 90 minutes

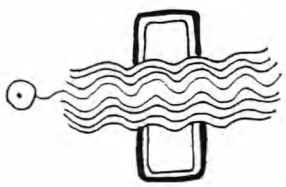
(A grid of 90 minutes periods which we asked the MSW I students to check regarding their availability)

Please return this information form by Tuesday, September 28, 1999 by 7:00 p.m. in the box on the table in the Student Mail Room labeled "Group work Project Applications."

A group facilitator will contact you by Wednesday, October 6, 1999. Groups will begin the week of October 11, 1999 and run for 8 weeks.

If you have any questions, please contact one of the four facilitators:

(In this part of the application, we gave the names, phones numbers, and e-mail addresses of Adelle, Sheri, Patricia, and Rachel.)



We hope to see you there!

After receiving over 42 applications, we met to divide up the groups, using criteria related to demographics of the students and, most importantly, which times they were available to attend. The facilitators then chose the times that best fit their own schedules and made personal contact with each possible group member. If face-to-face contact was not possible, phone calls were made. Various questions and concerns were addressed during the initial contacts, along with re-stating the eight items from the flyers. If a better

time was more suitable for the group member, the facilitator informed the group member that she would refer him/her and to expect a call from the facilitator of that time period. This process took five weeks and involved significant time and effort on the part of the facilitators in addition to our weekly meetings.

Thus, the pre-group planning stage and organizing the groups had ended. The mezzo work/ group work for the MSW I students was ready to begin. However, we were doing macro, mezzo, and micro work from the start of this process. We were organizing, we were meeting in our planning group weekly, and I was attending to the feelings/ experiences, providing supervision, and attending to the intrapersonal as well as the interpersonal processes going on within and between my four facilitators. I was also meeting with my colleagues and announcing the progress of this project during faculty meetings.

The Mutual Aid/ Support Groups for MSW I Students

Twenty-nine MSW I students committed to attend five different groups (Patricia facilitated two groups). Ultimately, twenty-three students attended beginning week 7 of the semester, October 12, 1999. Demographic data included twenty-one females and two males. Thirteen students identified themselves as students of color. Adelle's group of eight members, Sheri's group of two members, and one of Patricia's groups were all female. Before the first meeting, my own notes referred to twelve major categories which I reminded each group worker to attend to, consider, and/or watch for. Some would be more important for the beginning stages of the group, others for the middle and closure stages.

1. Introductions and check-ins
2. Reiterating purpose and organizational items
3. Gate keeping responsibilities (time, room arrangement, attendance, confidentiality)
4. Self-disclosure
5. Consideration for referrals to University Counseling Center if any personal issues of the group members require more in-depth individual attention by the Counseling Staff
6. Stage of development – attachment/ engagement with each other – and with you
7. Content
8. Affect
9. Behavior
10. Closure
11. Your own experience
12. Your recommendation/ considerations for next group session

Each facilitator chose an opening exercise for their first group session which facilitated interaction, allowing members to get to know each other and begin to find their commonalities. While re-reading the final papers of the facilitators, and my own case notes of each weekly consultation/ supervision meeting, I found myself smiling and just shaking my head at how each group, each facilitator's experience, and each weekly meeting exemplified mutual aid, support, and group work process. Curative factors (Yalom, 1995) were identified each week: universality, catharsis, instillation of hope, imparting information, existential factors, cohesion, and interpersonal learning during here-and-now experiences.

Higher levels of self-disclosure towards the middle and end stages occurred in four out of the five groups. Sheri initially expected five members to attend; however by the first meeting, only two group members showed up. She wrote,

"I was really disappointed that only two people showed up One of my guys dropped and I was concerned about the one guy left in my group…I don't know what happened to the others…The group went very well. We

did the sentence completion exercise. All were enthusiastic, honest, open, and shared easily. Universality emerged with each of us moving to Sacramento for school…I found myself very comfortable facilitating…I was affirmed at the end when the members said they were glad the group stayed small."

Sheri had only these two group members the entire eight weeks, while the other four groups had eight, four, five, and four members. I make this point because in the final evaluation, the students who participated did report having a positive experience. Patricia reported that one of her groups was not successful: lasting cohesion was never established and she could not determine what, if any, curative factors were at work within this disjointed group. She believed that lack of consistent attendance, subgrouping, maladaptive early self-disclosure, and character logical "splitting" by one member interfered with providing a positive experience for this group.

Middle Stage Topics/ Issues

While most group texts report that themes of power, autonomy, differentiation, and conflict are expected during middle stage processes (Anderson, 1997; Toseland & Rivas, 2001; Yalom, 1995), Schiller (1997) discusses the relational model of women's groups. Middle stages involve "establishing a relational base; mutuality and interpersonal empathy; and challenge and change." Adelle's women's group and one of Patricia's women's groups reported this experience. Adelle wrote that for her group, "there were no obvious group conflicts or friction… (but rather)…high levels of self-disclosure, emotional expression, and cohesion."

After initial stage trust building, members' middle stage themes included:

1. conflicts in intimate relationships
2. divorce
3. significant loss/ deaths of loved ones
4. alcoholism/ substance abuse in families of origin
5. pressures of school (amount of work, performance, expectations, papers)
6. field internships
7. content of social work classes provoking members' own personal experiences
8. life adjustments/ transitions
9. attachment issues
10. parenting stressors
11. pressures on maintaining current relationships
12. members' mental and physical health
13. juggling/ balancing all responsibilities
14. employment outside field internships
15. financial difficulties

Affective themes included:

1. tears
2. laughter
3. anger
4. anxiety
5. fears of failure
6. rejection
7. sadness
8. loneliness/isolation
9. excitement
10. overwhelmed
11. fear of failure about school
12. appreciation for each other

Closure, Evaluation and Results

At the final session of the eight-week groups, members addressed closure issues and were asked to complete a questionnaire. Shared feelings among group members and the facilitators were: 1) disappointment and sadness that group was ending, 2) enjoyment of the time together, 3) very meaningful, 4) family dynamics with holidays approaching, and 5) surviving the first semester of MSW school. Patricia's group decided to continue meeting the next semester with inclusion of one of Sheri's members. This speaks to the power of the mutual aid/support group process, along with Patricia's willingness to put

the time into this group, considering that her last semester of school is usually quite intense with thesis completion. Thus, this mutual aid group met for their entire MSW I year.

The questionnaire was designed to provide us with information regarding this new project. For purposes of this article, I have shortened the three-page questionnaire responses. N = 18 responses (five students did not participate).

MSW I Support / Mutual Aid Support Group Evaluation

(The first five questions used a likert scale from numbers 1 – 5, with 5 being "a lot.")

How helpful was the group in:

1. Reducing stress:
Mean = 4.24
2. Feeling connected with others:
Mean = 4.82
3. Allowing you to share experiences:
Mean = 4.83
4. Allowing you to share feelings:
Mean = 4.83
5. Your academic achievement:
Mean = 3.88

(The following two questions were asked for descriptive responses. There were eighteen responses to question # 6 and twenty-one responses to question # 7. I chose only ten responses from each question for purposes of brevity.)

6. Would you recommend this other MSW I students? Why or why not:

"Yes. This group was a great outlet and source of support emotionally and academically."

"Yes! The group was very helpful for me in reducing stress and showing me that I am not alone in the struggles I am going through – not only in school, but with relationships and life in general."

"Yes I would! The time the group allows you to process issues helps. You walk away released of stress and able to continue your journey."

"Definitely yes! It was a great way to work out personal problems and feelings and also to grow. I learned a lot about myself as well as group dynamics. It's a definite plus in experience for social work.

"Yes. Starting graduate school is a huge life change and anytime you experience change it is helpful to have others who share their experiences with students."

"Yes, it helps to define who you are, where you are going, and support for the stresses that accompany the first year."

"Yes...It's a validation of the overwhelming feelings of being in this program. Great source of support!"

"Yes, because many new students feel isolated and think they are the only person having difficulty with the program."

"I found this group wonderful - a must for all social work students."

"Definitely – to be connected to a small group who is going through the same experience was very comforting. We could share our victories and worries."

7. Do you have any comments regarding a) leadership, b) the group in general, etc.?

"The leader did a good job. She is very proficient at group leadership skills. I hate to see it (the group) end."

"I thought (name of facilitator) did a great job as the group leader – she is caring and respectful, yet she challenged us in our thinking and encouraged us to explore our feelings. She seemed to care about each of us and she seemed genuinely interested in us and our lives."

"Our group was awesome! I felt safe and part of a unit. The leadership was great – it provided a safe, trustful atmosphere. Thank you."

"I felt our facilitator was very knowledgeable and skillful. Just watching her taught me a lot. Also being able to see how dynamics of the group work (who becomes outspoken, who listens, who leads) was interesting and insightful."

"The leader was wonderful in facilitating the group and was unafraid to explore issues and admit when she goofed on a question."

"One member dominated (a bit too much), sometimes this was okay, but sometimes I was not able (no time) to say what I would like to say re: me."

"(name of facilitator) was a wonderful leader. She kept the group focused."

"Can't say enough about the experience – thanks!"

"It would have been better if more people had attended each session."

"I'd recommend this program to not only MSW students – but to others as well."

The five of us met to review and collate the data. While the facilitators internally "knew" the groups went well, their responses to the data were ecstatic; they felt tremendous, accomplished, gratified, and relieved. Comments from their final papers (a requirement for their receiving elective course credit) and implications of the findings included:

1. Groups were very meaningful for us
2. A bond, support, safety, and professional skills were largely built within the supervision group
3. All were sad supervision was ending
4. All shared respect for one another as social workers and as people
5. Sad this was ending, but also thankful for the time to put toward thesis, job hunting
6. Appreciated personal feedback and support, especially based on my disappointing experience with my group
7. This project was educational and emotionally rewarding.
8. I learned a lot about group planning and formation
9. It was great to be able to consult about the group every week to report questions and get feedback about the process from the other facilitators and Dr. Gagerman.
10. I observed firsthand how groups are dynamic entities and that a variety of intervening factors can influence whether or not a group develops cohesion, facilitates growth and offers support to its members.
11. I learned the importance of working the transference and seizing the "here and now" opportunities. The members reported back to the group how these interactions helped them understand more about themselves and each other.
12. Model for social work collaboration and collegiality.
13. Learning from each other was invaluable.

Presentation to Faculty: Spring 2000, and Recommendations for Future of Project

Adelle, Sheri, Patricia, and Rachel pre-

sented the Mutual Aid/ Support Group Project to the faculty of our Division of Social Work. They discussed and provided eight pages of all forms, handouts, organizational work, stages of group processes, demographics of students, group selection, curative factors, what each learned from the process, the questionnaire, data analysis, and implications of findings. Each provided her own personal experiences/ meaning and role of supervision. Recommendations followed.

1. Make it a permanent structure of the program, including 299 elective credit
2. MSW II students can be leaders of group
3. Peer-led groups with this model
4. Faculty support is NECESSARY from the very beginning
5. Have more access and time to present project to MSW I incoming students/classes
6. The Division of Social Work needs to sanction time off from field work for the MSW II students to organize the project and facilitate the groups (currently, the MSW II students are in field placements Mondays, Tuesdays, and Wednesdays – the days the MSW I students are in classes when their MSW I student groups meet)
7. Keep it as a non-academic experience for the MSW I students
8. Start groups earlier in the semester
9. Mutual aid/ support groups are needed for both semesters of MSW I year
10. Should have collected data from students who were not in groups

Continuation of Project from Spring 2000 Through Fall 2000

The faculty agreed the project was a success and many reported that it exceeded expectations; they did not realize how much work was involved and, frankly, were not aware of the significance of the groups for their students until seeing the results of the collected data. I took my team out to lunch and we celebrated a shared accomplishment. The glow and smiles on their faces, the laughter, along with recognition of their own creation of their mutual aid/ support group was inspirational for all of us. Even now as I reflect on that moment, I become teary eyed. This experience once again validates the importance of social work with groups that has become integrated in my lifelong professional work.

Following the recommendations and encouragement of our Division, I continued this project for another year. Changes made included:

1. Eight MSW II students (group facilitators) participating, and meeting twice on campus during the summer 2000.
2. Having these eight students meet with the incoming MSW I students during their required small group MSW I orientation sessions in August to present the project.
3. Having these eight students present the project a second time at the our Division's Annual Full MSW I Orientation/Welcome evening the Wednesday before classes began.
4. Having these eight students present the project in the MSW I HBSE, Practice, and Policy classes for a third time. By this time, the MSW I students had been informed three times instead of once as had previously been done.

Other than this, we followed the same procedures and received very similar findings as the first time: the qualitative and qualitative responses were nearly identical. The second set of data had an N=24 with slightly higher mean scores, along with adding a BSW group.

However, it is important to note the main difference which was the demographic characteristics of the facilitators and the group members leading five MSW I groups and one BSW group:

1. Eight MSW II facilitators led six groups (one was co-led)
2. One MSW II facilitator led a BSW group
3. Thirty-one MSW I students attended the six groups
4. Four BSW members attended their one group
5. Twenty-eight MSW I students were women; three MSW I students were men
6. Three BSW women and one BSW man attended their group
7. Thirteen MSW I group members identified themselves as "students of color"
8. Nineteen MSW I group members identified themselves as "anglo students"
9. One BSW members identified herself as a "student of color"
10. Three BSW members identified themselves as "anglo students"
11. Six MSW II facilitators identified themselves as "students of color"
12. Two MSW II facilitators identified themselves as "anglo students"
13. One MSW II facilitator was open regarding her lesbian sexuality
14. The groups began earlier and met for eleven weeks instead of eight weeks

What is significant is the multicultural/diversity aspect with this second series of groups. Hispanic, Hmong, African American, and Asian facilitators and group members were represented. For example, one group was co-led by an African-American woman and a Hmong male. The group members identified themselves as one Puerto Rican, one Black, and two Anglo – all women members, two of whom were parents. Another group was led by an Hispanic male with five women and two men, identifying themselves as one Chinese, one Chinese-American, one Hispanic, and four Anglo. A third group was led by an Anglo female and had five women members identifying themselves as one African, one African-American, one Hispanic, and two Anglo. A fourth group was led by a facilitator identifying her sexuality as lesbian, with six group members female: two Hispanic and four Anglo.

Being in small groups for eleven weeks, self-disclosing personal issues, sharing affective states, coming to each other's support and aid during times of stress and hardship became key components in learning about each other's cultural experiences, along with a shared history of discrimination/ marginalization. Empathy became a noteworthy feature for these groups, a quality that was somewhat different, but not any less, from that of the first series of groups.

Leadership/Supervision/Consultation for Both Years of the Project

It is critical to examine the role that supervision and consultation played in the project. In each of the student's papers, along with my own notes, comments were noted that lend themselves to the importance of leadership, especially when one begins a new program. How the leader uses and/or abuses her power, i.e., title, status, connection to resources, etc., can mean the difference between success and failure – whether it be in a neighborhood, a religious setting, a political organization, a huge bureaucracy, an agency, a new program, a long-standing existing program, or in a small group.

The supervisory relationship includes taking time to know your staff, offering clear instructions, providing a collaborative spirit, fostering a climate of collegial problem solving, discussing specific feedback, making suggestions, and arriving at mutual expectations (Brody, 2000). Consultation can be a component of supervision, yet implies equality in roles, and is more often than not freely sought (Bernard & Goodyear, 1998).

Thoughtful supervision and consultation on my part both required an added dimension to the success of this project. Foremost

in my mind was to allow the students their experiences. I reported numerous times that this was their project, their work, their groups, their learning – and for them to internalize that it was their hard work that led to the positive outcomes. It was their ideas on how to proceed, their organizing, their presentations to the MSW I classes, and their excitement, initiative and energy which would be most influential with their colleagues – not mine. I made sure they knew that they owned/designed the project, not me. During the pre-group and planning stages, I concentrated on remaining "backstage," yet I was very clear in my role: to lead them in their creativity and to use my connection to resources, my experience, and my knowledge in whatever was necessary to complete their work.

Once the groups began, my clinical supervisory role added to the above-mentioned activities on which I concentrated. In our weekly two to three hour meetings, we addressed a multitude of issues:

1. Co-leadership
2. Facilitators' anxiety
3. Transference
4. Counter-transference
5. Parallel processes
6. Role conflicts (both facilitators and members were MSW students)
7. Working alliances
8. Gatekeeping issues (attendance, time)
9. Facilitators' styles of leadership
10. Their own reactions to my feedback/ colleagues' feedback
11. Subgroup among group members
12. Group conflict
13. Relational/intersubjective interactions
14. Cohesion in groups

The facilitators' comments in their final papers (from the second year of the project) reflect many of these items:

"First of all I learned how difficult groups could actually turn out from Lynette's and Serge's experience. From Cathryn's group, I learned what if felt like to have a monopolizer in the group. From Alberto and Fong I got a picture of what co-facilitating would look like."

"Supervision was important to me. I learned about silence in the group, and how to give members their full time in the group...I learned how to use here-and-now techniques and what intersubjectivity was all about. Consultation was very important to me because I was validated as a facilitator and was positively reinforced when I had done a good job. I also learned when I made mistakes, but was never attacked for my mistakes that were made. I was always encouraged and assured that I was doing a good job. I left consultation feeling as though I could be effective in my next group session."

"The consultation was helpful to normalize some of the thoughts and feelings I experienced during the group process. Additionally, situations came up in my group that we just discussed in consultation, so I felt more comfortable and confident handling the situation. Additionally, consultation served as a support group and an opportunity to learn at little more about fellow MSW II peers."

"Consultation was a time I looked forward to each week. I learned so much from my classmates and their experiences. Dr. Gagerman modeled how to run a support group by how she facilitated consultation. Not only did this help me with my own group, it also made me feel closer to my classmates...much of my learning came from feedback from my classmates and Dr. Gagerman. It was helpful to hear my classmates' point of view about dilemmas I was having."

Conclusion

After this second group of students reported their findings and made their final presentation regarding the Mutual Aid/ Support Groupwork Project at a faculty meeting, they reported a shared vibrancy, an excitement, and a sincere, warm-hearted caring for each other. The results were nearly identical to the first set of data except for the number of groups and students participating. Exhaustion was also prevalent, most definitely on my part. I offered my time without pay nor was I given release time for both years, but I was given less committee work for my efforts.

What is clear to me is the power of the group process – the mutual aid, the support, and the overwhelming positive experience each participant had: the facilitators, the group members, and I. All methodologies of group process occurred throughout the project: macro, mezzo, and micro interventions. In addition, my MSW II students realized that our weekly supervision/consultation meetings were a formation of their own mutual aid/support group – and the education and modeling that occurred for each of them regarding group dynamics were outstanding opportunities to experience and learn from each other.

Implications for Social Work Education

What is considerably important for social work education is that many of our own students come into our programs with very similar issues presenting problems for which our students see clients in their field agencies. We cannot ignore this significant matter, both as educators and as social workers. Finally, in a recent issue of *Social Work With Groups* (2003), Kurland and Malekoff's lead editorial expresses their concern regarding a longitudinal study examining publication rates of doctoral-conferring schools of social work, which did NOT include the *Social Work with Groups (SWWG)* journal nor the *Journal of Community Practice (JCCP).* After inquiring as to why this was so, the response from the *Journal of Social Work Education* editors reported that the articles in *SWWG* and *JCCP* did "not meet the sampling criteria which require inclusion in the *Social Science Citation Index (SSCI).*" Kurland and Malekoff seriously question how "two major methods of social work practice are hugely underrepresented" and ask "...are articles written about group work and community practice not considered valuable? It is not surprising then, that schools of social work are having difficulty finding and keeping full-time faculty who are able to teach practice methods courses," and are often disadvantaged by the promotion and tenure process (p. 2). They essentially surmise that research methodology is thus being elevated: "to a position that overrides and negates the importance of practice in social work education and of practice expertise among social work faculty... [all too often]...it is contributing, we fear, to an ever-widening gap between practice and research and between social work practitioners and social work teachers. We find such an attitude and the kind of research that it spawns to be unacceptable" (p. 2).

A major concern for me also is the decline and lack of trained group workers in our profession. Thus, this project is an example of how I was able to integrate my two passions of education and social work with groups, and provide an example of the power of mutual aid and support for our students and, ultimately, for all their future clients. Finally, I am grateful for a social work publication such as *Reflections: Narratives of Professional Helping* that supports exactly what Kurland and Malekoff state: narrative accounts of professional helpers who provide a

"fresh perspective about the practice of change." This article has related a process of helping others - described events, conflicts, results, and complications - and allowed this group worker to provide a perspective which was most meaningful for my students and me.

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Loss, Grief, and Group Work

Alex Gitterman, Ph.D., Connecticut University

In this narrative, the author reflects on his relationsips with four faculty colleagues who greatly influenced his professional life. He describes how he came to terms with the loss of these friends by facilitating a mutual aid group.

Four former group work colleagues had a profound impact on my professional life. We were faculty members at the Columbia University School of Social Work from the late 60's through the 70's and 80's when group work flourished. During this unique era, these four colleagues provided strong, innovative leadership to the School and to various fields of practice. Their distinctive contributions over the years inspired students and professionals alike. They are all now gone, but my memories of these colleagues who became close friends, Hyman Weiner, William Schwartz, Mary Funnyé Goldson and Irving Miller, continue to leave an irreplaceable void. For this special issue of *Reflections*, I would like to tell you about their contributions to group work and about their personal qualities, so much an integral part of the deep affection and respect each evoked. It is ultimately to the healing power of a group that I turned to help me with these painful losses.

Hyman J. Weiner

As a first-year group-work student at Hunter College, I was required to take a program skills course with students from Adelphi and Yeshiva. I was not happy to square dance or to make puppets on Monday mornings at 9:00 a.m., as rotating instructors taught us their specialty. When we began a unit on the use of games, I had my first encounter with Hy. I was immediately captivated by his intellect, enthusiasm, and wit. Our contact in that class was brief, but left a lasting impression. I never imagined that thirteen years hence he would become my colleague, my mentor, and my close friend. His death, due to a tragic home accident in 1980, left a major void in many people's lives. I would like to reflect on his career and give you a flavor of the man.

After graduating from Brooklyn College in 1949, Hy attended the Columbia University School of Social Work. Hy was already visionary about the future direction of professional education and practice. While he majored in group work, he thought that social workers should be trained in more than one method specialization. So in the second year, he enrolled in casework and group work. In his characteristically disarming and self-mocking wit, he explained this decision as his desire to be "trained poorly in two methods rather than just one." Unlike many group work graduates who pursued careers in settlement houses and community centers, Hy moved to develop group services in the health and mental fields.

In his first position at Blythdale Children's Hospital, and in subsequent positions at New York Medical College, Albert Einstein College of Medicine, and Bird S. Coler, Hy developed and administered innovative programs. His interest and passion for the field of health became firmly established in those first ten years of his professional career. And so did some of his humor! Hy, for example, would tell about the socially conscious physician who, when patients could not afford surgery, offered to touch up their X-rays. He

would also tell a story about an elderly Jewish man who was in a car accident. When the ambulance attendant placed him on a stretcher, covered him with a blanket, and asked him, "Are you comfortable?" he replied, "Yes, thank you, I make a decent living."

Hy was restless and eager to forge new ground, to take on new challenges. The drums beat loudly, and in 1961, he expanded his role and became the Director of the Sidney Hillman Health Center of the Amalgamated Clothing Workers, a mental health clinic in a labor-management health facility. Hy had a special feeling for this consumer population. His own father was a loyal member of that very union; some members knew his father and Hy felt a deep professional and personal sense of connectedness. His humor from this field of practice was very special and my favorite. Hy loved telling about the unemployed worker who had heard about the War on Poverty, but could not find where to surrender. He also described a union member who told his social worker that his pillow talked to him. When the worker inquired, "Do you talk back to the pillow?" the member indignantly responded, "What's the matter with you? Do you think I am crazy?"

The decade of the 60's was rich and exciting for Hy. He completed his doctorate in 1964, co-founded the Michael Schwirner Memorial Fund (established to promote civil rights activities in the South in memory of a murdered college student), and published articles about social change and group work in health settings. In 1967, Hy joined the Columbia faculty. Because he insisted on remaining close to practice, he worked half time with staff at Harlem Hospital to develop case material. He was an exciting teacher of group work and developed new courses in non-verbal communication and interdisciplinary collaboration. He played a special role for those of us who were junior faculty, providing supportive mentoring and encouraging creative teaching efforts. He would quote Yogi Berra: "The trick is not to make the wrong mistake."

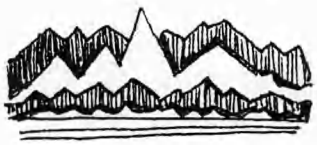
A few years later, Hy secured a grant to design and implement a demonstration project aimed at developing mental health services for members of the labor force. He created Columbia's Industrial Social Welfare Center and, in doing so, he opened up a new field of practice for social work. By 1975, Hy's desire for new challenges led him to become the Dean of New York University's School of Social Work. I vividly remember one telephone call in which he described meeting with a student who had flunked three courses (Human Behavior, Research, and Casework) and received the grade of "D" in Social Welfare Policy. When Hy inquired, "What accounts for your poor academic performance?" the student, without a moment's hesitation, replied, "I guess I spent too much time on the Social Policy course." We howled at the absurdity of the reply. Hy missed teaching, his former colleagues, and faculty involvement in program development and returned to Columbia in two and a half years.

In a short time, the School was again stimulated by the excitement and energy he brought. In curriculum development, Hy urged the faculty to cease reminiscing about the "good old days," reminding us "the only good thing about the old days is a poor memory." He worked with colleagues to develop a Health and Mental Health concentration, pointing out that the health policies were "progressing from a state of anarchy to a state of total chaos." To make a teaching point about professional competence and influence in complex organizations, he implored: "The best way to start a fire with two sticks is to make sure that one of them is a match."

Hy also secured a training grant in the field of maternal and child services. Increasingly, he involved me in providing leadership to the Project. Following Hy's death I became the director and along with several academic and professional colleagues—Rita

Black, Bea Seitzman, and Florence Stein—carried on his mission for nineteen additional years.

Hy left the profession a powerful legacy. He maintained vital connections in both the worlds of practice and education, building a clearer synthesis and integration between the two through his ability to grasp the "practice in the theory" and the "theory in the practice." More significantly, affection for human imperfections, a marvelous sense of humor, a delight in the absurd, and a capacity to give unconditional support enhanced the lives of everyone around him. Twenty-three years later, he still lives deeply in my heart.



William Schwartz

Bill died in 1982, two years after Hy. I first met Bill in a seminar for new field instructors that he taught in 1965. The seminar had a profound impact on my intellectual development and career. Bill introduced me to new and exciting ideas about social work practice and education. Learning from Bill required involvement of the mind and the heart, one or the other was insufficient. If one were willing to risk, to be open to a paradigm shift, and to invest oneself in the learning process, one would be professionally transformed. One would experience inconceivable intellectual and emotional breakthroughs, as layers of conventional thinking would be challenged. Through his teaching artistry, Bill helped people to critically examine their underlying assumptions and actual practices. He would lead people to discoveries about the subject, about themselves, and the most difficult task of all, about their integration. His talent was to take complex ideas and present them succinctly, directly, and without jargon.

Bill was a man of profound ideas, of moving away from traditional and established thought. His ideas live on in the writings and teaching of others who were exposed to his genius. His ideas have staying power, and I would like to discuss what I consider to be his major intellectual contributions.

1. Social work function. Bill resisted moving toward casework's medical paradigm, and instead attempted to refine the social goals traditions. He proposed a bold conception of social work function in which the worker maintains a dual focus on the individual and the environment, mediating their transactions. This simple notion is packed with powerful ideas. The emphasis on improvement of the transactions between individuals and their social systems, rather than on the pathology of either, allowed for equal concern with prevention and rehabilitation; with normal developmental concerns as with areas of dysfunction; with private troubles as with public issues. The emphasis on mediation function also provides the practitioner with a clear role conception that is responsive to the complexity of organizational practice and the agency and client encounter. If practitioners align themselves with their clients and disown their agency, they lose their function, credibility, and effectiveness. In contrast, if practitioners align themselves with their agencies and become their agencies, they lose the opportunity to engage their clients. The professional task, therefore, is to represent the organization without becoming it, and to mediate the transactions. What a powerful, powerful idea!

2. Social work method. The historical development of group work focused upon the problems of knowing, valuing, thinking, and feeling. Bill's commitment to the development of a professional method led him to emphasize the technical issues of doing, that is, in the helping process, identifying how one helps, the ways in which the worker moves, the primacy of professional skills. Too often, scholars disdain method, acting as if it represented

a lower level of abstraction. Bill, however, realized that specifying method represented the most difficult task of all, and without it, one had no profession. Treating what the worker knows or what the worker hopes to bring about or what the worker feels as absolutes resulted in an evasion of the task of specifying the means. Whoever studied with Bill learned to respect the helping process, to become curious about one's helping actions, and to evaluate their responsiveness. I am indebted to Bill for my preoccupation with method in teaching, advising, direct practice, conducting workshops, participating in staff groups, and consulting. It has shaped my professional being.

3. Mutual aid. Bill provided us a clear rationale for "why" group: the value of people experiencing others in the same "boat," navigating the "rocky waters" of life and struggling with similar life issues and concerns. Members' concerns and needs are experienced as less unique and as less pathological. This process releases the group's potential for a multiplicity of helping relationships, not just one social worker helping, but everyone assigned the job of helping. As members experience support and the collective demands and expectations of the group, they are more likely to listen to responses from their peers and to move into more taboo and painful areas. The group serves as a microcosm for social experiences and interactions.

4. Phases of helping. Bill placed the mutual aid processes within four interrelated helping phases: preparation or "tuning in" in which the worker prepares herself to move into the group experience; development of a mutual agreement or "contract" in which the worker helps group members to develop a common focus; the actual "work" in which members deal with group tasks and any obstacles that impede mutual aid processes; and termination in which members separate and the group ends or the worker leaves. Bill's notion of developing mutual agreement by contracting with group members was a groundbreaking formulation from past modes of practice. Those of us educated prior to our exposure to Bill's conceptualization largely learned prescriptive methods of practice, namely, we were indirect and some times acted on a hidden agenda. Bill introduced the "mind-boggling" notion of being honest and direct, of making explicit statements about group members' commonality, the agency stake, and the worker's role. How this simple idea simplified our professional lives! I often wondered how come many of us did not see the obvious. I guess seeing the obvious is the true nature of insight.

5. The group as a social system. Bill introduced social systems theory in a manner that was easy both to understand and to apply. He suggested that a group was much more than merely a context for individual treatment. It had its own structure; it had its own culture; it had its own phases of development — it had its own life. The worker had to pay equal attention to helping the individual to use the group as well as to help the group elaborate its social system. Once again, Bill took complicated abstractions and made them seem obvious. These were wonderful ideas around which to build a curriculum and around which to develop professional method.

Bill recruited me for a faculty field instructor's position. He was my early mentor and later we became close colleagues. The shift in relationship from mentor to colleague was complicated and created some tensions between us. Nonetheless, I continue to hold him and his contributions in very high regard. His brilliance, ideas about social work practice, astute sense of humor, and spirit of inquiry will always be with me. That is the soul of a man: that his ideas and spirit will live on with others.

Mary Funnye´ Goldson

Mary and I joined the group work department as full-time teaching faculty in the

fall of 1972 (I began at Columbia in 1996 as a faculty field instructor). First as non-tenured and later as tenured faculty members, we supported each other through periods of intense School conflicts, and, in the process, developed increased trust and affection for each other. We collaborated on curricula development, participated on School committees, conducted workshops, and respected each other's professional viewpoints. When our sons went to the same college, our friendship and mutual affection further deepened. Who would expect that this dignified and multi-talented African-American woman from Alabama and this immigrant Jewish man from Poland would forge such a strong bond? This friendship came to its sad end when Mary passed away in 1990. Yet, for the last thirteen years I have continued to feel her intellectual, emotional and spiritual presence.

Mary was a charismatic and brilliant person. She was knowledgeable about art, music, and literature and had magnificent aesthetic tastes. Mary embodied diversity, seamlessly moving in and out and across racial, social class, gender, age, and sexual orientation boundaries. While fully identified as an African-American woman, she was a people person, a citizen of the world. She judged people by their deeds, not by their appearance. She comported herself with great dignity, class, and style. When Mary spoke, everyone listened. She had a magnetic presence. She is as close as I have ever been (and probably will ever be) to royalty.

Mary was a superior teacher. She lit up a classroom with her substantive range and capacity to engage students with the subject, each other, and herself. She developed and taught courses in group work, non-verbal communication, interdisciplinary collaboration, foundation practice, advanced clinical, family and child services and organization theory and influence. She skillfully navigated the stormy waters of a primarily white institution with professional and personal integrity. She demanded and commanded respect and did not suffer fools. Her intelligence, passion for social justice, directness, and magnificent sense of humor earned her deep respect and affection by all. In my opinion, she was a jewel in the system.

Mary was an accomplished person, but never self-promoting. She became a major child advocate in New York City and State. Through her roles on government task forces, the Citizens' Committee on Children, board membership, consultations, training, and scholarship, she influenced child welfare permanency planning policies. She was a significant force in shaping integrated and comprehensive services to families and children. These services helped strengthen and keep poor families together.

Einstein wrote: "The most important human endeavor is the striving for morality in our actions. Our inner balance and even our very existence depend on it. Only morality in our actions can give beauty and dignity to life." Mary brought inner balance to our professional and personal lives. Mary brought beauty to our lives. Mary brought dignity to our lives. When I think about Mary (which I do often), I realize that there are stars whose radiance is visible on earth though they have long been extinct. Mary's inner strength, beauty, dignity, and brilliance continue to illuminate our lives though her physical being is no longer with us. Her radiance is particularly bright when the night is dark.

Irving Miller

Irving was my primary mentor and my "chief rabbi," who helped and taught me throughout my academic career. I hope to capture the brilliance and persona of this very special colleague and friend who died two years ago. Before beginning his academic career, Irving served as the Director of Social and Community Activities, Madison House; Associate Executive, Brownsville and East New York YM and YWHA (1945-

1950); and Executive Director, Vacation Camp for the Blind. These experiences sparked a deep commitment to the value of social group work in fostering membership participation and mutual aid.

Irving began his career at the Columbia University School of Social Work in 1950. He taught several generations of social work students until he retired in June 1987. He offered his students brilliant insights about the human condition and piercing clarity about social work function and roles. Many years after graduation, a student wrote: "Your teaching has never left me. What you taught me, I own. Whatever success I have had, you gave me the opportunity to succeed...To those who have known you, your smile, your caring, your wisdom, your knowledge and skill, I can only say what an honor, what a pleasure, what a joy!"

Irving made distinctive contributions to Columbia's curriculum in conceptualizing the organizational environment and its effect upon clients and professionals, and in developing a responsive professional methodology to help clients and to influence the organization. He redefined the meaning of individualization, pointing out that it means finding a way to say "yes" to a client or student — to bend the rules, to make an exception, to use policies in service of people, to be a professional rather than a bureaucrat. For the next 30 years, many of his colleagues taught this brilliant notion to their students. In 1966, Irving also wrote Lucille Austin, a casework colleague, a note that she read to her doctoral classes. The content had a profound impact on Carel Germain when she was a doctoral student. The note read:

"One or two comments may be made concerning the frequently observed discrepancy between the way we conceptualize and communicate a process, like study, diagnosis, and treatment and the way things actually happen in life. We try to teach, describe and communicate what we do or an ideal model of it, and consequently, we develop a rational, logical, orderly, consistent way of doing so, such as, study, diagnosis, and treatment. In practice these overlap, overflow and intermingle because of the innumerable and unpredictable details and variety within which nature confronts us. Logic and reason never quite describe or predict reality; one is symmetrical and manageable; the other is much less so. Let me offer a bit of heresy: I wonder if the constant need for casework teachers to admonish us about being dynamic, and not static suggest the possible need to modify and/or re conceptualize the casework model."

In the late 1980's, Irving became concerned with the application of business principles to social agencies. He wrote:

"The accountability emphasis, however justified it may be, in many ways has also confused the issues of what is efficiency and effectiveness for a human service organization as compared to other organizations. It has in fact introduced 'business' conceptions of efficiency and what are desirable outcomes in human service organization. The rush to accountability has created a means/ends problem about whose interests are being served by accountability. One should not assume that the fruits of efficiency and accountability are equally distributed among the various constituents of a human service agency."

How profound! How visionary! Irving had an uncanny ability to redefine complex phenomena into more manageable and solvable terms. He sensitized me to the complexities and ambiguities inherent in the human experience.

As a colleague, Irving made work so much fun. Each day was a wondrous adven-

ture, beginning and ending with our car pool where we relived the events of the previous days and present day, and relived them once again. Irving loved conversation. When my fan belt broke and knocked out my power belt and I could no longer steer the car, I warned Irving to brace himself for a possible crash. He calmly retorted, "Let me finish my story first." He always had his priorities. Irving's wit and quick retorts are ingrained in the memories of his colleagues. The late Charley Grosser and I conspired for Charley to run into his office and call the phone on a crowded elevator and for me to answer and announce: "Irving, a very important call for you!" Without a moments hesitation, Irving responded: "Tell your friend Charley that I may be blind, but I am not dumb and also tell him that I am busy on my other phone." And when a colleague entered the School's elevator and haughtily informed us that he had breakfast with Secretary Elliot Richardson, Irving had waited for over a year for this moment to respond: "That's funny, I had dinner with him last night and he didn't mention that he was going to see you in the morning."

Irving loved to tell the story of a faculty meeting in where a motion was made to send a colleague a condolence card. Before the dean could call for a vote, Irving raised his hand and exclaimed: "When I die, please do not make a motion to send my wife a condolence card. She could not take a vote with several abstentions." Parenthetically, when Irving died, there were no abstentions.

Irving was a mentor to many colleagues and tried with varying degrees of success to help us all to write better — to express our ideas more clearly and concisely. He helped me with my dissertation and he helped me with many articles. His admonitions, to this day, ring in my ears: "less is more;" never "address" the problem (to make the point, he would wave "hello, problem, good-by problem"); never write "in terms of;" never write "at this point in time" (write "at present"); never "center around on" or "focus in on" (center on and focus on will suffice); use short words, active verbs, and so on. He taught us to value nuance and to struggle to be precise in our meanings. When I write, Irving is always on my shoulders lending me support and his critical eye.

Irving made a major difference in the lives of many people and we all carry his lessons with us. His death leaves a huge void. I miss his wisdom, his toughness, his love, his zest for life, his gift for language, and his ability to make each of us feel special in his life. He was my mentor, my neighbor, and my intimate friend.

In thinking about the loss of these special colleagues and friends, I thought about the potential of bereavement groups. In reviewing students' papers, one caught my eye because of the content of group members' conversations. The social work intern had formed a short-term group for people who had experienced the death of someone they loved to cancer.

I know from my own losses of family members and close friends that the feelings surrounding the death of a loved one are strong and complex. The group members who lost a spouse described feeling terribly alone and incomplete. The group members who lost a parent identified the loss of their longest consistent and often precious relationship. Group members described how their friends and relatives were unable to tolerate their sadness and urged them to bury their grief and to move on with their lives. This pressure from people close to them added to their adaptive burdens. The mutual aid group provided grieving members with a safe place to share their painful losses, their loneliness, their memories as well as their struggles to cope and survive. A vignette from the third session had special meaning for me:

Jackie: I hear what my family and friends are saying. But I

don't understand how do I simply forget my mother and go on with my life?

Social work intern: Your friends tell you to forget your mother in order for you to move on?

Jackie: That's how they make me feel (begins to cry)... I don't want to forget her. We loved each other.

Social work intern: Do others feel the pressure to forget and get over your grief (looking around the room)?

Eva: No matter how hard I try, I can't forget and I won't.

Others: (verbalize agreement)

Joan: I feel like I have to forget my mother, place her behind me, or I'm never going to be okay again, but I think about her all the time.

Social work intern: Maybe you can stay connected on some level while still trying to go on with your life.

Gina: Yeah, I never want to lose that connection. I mean, I know my husband is dead, but he was a huge and important part of my life. How could I ever forget him — why would I ever want to forget him?

Betty: (nodded) If I forgot my husband it would be like he never existed — like my life never existed. Why do people want us to forget?

George: Maybe they think that by telling us to forget, our pain will go away. They do not realize that they increase our pain.

Social work intern: (I noticed that Debbie looked like she wanted to speak. Tears were streaming down her cheeks) Debbie, you are feeling a lot right now.

Debbie: Everyone is talking about forgetting, but I can't forget my husband. Maybe I am crazy, but I feel him with me all of the time. At night I wait for the door to unlock at 6:30. Sometimes I even hear his voice. I must have something wrong with me, right?

Gina: If there is something wrong with you then there is something wrong with me too. I'm sure I'm going nuts (laughs). My husband loved his car — he had it washed every week. Well, I was out driving it the other day and I realized that the car had not been washed in several weeks. I heard his voice asking why I hadn't washed it lately. So if anyone is crazy it's me. (Group members laugh.)

Social work intern: It is very common to feel a sense of presence or to hear the person saying things that they said before. It's how we all handle loss. I know I did when I lost my father.

Gina: (Laughing) Whew... So you mean I'm not going nuts.

Social work intern: Certainly not, but worrying about going nuts must be scary (looking around the room).

Linda: I don't feel my husband's presence or his voice, but I want to. I want to remember him and feel his presence more than anything, but I can't. I only remember his sickness and his pain. His illness lasted so long that I can't remember him any other way. It's funny because I find myself talking to him, asking him to let me know that he is out of pain now. I also ask him everyday questions. I just wish he could answer me.

Others: (Group members were silent).

Social work intern: (I remained silent to let us all process what just had been discussed).

As I read this practice vignette, I was moved by the group members' ability to express the depth of their pain and confusion. Their yearning for their loved ones resonated with me. Sadly, they could not express their feelings and thoughts to family members and friends. However, as they turned to each other for support, the members realized that others were also worried about losing their sanity and were struggling with similar reactions and concerns. They were making important social and emotional connections.

In the fourth meeting, group members decided to bring in photos or mementos of their spouse or parent to share with the group. Most of the session was devoted to the exchanges of experiences and memories. In the next session, Debbie began the meeting with the photos she "forgot" to bring the previous week. This discussion had particular meaning to me.

Debbie: I remembered my pictures this week (she pulled them out and proudly shared them).

Others: (Group members silently look at them, then starting talking among themselves).

Social work intern: How was it for all of you to share your pictures and mementos? We didn't get a chance to talk about it last week.

Eva: It was good, but I'm glad it's over.

Betty: I agree.

Linda: It is still hard for me to look at his pictures.

Marta: I agree, he looked so healthy and alive — it's hard to imagine.

Joan: Yeah. It was hard to look at the pictures because it was the first time I looked at them since my mother died. I am glad you all suggested it because I ended up feeling good. I decided to leave them out to look at every now and again.

Social work intern: You had mixed reactions... (Jackie interrupts)

Jackie: I left my pictures out also. I thought it would make me sad but it didn't. I was surprised that it brought me great joy. I could see the sparkle in my mother's eyes. I loved that sparkle.

George: I need to ask you a question (looks at me). When does the presence of somebody leave your memory?

Social work intern: I am not sure what you mean George - could you explain what you mean?

George: What I mean is how strong should a deceased person's presence remain with you and for how long?

Social work intern: George, I am not sure. For each of us it's different. How strong is your wife's presence for you?

George: I was going through some things in the basement and I ran across some of my wife's things — the pictures (his voice cracks) and some invoices from her business. Anyway, it was like she standing right next to me — I could feel her presence so strongly —it was like I could touch her (a tear ran down his cheek), but I couldn't — I kept trying to, but I couldn't.

Gina: I feel my husband's presence all the time. It is comforting to me. I don't want to lose it, but I am scared that it will decrease over time. It probably has already.

Linda: (Looking at George) Everyone experiences things differently — no one can tell you how long it will last. Maybe you need her presence now but not later.

George: I really do need her right now — I miss her terribly.

Social work intern: Sonia, you seem to want to say something.

Sonia: I feel my father's presence often. I find it comforting and I use his comfort when I need to. I recall my memories.

If I were a member of the group, I would feel supported in my need to keep an active connection with my loved one and reassured that I did not have to listen to the voices that were pressuring me to forget and to move on. I would have learned that my responses to loss and grief were normal. This support would make me feel less alone, less isolated, and less doubtful about my own reactions. It seems as if the group members appreciated the social work intern's gentle exploration and ability to stay out of the way of the free-flowing mutual-aid processes.

As I think of my former group work colleagues and friends, the effort has been how to cope with the enormous void they leave. I thank the members of the bereavement group for lending me vision, for conveying the value of holding on to the presence of the lost loved ones, their ideas, their humor, their creativity, and to the fact that their life touched and gave additional meaning to the lives of others. I visualize my current and former colleagues' faces - the twinkle in their eyes, their strong personalities and their enormous professional contributions. In these and other ways, they will always be a part of me.

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• Adapted from memorial service Fourth International Symposium on Social Work with Groups, Toronto, October 1982.

• Adapted from "In Memoriam," *Social with Groups Newsletter.* (2001) 17(1), 7-8.

• Adapted from "The President's Pen," *Social with Groups Newsletter.* (1995) 12(3), 1-3.

"Life is Sharing the Same Park Bench"
This image was created by artist John F. Morrell of Rochester, New York, and serves as the logo for AASWG, Inc. (The Association for the Advancement of Social Work with Groups) The original can be seen as an outdoor wall mural on the corner of East Ninth St. and Rockwell Ave. in Cleveland, Ohio.

The Death of a Hero: Social Group Worker Gisela Konopka (1910-2003)

Janice Andrews-Schenk, University of St. Thomas/College of St. Catherine

Gisela Konopka, world-renowned social group work and expert on adolescence, died on December 9, 2003, at the age of 93 years and 10 months. Her friends, colleagues, and students will remember her as someone who had the ability, whether in a small classroom, a large auditorium, or a prison reception area, to create an atmosphere that convinced others that change was possible. This narrative is a reflection on an article the author wrote in 2002 for this journal on writing a biography of a living hero.

The name of Gisela Konopka has been familiar to me my entire life. From 1947 until her death in 2003, she was regularly featured in the local Twin Cities press. She often wrote letters to the editor about issues important to her. In college, after I chose social work as a career, her name took on added importance to me. I learned of her vast contributions to the profession and my chosen specialization, social group work. On several occasions, I was in the audience during one of her moving presentations and I read her classic, *Social Group Work: A Helping Process* (1963, 1972, 1984). Her presence and her message captivated me. I left each encounter, as did tens of thousands of others for sixty years all over the world, *knowing* that I could make a difference in my work.

I began meeting with Gisa somewhat regularly in 1998, and from 1999 to 2002, I spent at least a day a week in her Minneapolis home reading her personal papers and interacting with her. Occasionally, we went out to eat in a local restaurant or attended a speech, lecture, or play. Because she did not drive and was unable, because of her frailty, to use public transportation, she could not attend functions alone, so I resisted turning these invitations down. At the same time, they were interruptions in my work. After I completed my study in her home and was ready to engage in the hard work of actually writing the biography, I tried to reduce the frequency of my visits, but Gisa was not willing to let me go quite yet. As a result, I continued to visit her home every couple of weeks and was often in contact with her by telephone. Two years ago, I wrote an article – "Reflections on Writing a Biography of a Living Hero" - that appeared in the Fall, 2002 issue of *Reflections,* in which I focused on our relationship during the time I was collecting material for a biography of her life (Andrews-Schenk, 2004).

Gisa had ambivalent feelings about the published article; she was pleased that an article about her was published, but less pleased that it had not been written under her watchful eye. The most difficult aspect of our relationship was her need to have control over my work and my need to not let her. She had signed a consent that gave me full access to her and her papers, but what that meant to Gisa was a topic of constant renegotiations between the two of us.

In an "appointment" with her shortly after the article was published (Gisa preferred to call all visits "appointments" because she did not want to appear to be frivolous or not focused on important work), she took great exception to my description of her home as "large." It is a large home in a beautiful neighborhood of large, stately homes, but Gisa was not comfortable – and never had been – with acquired possessions. It was "ridiculous" to suggest that she and her husband Paul would live in a large house, she insisted, adding, "Don't you remember that this house was nothing more than an unheated cabin when we bought it?" "Yes, I remember, Gisa. I

wrote about that in the article." She laid the article aside and sat back in her recliner to tell me the story again. I settled in a chair directly across from her, taking comfort in her gentle, thickly accented voice as she spoke, as she had dozens of times before to me, about the house that came to life from her husband's expert craftsmanship. As she spoke, I looked around the (yes, large) living room with the stone fireplace, the Käthe Kollwitz paintings on the wall, and Paul's sculptures on every flat surface of the room.

The Konopka home – the only house Gisa and Paul ever owned – symbolized so much more than simply a place to live. For them, the house represented safety from a harsh world, a haven for others in pain or in need of rest, and a place to finally lay down roots after many uncertain years of fighting in Germany, Austria, and France, where they never had any guarantee of permanence in their lives. Paul, her partner in anti-Nazi resistance work in 1930s Germany and later her husband when they were able to marry in New York in 1941, died in 1976. Gisa remained in their home the rest of her life. In the second-floor study overlooking the lake, Gisa wrote letters in the form of a journal to Paul after he died. To Gisa, the house was her connection to Paul; his ashes were buried in the yard and she felt his presence in every room. She would never leave that home.

Gisa had other issues to discuss with me about the article. She questioned why I included in the article that she had saved so much material. Even though she'd sent 35 boxes of papers to the University of Minnesota Archives, she still had in her possession floor-to-ceiling files on all three floors of her "large" home and had file drawers of every book she had read, catalogued both by author and by subject. I am not a saver and so I said in the article that it "was beyond my comprehension that anyone could keep such an organized, documented legacy." Gisa was concerned that readers might conclude that she considered herself a "big shot" or too self-focused. That led to a number of additional stories, told many times before, that she had always fought self-doubt and a sense that she was a "nobody."

Her final criticism surprised me. I talked about her despair and self-doubt in the article, but Gisa felt it was not an important enough issue to warrant inclusion. Yet Gisa had always been very open with me about her serious bouts with depression over the years, and had shared with me her private diaries where she had chronicled some very difficult times in her life when she did not believe she could go on. Throughout her life, her emotional pain often surfaced as unexplained physical pain and illness. As well, she had shared with me a situation in which her marriage had been threatened and almost destroyed. She wanted the book I was writing to be a full story of her life, including the joys and the pains, but now I felt confused. We sat quietly for a long time with occasional comments from one of us. By the end of the afternoon, she was tired. I tucked an afghan around her, kissed her, and left.

During my next visit, I noticed that Gisa had several copies of the article on a table in the living room to give to visitors who came to see her. Apparently, she was pleased enough with the article that she wanted to share it with others. Later, I learned that Gisa gave the article to a close friend who taught at a college in southern Minnesota. The friend assigned the article along with Gisa's autobiography, *Courage and Love* (1988), to a class of students. After reading about Gisa, the students sent letters to her about their reflections on her life. Gisa loved getting these letters. We never spoke of any issues she had with the article again.

During the final year of her long life, Gisa became more frail and thin. She had little interest in food other than good chocolate, hard cheese, and crusty bread. Gisa had experienced many physical ills during her long life,

but had been blessed with a brilliant mind that stayed sharp – except for periodic episodes of short-term memory loss – until the end of her life. She kept her calendar filled with visitors, but she seldom left the house. On December 6, 2000, she called a friend because she had a severe pain in her stomach. She was hospitalized, expecting to be released home in a few days. Tests showed no specific reason for her pain and friends began to prepare for her return home. On Tuesday morning, December 9, she began to peacefully slip away and within two hours she died. She was only two months shy of her ninety-fourth birthday.

The following Sunday, a small, private memorial service was held at the Minneapolis Institute of Art. People throughout the room told poignant "Gisa stories," some from years ago, most from the recent past. One young adolescent, Zack, said tenderly, "She didn't care what you'd done in the past. She always saw something good in you." I read a poem Gisa had given me a couple of years previously with instructions to read it at her funeral. Coincidentally, I had read this same poem to my graduate students the previous night in my History and Philosophy of Social Work class (only hours before Gisa died). Written by Rosa Zagnoni Marinoni (1936), it expressed Gisa's lifelong search for a place where she could belong:

Who are My People?
My people? Who are they?
I went into the church where the congregation
Worshiped my God. Were they my people?
I felt no kinship to them as they knelt there.
My people? Where are they?
I went into the land where I was born,
Where men spoke my language...
I was a stranger there.
"My people," my soul cried. "Who are my people?"
"My people," my soul cried. "Who are my people?"

Last night in the rain I met an old man
Who spoke a language I do not speak,
Which marked him as one who does not know my god.
With apologetic smile he offered me
The shelter of his patched umbrella.
I met his eyes...And then I knew...

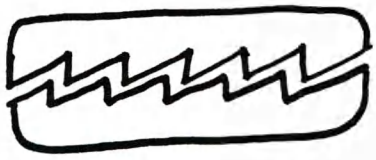
On January 9, 2004, a public memorial service was held at the University of Minnesota. Gisa's close friend, Father Larry Johnson, gave the invocation and Bob Blum and Judith Kahn, from the University's Konopka Institute for Best Practices in Adolescent Health, recited the Mourner's Kaddish. There were several brief eulogies interspersed with Gisa's favorite music. A string quartet played Mozart's "Ave Verum Corpus," Grieg's "Solveig's Song," Handel's "Largo" and Beethoven's "Ode to Joy." Most surprising, a soloist sang "The Rose," a song popularized by Bette Midler. As I listened to the words, I realized that the song expressed Gisa's belief in the fundamental need for and power of love:

It's the heart afraid of breaking that never learns to dance.
It's the dream afraid of waking that never takes the chance.
It's the one who won't be taken who cannot seem to give,
And the soul afraid of dyin' that never learns to live.

When the night has been too lonely and the road has been too long,
And you think that love is only for the lucky and the strong,
Just remember in the winter far beneath the bitter snows

Lies the seed that with the sun's love in the spring becomes the rose

Words and Music by Amanda McBroom (1979)



At the end of the program, a Senior Vice President at the University stood to announce the establishment of the Paul and Gisela Konopka Chair in Adolescent Health and Development (with a one-million-dollar contribution from Gisa shortly before her death). It was an awkward ending to the service full of beautiful music and warm eulogies.

Gisa left a long legacy of service, not only in the United States, but also throughout the world. She wrote hundreds of articles and seven important books. Her first book, *Therapeutic Group Work with Children* (1949) was one of the early group work texts published in the country. In the 1950s, she wrote two more books: *Group Work in the Institution* (1954) and *Eduard C. Lindeman and Social Work Philosophy* (1958). They were followed with three editions of her group work text, and two books specific to adolescent girls: *The Adolescent Girl in Conflict* (1966) and *Young Girls: A Portrait of Adolescence.* Her last and most personal book was *Courage and Love* (1988), published when she was in her late seventies. She gave workshops, seminars, and classes in many countries, had leadership roles in the major social work organizations, while at the same time maintaining a full-time job at the University of Minnesota and, before that, at the Pittsburgh Child Guidance Clinic. As busy as she was, she and Paul provided temporary housing for many troubled youth and a place to find rest and recovery for many friends. Gisa and Paul never had children but were surrounded by the children of friends and colleagues, many of whom looked on the Konopkas as foster grandparents.

To the social work profession, Gisa brought a philosophy of living that began in pre-World War I Berlin where she was one of three daughters of parents who owned and operated a small kosher grocery store. Her rebellious spirit was nurtured as a child who felt different and misunderstood and who bloomed as an adolescent in the German Youth Movement of the 1920s. It matured during the fight against the Nazis and took hold in the United States as a lifetime commitment to ensuring that no human be treated as less equal than any other human. The greatest sin on earth to Gisa was to believe that you are superior to others. She had no tolerance for an "us versus them" mentality in any form.

While Gisa never disowned social work, she was not willing to stay within its confines. She found the social work profession's divisions by method and field too divisive and not in the best interest of social work's mission. She believed that the energy of the profession was far too directed at fighting over turf issues while people, meanwhile, were not getting served. To her, social workers – particularly academics – were engaged in a battle almost totally focused on gaining professional status. By moving to an isolationist position, where students were seldom expected to engage with ideas from other disciplines, Gisa believed that social work was becoming more and more close-minded and protectionist. The narrow, specific content – territorial claims made by one constituent or another – in most social work courses were too often intellectually sparse and not challenging to students, and they leaned too heavily on the teaching of superficial techniques. As a result, she saw students graduating from social work programs who were little more than skilled craftsmen and well-meaning idealists.

She practiced a philosophy of "justice with a heart" that underscored a belief that cruelty and punitive action can never liberate or reform troubled people. People needed to be treated with compassion and love while not being dissolved from personal responsibility. She applied this philosophy in her work with youth who responded to her true, authentic, and listening presence. Her philosophy followed no particular theory. Instead, she eagerly embraced ideas from a wide array of schools of thought and was willing to shift with varying situations and issues. She strenuously objected to any theory used dogmatically, simply or falsely. By the late 1960s, increasingly frustrated with her place at the School of Social Work, she shifted into administrative positions at the University. In 1970, she established the Center on Youth Development and Research, a center that flourished under her leadership but could not survive long after her retirement in 1978.

The concrete manifestation of her philosophy is The Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota founded in 1998. It is a collaborative effort of the Schools of Medicine, Nursing, and Public Health and is in partnership with the Center for 4-H Youth Development and the Children, Youth and Family Consortium. Its sole focus is young people and their needs. It is probably no mistake that the School of Social Work where Gisa taught for thirty years is absent in this consortium. The Institute adopted as a vision statement a list of requirements for the healthy development of adolescent youth first articulated by Gisa in 1973. The statement reflects Gisa's fundamental belief in the worthiness of youth and their ability to be involved as responsible people in society. Young people needed to be able to

- Participate as citizens, as members of a household, as workers, as responsible members of society.
- Gain experience in decision making.
- Interact with peers, and acquire a sense of belonging.
- Reflect on self, in relation to others, and discover self by looking outward as well as inward.
- Discuss conflicting values and formulate one's own value system.
- Experiment with one's own identity with relationships; try out various roles without having to commit irrevocably.
- Develop a feeling of accountability in the context of a relationship among equals.
- Cultivate a capacity to enjoy life (Konopka, 1973).

I was not able to finish the book while she was alive. I simply could not put the finishing touches on it, partly because I feared Gisa's criticism and partly because I knew I would need the distance from her that could come only after she died. Her death left me saddened at the enormous loss to all of us of this great woman, but it also seemed to clear my mind in a way that released me to finish the final chapters. The book is now done and in search of a publisher.

In a period of a few weeks, three events occurred that leave me wondering about the future. First, I went to a luncheon talk given by Eugene McCarthy who ran for President of the United States in 1968. He has become very frail, with weak legs and a soft, unclear voice. But the message was strong. Our country is in trouble. McCarthy said he wakes up every day to read the paper to find out what new piece of the Constitution has been destroyed. Shortly after that, I attended my umpteenth Peter, Paul and Mary concert. Mary had to be helped across the stage by Peter and Paul. And then Gisa's death occurred on the tail of these events. Who will speak out after McCarthy is gone? Who will sing the songs of peace, true democracy, and "Puff the Magic Dragon" after Peter, Paul and Mary are gone? And who will remind us that

"no human is superior to any other human – period" and that no matter how much the pain, there is always hope, now that Gisa is gone? I need to sit with her in that large old house on the hill overlooking Lake Calhoun and listen to her gently tell me that – all around us – there is still hope for the future.

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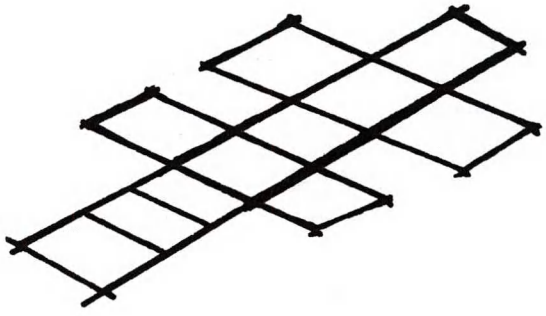


On Reality and Illusion

By Murray Gruber, DSW, Professor Emeritus, School of Social Work, Loyola University of Chicago

The author reflects on his own experience in social work, and from his vantage point as an educator and consultant, he reflects on the state of the profession. Highlighted are some of the cross-currents that clinicians face, vis-a-vis the profession's social objectives .

With individuals and in groups, the clinical light shines most brightly on the distinctive inner life and intimate world. But if you continue further out, the illumination takes you to the macro-social, the collective social world. According to professional canon, the inner and outer are joined as indicated by the term, psycho-social. However, some critics assert that clinical supremacy produces one-sidedness, not the presumed union of person-environment. In a clash with basic professional doctrine, these doubters allege that a social mission is hazy at best, and at worst, something of an illusion. Is this a valid criticism?

Before I mull over my own experience, some general comments are in order. Manifestly, the profession's social vision tugs at those in the psychotherapeutic ranks, but to cross the divide is a real predicament. Some clinicians themselves say that a widespread psychotherapeutic orientation makes it difficult to attend to the larger social scene. In fact, three clinicians in this journal assert that personal temperament and a practice background in clinical social work is "not always the best background for advocacy or activism" (Kayser, Lyon, & Silver, 1991).

I think the strengths of clinician work are abundantly clear, and although space precludes my listing them all, it's worth citing two in particular: one is the clinician's intense concentration on authentic client needs, and another is an empirical grounding and evidence-based work that has become more vigorous over the years.

As for psychotherapy, the need speaks for itself. I will leave aside several issues: the respective roles of the helping professions; the fact that the path to the therapist's office may be too well worn by the social immersion in self and the cultural blitz of psychobabble. Then, too, there is a restless, but unfulfilled, search for meaning in one's life through various types of trendy and personalized cures, some of which are provided by MSW's in clinical work gone astray. A few years ago, a former student told a class that she intended a career in sports medicine. Others are not far removed — cultish exploits like "finding your inner self," among others, take advantage of MSW degrees for bogus purposes, chasing after people hungering for psychotherapeutic answers that most won't find outside of history or community.

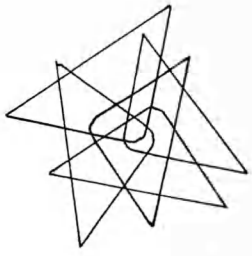
But truthfully, there is also a phalanx of people whose daily clinical work is full of organizational (agency) obstacles to the profession's social mission. The barriers make overgeneralization about clinical practice hazardous. And there are various contradictions and inner tensions in the profession itself, but let me defer these and concentrate on my own professional travels.

To take the long view of my career in social work and some of my perceptions of the field, I go back to my earliest years when I began as a clinician in private agencies, first in a child guidance clinic, then in a family service agency. I confess that working for those agencies was not deliberately thought out but rather the default position, so to speak. Nevertheless, I found an easy compatibility with some of my psychological interests and capabilities. I saw people come and go—children, individuals, families—and I didn't then,

nor do I now, doubt their needs for individualized help. To me, assisting people in trouble was always central, and I was well on my way to developing respected clinical skills.

Trying to retrieve portions of my own narrative and making sense of it is an arduous task, but well worth the effort. Retrospectively, it seems that I had let my social concerns nap while I was in the process of beginning to master therapeutic skills. Only after I had achieved that did my somewhat divided heart respond to the loud call from outside clinical practice.

Going back even further, I can recall the influence of the day when, for the very first time, at the age of 17, I saw public water fountains labeled "colored" and "white." I don't doubt for a moment that this experience and all that it represented burst forward in my life during a pivotal time. I can also now recall that not too much later after the water fountain episode, I was further influenced by Gunnar Myrdal's huge tome, *An American Dilemma* in which the Swedish Nobel laureate wrote searingly of race relations in the United States. Along with that, the heady liberalism of New York City had already swept me along .



But as I write, present and past seem almost to merge. This melding is triggered by today's agonizing memorial for 9/11. Together with a reading of the victims' names on the TV were the aching watchwords, "Never Forget." Then, in a painful flash, the phrase "Never Again" speeds across my mind, and I see a young man, still a clinician, struggling to understand passivity in the face of evil, pondering, as well, lesser evils and what to do about aspects of the darker side of American life. It does not take a great reach to recall other troublesome events of collective oppressions: poor persons, child malnutrition, inadequate housing, and low-wage labor, to mention a few of the many that are composed in sorrow.

After some four years or so as a clinical practitioner, I decided—not entirely without trepidations—to pursue a doctorate with a specialization in social welfare policy. It's noteworthy that among large numbers of social workers, there was then a deep commitment to psychoanalytic work, and typifying those beliefs, administrators in the agency for which I worked aimed to have me enter a program leading to "lay-analyst," which, they said, was the "professional" thing to do, never mind doctoral work. If that sounds more than a bit absurd, keep in mind the fixation with psychotherapy and how it has been carried to fantastic lengths. True, there has been much quibbling in the field about which version of psychoanalytic theory was the *right* one; however, the point of this tale is not about a theoretical approach, but about a profession's turn toward psychotherapy generically, one that reverberates to this day.

Whatever my own apostasy and its biases, during most of my career spent teaching social welfare policy, I have had intimate relationships with clinicians, close-up views of social work practice, and many, many dialogues with colleagues as we rambled through the clinical view and the policy view. These were sometimes complementary but at very different angle of vision. With individuals and in groups, the clinical view mined the deep, narrow wells of biography, while the policy perspective saw life through a wide-angle, latitudinal lens.

Then, too, each semester brought new opportunities to observe and interact with clinical students. Not uncommonly, semester's end often brought forth comments from stu-

dents about one or another aspect of social policy: "I never thought about that before" was fairly typical. Pleasing though it might have been, I always worried over how far that would carry because typically, when social concerns were evoked in students, preparation for a clinical role often eclipsed them. In fact, that was my own experience, too, but the path I eventually chose was poles apart from the typical decision.

The long-term culmination of a profession that consists mainly of clinical social workers has solidified, and perhaps terminally so. Short-term, I have, of course, seen countervailing trends, but these are temporary zigzags. Long before my time, sociology was influential, but by the 1920s, social work became detached from its sociological anchorage points, and fell head over heels in love with the psychological and psychiatric arts, an affair that might well be now and forever.

One of the most significant of the countervailing trends came during my early years of teaching — the ferment of the 1960s through the early 70s. Students had become intensely interested in social reconstruction, and some substantial numbers of them gravitated to the macro track. But that was not to last. Gradually, the so-called revolution gave way to social normalcy, and student interest in reform and reconstruction dropped off. I was saddened when, by the end of the 90s, specializations in social group were ended. Overall, graduate student enrollment in the macro-track dwindled.

In social work today, clinical work, including therapeutically oriented groups, has become the dominant interest, with upwards of 70 percent of students entering that specialization. Increasingly, too, social workers have moved into private practice, which over the years was encouraged by widespread state licensure.

But to generalize about prospective clinicians is difficult because of the large number of schools of social work and, accordingly, the large population of recruits in different regions of the country. Even so, based on what I have seen in different schools of social work, the most striking characteristic among students has been a long-term decline in social awareness that has been particularly acute among the post-Vietnam age bracket. At the same time, they have an overriding sense of altruism and self-sacrifice, they reject money and wealth, and they have an almost instinctive feeling for the underdog. In those attributes, they are surely different from much of the population.

But the stamp of a radically individualistic culture was there, too: idealism and compassion, therefore, commingled with privatization and individualism. And too often, there was some distancing from electoral participation, and even more so, from government in general, especially among the young; and, of course, along with that went a certain lethargy before the most painful social issues. I have often asked myself how empathy and troubled faces could coexist with so much passivity in the face of, say, long lines at food banks and soup kitchens, engorged by the children of working men and women trying to make a go of it on substandard wages.

And despite some students' intentions not to be condemnatory or disapproving of welfare recipients, a semi-disguised moral judgment crept in. In that, they were not much different from lots of others among the public. As time passed, most would change in response to group norms and socialization, but it was also deeply troubling that a few would hide their moralism under a thin coating of professional jargon.

Remarkably enough, problems that were au courant seemed to rivet some beginning students; whether it was anorexia, or self-esteem, or false memory syndrome and child abuse, student attention would fly to whatever soared in popular thought. As time passed during classroom education, the some-

times layman-like and thin understandings of social dynamics would give way to individual dynamics that were reinforced by the structure of educational curricula in classrooms and in field internships, especially during second year. Yes, there were inter-school variations, but work with children appeared dominant among the young, while the shunted aside—growing numbers of older persons living independently and explosions in the size of prisons, which had become the nation's largest mental health "clinic"—were objects of relative student neglect, notwithstanding the acute needs.

And some of the results of neglect could be disastrous. On Thursday, July 13, 1995, the temperature in Chicago, where I live, hit 106 degrees and the heat index climbed to 126. It was a killer heat wave that continued until July 20, with the death toll running upwards of 700. The victims were primarily elderly: of the heat-related casualties, 73 percent were older than 65; and African-Americans had the highest proportional death rates. This was more than a social catastrophe; it was also a story of social isolation in life and in death (Klinenberg, 2002).

In this short paragraph, I grope for words to convey the magnitude of the disaster. I know that the social workers avoided "no-go" areas where marginalized elderly lived: stigmatized African-American neighborhoods and housing projects. I also know that the risks to the personal safety of the social workers were high and that they received little agency support. There was probably no bright line to help illuminate what those social workers might have done; but maybe it's better not to rummage around too much because searching myself, I find small comfort when I think of those poor souls who lived and died alone.

For a certainty though, I also know that there is neglect in situations in the high schools around the country where harassment, abuse, and violence are directed against gay, lesbian, bi-sexual, and transgender youth. Far too often, even school social workers overlook these problems (Hatred in the Hallways, 2001). Yes, they might well turn from feeble drug-prevention programs to focus attention here and to help establish support groups for the victimized youth. Make no mistake, the problem is not limited to socially conservative areas, but especially in these kinds of places, opposition might well be expected from school administrators, teachers, and parents. However, it would be worth the struggle to try to include all of them to alter the culture of harassment and violence.

So far, I may be guilty of being excessively harsh. If so, it's a many faceted by-product, not just of portraying an average practitioner, if you will, but also because I've intermixed facts with interpretations and judgments, one of the hazards of writing this type of account compared, say, to a research article. But to be fair, I must say that the picture of clinical work is not all black or white.

No doubt about it, some clinical students enter school with a reasonably well-developed understanding of social trends and dynamics and a strong commitment to social change that endures throughout school and beyond. And despite practical limitations, clinicians are sometimes able to carry forward on individual and group advocacy. Moreover, a goodly number of clinicians spend large amounts of time in their work with a sprawling network of agencies, with and on behalf of clients. Various kinds of crisis intervention also have to come in for mention because it's in these efforts that clinical social workers deal with a collective trauma, say, for example, a school shooting or a natural disaster. Then, too, there are those who enter public service,

mostly in child welfare, where they do vital service on behalf of neglected and abused children and beleaguered parents. No doubt there are more examples; these are simply the ones that come most readily to mind.

But it is also important not to use exceptions as if they represented the typical actions of clinicians. I have also excluded efforts in NASW such as its pro-child and family-friendly policy, its advocacy of decent health care, Social Security, and many more. Exemplary as these are, they coexist with the push to privatization. However, my essential concern is not about what a professional association advocates; it is about the thousands of clinicians across the land and what they do in their everyday jobs. When talking about day-in day-out labors, keep in mind that the acid test of work in a practice profession is the action or behavior that it leads to. In fact, this is the very definition of a practice profession while, in comparison, professional associations are far more peripheral.

If the fruits of clinical work deserve a searchlight, I would not leave out the educational enterprise. Especially symbolic here are the heroic but—I must say it—misdirected efforts of clinical faculty to try to uphold a social vision even though it is profoundly at odds with much clinical practice. Emblematic are the classroom stories told of those true icons, Jane Addams and the Abbot sisters, among others, who were associated with a social reform vision. Proudly, the faculty tell the tale of social change as if it were to be emulated and upheld. Unspoken is the contradiction with most of contemporary practice, the very practice to which faculty are committed. After all, Addams and the others were ultimately swamped by the "psychiatric deluge" (Field, 1980), and, sadly, their reform practice is now virtually dead. So...is this "Jane Addams mantra" and its tenacious invocations a sort of window dressing or protective coloration for faculty? That's speculative, and perhaps it is not so. But consider the alternative that cognitive dissonance does some strange things; maybe there is a meta-rule governing the holding of contradictory beliefs, a "no-notice" mindset akin to the injunction not to notice the elephant in the room.

I should also mention the Council on Social Work Education (CSWE) and its support of psychotherapeutic work. In echoes of the Addams refrain, the 1991 version of the CSWE educational policy statement did not mention the importance of serving the poor and deprived, dependent children, the mentally ill, or the frail aged (Specht & Courtney, 1994). Although the educational policy statement was subsequently corrected in response to complaints, the deep divide within the profession could hardly have been more revealed.

Taxing as the split is, one can think of some possible remedies and reforms in clinical practice. As a lead in, it may be useful to contrast the medical model and the public health approach. Although it's somewhat popular to criticize the medical model, that's actually what has been adopted: wait for clients to experience a hurt (illness or dysfunction) before they come for help, a passive aiting mode of both the psychotherapist and the physician.

Public health practice, on other hand, actively intervenes in environmental and population issues, attempting to prevent illness. In fact, some of the great advances that have contributed to longevity are a result of public health achievements, much more so than medicine, and include, for instance, the eradication of typhus and typhoid and many infectious diseases, and environmental sanitation. And there are also the public health nurses

and Head Start workers who visit families to keep an eye out for parent/baby bonding and postpartum depression, intervening as needed. Why have clinicians turned their backs on such home visitations?

There are some clear lessons. Rather than emulating the passive waiting mode of the physician, the pivot point of clinical practice might well be the more proactive model that is tied to public health. Again, like public health, practice could be tilted toward social risk, i.e., a demographic or social approach. This leads intervention to populations and subpopulations that have high rates of the problem at hand. Then, if the actual risk variables are uncovered, they might conceivably lend themselves to work that is something of a more traditional nature. But clearly, the starting point for intervention would not be the waiting mode that so dominates clinical practice.

I claim no credit for knowledge about suicide among the elderly, but it is a good case in point of what I have been saying: first, the rate is a high rate, and second, the loss of a spouse is a major *risk factor*. Knowing this, we do not have to wait for serious depression to occur. Instead, reaching out and group support become the mode. To take another example, if there are sub-populations vulnerable to "failure to bond," and we can identify the risk factors, then intervention should be geared accordingly, rather than waiting for the negative consequences to show up much later. Perhaps the day will come when there will be resources sufficient to a universal "well baby" approach for all parents and for early screening and intervention, but for now, we need to focus effort on those most at risk. Inevitably, such an approach leads to a greater prominence of prevention efforts, even though the scarcity of resources makes for hard choices.

I am long overdue to take up ideas that have been central to social work. Probably the most honored concepts in social work, the person-environment framework and the closely related systems perspective, are of such vital importance that they define the professional boundaries that set social work apart from other helping professions.

To understand systems, the first key lies in the boundaries that define them. If you are interested in clinical practice, what boundaries do you put into the client's world? Into your own clinical world? To concentrate on the clinical world, the meaning of this question is easy to understand intuitively. The answer is a bit more complicated and involves both knowledge boundaries and behavior boundaries.

In conventional thinking, the knowledge boundaries of clinical social workers are much broader than those of psychologists. The knowledge required of the social work clinician is supposedly extensive and constitutes a tall order indeed. What, for example, are the effects on clients of social role definitions, class and stratification, ethnic culture, family orientations, social values, and so on? Clearly, it's part of professional doctrine that human behavior is seen as influenced by various social and cultural factors. But in the real world of clinical practice, the lights shine most strongly on intra-psychic knowledge, personal identify, and inter-subjectivity. These are the truly magnetic features that cast a long shadow on social knowledge. In short, we should be clear about the discrepancy between reality and the rote repetition of professional slogans. To extend this, it's something of a paradox that knowledge of populations, social risk, and risk variables prove to be relatively underdeveloped among clinicians even though this knowledge has a better fit with a social sort of practice.

Even if knowledge boundaries were less limited, I see an unfortunate tendency in clinical work to stop with knowledge, as if it were like a shell. But if taken to their logical conclusions, the environmental-social perspectives hinge on what to do, that is, behavior. Given the boundaries of clinical work and its supremacy, it seems to me inescapable that

the social perspective of the profession is somewhat illusory. There are probably many reasons for resistance to changing this. I can only conjecture that one of them is that illusions offer the comforts of self-deception, something that should be well understood by clinicians. But whatever the truth is here, if clinical knowledge were reversed, i.e., first risk, then secondly those "deep wells," there would be two significant effects. I foresee that the clinical focus on pathology would inevitably move towards health promotion, and clinical service would make the first move, rather than waiting for potential clients to say, "help me."

Another way of thinking about professional change is to envision a more radical sort of practice, one that would bring into therapeutic focus the less visible, taken-for-granted aspects of social and cultural life, thereby generating fresh alternatives for social action (Abels & Abels, 1997; Chambon, Irving, & Epstein, 1999). Such a solution would be limited to those sorts of situations in which social, political, or cultural factors are truly significant to the case at hand, and though the conventional belief might hold that such situations are rare, they are probably far more frequent than is commonly imagined.

If the idea is fraught with varied social and political obstacles to enlarging the boundaries, it has much to commend it. We know very well that external stressors, say long-term job loss, can test coping capacities, but save for an individual focus, say the depressing self-talk of the unemployed or a behavioral rehearsal for an interview combined with group feedback, the terrible magnitude of the problem remains background. As for the background, clinicians may sometimes protest somewhat dismissively, "That's not what we're trained to do."

This may be a conceit, but it also turns out to be literally true. Most clinicians have a good understanding of the "close in" and are prepared to deal with it, yet if their educational experience exhorts them to "fight the good fight," this is mostly pietistic encouragement. The truth is that clinicians are given relatively few tools with which to impact the larger social scene; by personal inclination, it is not on the agendas of most prospective clinicians, nor is it encouraged in the vast proportion of organizations within which they will work.

Finally, I want to think about some core aspects of the clinical model. It can hardly escape notice that I am apprehensive over what has been called the "expressive individualism" (Bellah, et. al., 1986) of clinical practice, including family therapy and therapeutic groups, all of which replicate that particular variant of American individualism. Also, clinicians, with some sense of superiority, may assert that social work is really the only helping profession that is truly holistic in its orientation to the client's world. The person-environment construct or systems theory, cornerstones of social work, are said to be distinctively ours. But to think that social workers alone have an all-inclusive or holistic viewpoint is more wrong than right. As I have tried to show, this belief is too often disconnected from *social intervention*, a point that I cannot emphasize too strongly. Remember, the acid test for a practice profession is what it *does*.

It is not so unusual that fiction will be transformed into believable fact via the practice of repetitive assertions, a familiar process. To recapitulate it briefly, a network within which clinicians are embedded constitutes a sub-culture that is mutually reinforcing for participants, it fortifies belief systems, and it confirms assertions based on selected examples. From the inside, participants build on these seeds of truth about environmental intervention, and under continuous repetition and reinforcement, these assertions assume a quality of rightness. Eventually the claims become completely usual and unquestionably correct to those who are a part of the culture. The person-environment formulation and its

variants follow this process.

But look in from the vantage point of an outsider and a very different perspective emerges. Here, assertions like psycho-social intervention may have a political character in the form of claims or constructions that advance interests in order to protect or to advance the professional domain (and/or oneself). But generally, we must start with a position of neutrality. In other words, claims may be true or false. What's important from this perspective is that the profession and those within it constitute just one of many professional interest groups whose claims are subject to various kinds of truth tests. Faith accepts claims as unshakable truths, but rationality requires good evidence. That's the reason for strong skepticism about the social part of psycho-social.

If this kind of analysis seems too heretical, too political, or even too cynical in relation to the largest, most dominant segment of the profession, why then, throw it away and be done with my account of the profession's claims. But do pay attention to the confirmed fact that therapists, regardless of orientation or even discipline, come to resemble each other over time. And consider some of the implications of this convergence.

The last possibility, suggested by the similarity of helpers, is a fundamental and far-reaching realignment of the professions so as to bring other psychotherapists, say clinical psychologists and clinical social workers, under one roof. Compared to some earlier suggestions for reform, this would be quite radical, and it is probably a long shot at the present time, particularly since it lacks a constituency. Aside from disparities in terminal degrees, there are all sorts of political problems, turf issues, and differences in history and traditions. Because of all that, it is frankly utopian at this time, even though it makes sense.

To the extent that the professional association advocates progressive social policy, this is all to the good. But in the final analysis, so far as everyday practice is concerned, it is an open question in my mind whether we can heal the wound between our prevalent individual emphasis and what we nominally call social work. Absent that healing, these two come perilously close to being an oxymoron.

I understand too well that this will challenge some cherished beliefs. Therefore, if you find it unpersuasive, keep in mind that the contours of clinical work were developed many decades ago and may no longer fit so neatly with advancing knowledge and the dramatic changes that have taken place in the lives of children, of families, and of society itself. Now it's noting the inadvertent exploitation of the esteemed value of equality which admits of no distinctions in the distribution of risk. To take but one example of many possibilities, saying that all families are subject to mental stress (maybe to de-stigmatize it), is literally correct, but it masks the unequal distribution of risk in society. We also know so much more now about the multiple variables involved in inequality, and they all point to significant shifts in conventional psychotherapy.

Where we go from here may be a matter of guesswork. Safeguarding personal career choice is an imperative in a free society, but this does not provide profession immunity. Reconfiguring clinical work is not impossible, but it is long past time to forget such easy platitudes as, "we can't be all things to all people," or "don't throw out the baby with the bath water." These are self-protective enemies of change and are useful only for making rhetorical points. Perhaps clinical practice will continue to be in command of social work, but then again, perhaps not. Who knows? What I do know is that transformation is rarely, if ever, easy, and if it is to occur, one thing is certain – some treasured beliefs will have to give way, especially the one that labors to dress up contemporary psychotherapy as if it were social intervention.

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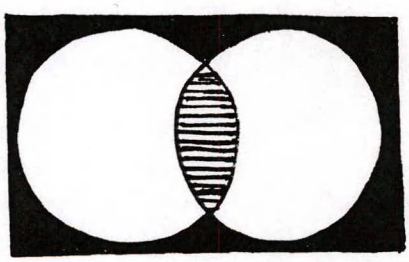

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Manuscripts are due by: January 30, 2005

Experiences in Groups: Bridges to Understanding and Helping

Paul Abels, Ph.D., California State University, Long Beach

This narrative describes the group work experiences that shaped the author's career in social work. He ponders mistakes made, battles fought and won, and the state of group work today.

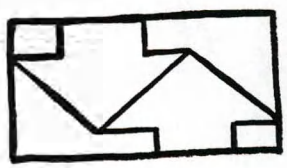
Introduction: Lost in the Stars

Probably there is no other journal that urges its authors to talk about themselves, describe their own experiences, illuminate both their own and the voices of those they work with, and then ask them in their conclusion to discuss what they learned by writing the article. There is no other journal in which I would not feel it rather audacious to talk about myself. In fact, even with permission, it is difficult for me to do so.

What follows are five vignettes, parts of process records I made for myself and occasionally use with groups I work with. As one of my teachers once said, "If it's not written down, it never happened." The vignettes are selected because they deal in part with nonverbal helping approaches such as play, games, and activities, aided by discussion of the experience. In these illustrations the catalyst that made for change was often the activities that allowed the conversation to deepen and promote social interaction.

There are times when words alone are insufficient to encompass the human drama. People reflect the drama of their times, their experience, their creativity or their "robustness" or hopelessness by the nature of their actions often expressed through art. Throughout history, we find that certain themes repeat themselves; one is the recurrent theme of the human in conflict. That battle is extremely dramatic, and it is reflected in the theatre, movies, and music of the day. Whether the struggle is in the form of people against nature, humans against the Gods, human against humans, persons' exclusion from or attempt to enter into the human community, or people against other powerful forces of control, all are presented through the medium of the arts. Art, it has been suggested, is victory in our battle with the Gods.

Throughout history, music and drama have been used therapeutically to soothe or to stir the soul. Drama for Aristotle was a way to purify the spectators by exciting certain emotions that could offer relief from selfish passions. The famous innovative "group therapy" dramas were established by Coulinier, the director of Charenton (a French mental asylum), who organized "famous performances in which madmen sometimes played the roles, sometimes those of spectators. The insane that attended these theatricals were the object of the attention and curiosity of a frivolous, irresponsible, and often vicious public. The bizarre attitudes of these unfortunates and their condition provoked the mocking laughter and the insulting pity of the spectator" (Foucault). We are reminded of similar audience participation in programs such as the Jerry Springer Show.



The origins of social work with groups are usually highlighted with references to settlements of people like Jane Addams and social action efforts, particularly at the community level. Only later in its history did group work take on more clinical aspects, leading to social behavioral change and group therapy. Or so the story goes.... But that story is not the

whole story! Mutual aid, structured into numerous church groups and organizations, was an integral part of early African-American heritage. There were immigrant benefit societies and fraternal organizations. In fact, mutual aid was the major source of social welfare long before social work came upon the scene. Mutual aid became the mantra for social group work. Group work was being done with children and adults in mental health settings long before there was such a thing as group therapy. Neva Boyd (1935), coming out of the playground and recreation movement, recognized the importance of games and play in work with groups and headed a group work program at Northwestern University and a training program at Hull House. Hanifan (1916) coined the term "social capital" because of his interest in civil connections located in community center programs running out of schools almost a century before Putnam wrote *Bowling Alone* (2000).

The press to generic social work practice became a major force in the field approximately thirty years ago. It is a major factor in turning away from the games, play, stories, arts and crafts, acting, dramatics, dance, and democratic simulations of miniature congresses, once seen as important aspects of social growth and social relations. The work of Neva Boyd (in Simon, 1971) and others like Gladys Ryland (Wilson & Ryland, 1949) and Ruth Middleman (1968) focused on activities and the importance of play and the value of recreational activities for work and growth. For the most part, their ideas are lost in the stars.

In this article, I discuss some experiences in groups that have shaped my views of helping. These experiences are narratives or stories that required reactions from me as the worker and/or from other members of the group. Of course, we know that the stories are never the whole story; they are incidents, spaces in time that are only parts of the landscape of the person's life, but their selection had significance at that time and impact on the future. These are all stories in which activities are joined with words to help us work with our clients. The stories told by those we work with, either individually or in groups, become the bridges from which we start the helping process. In fact the time and audience influence how we tell the story. Stories are never the same twice, unless they are written down.

The Bridge

I worked with a group of six boys of about 10 or 11 years old who at that time were labeled mentally retarded. One boy, who I will call "J," was African-American. The group members gave themselves the names of comic book heroes, and every Saturday morning we met and usually played games, took a trip, and talked about things. They liked the trips the most, that is, next to being in a group "like the other kids." Of course, some trips were problematic, like the boys going into the duck pond to feed the ducks, or pushing buttons on the elevator to terminal tower. But most were fun, except the time we crossed the bridge, a particular bridge. J got frightened and cried, saying he didn't want to go, but we went anyway and he cried most of the trip. Back at the center, thinking he was afraid of bridges, I told him they were safe, not to worry (blah, blah, blah). He calmed down. A few weeks later on another trip heading in the same direction, he sat next to me in the car, something I hadn't let him do since the time I found out he was a compulsive button pusher. As we came near the bridge, he began to cry again, louder and louder. This time I turned the car around and went to a park instead. It wasn't until we sat down for a snack that he quieted down.

What was it about that bridge that created such problems for him? I tried to talk to him about it, but I didn't get much of a response. The other boys did not connect his crying with the bridge but worked at calming

him down for about two minutes; then they all ran off to play. I spoke to his mother, who would bring him to the meetings on a bus and pick him up afterwards, to let her know he had been upset. I told her about both experiences. I hadn't mentioned it the first time because the boys often got upset, particularly if they were doing something they got tired of. She said she didn't know what it might be, but did say there were often discussions in the house about how the river divided the city and that Blacks weren't welcome on the other side. I didn't know how to respond.

I will never know if that was the reason for J's fears. While we were often able to talk as a group about what the boys would like to do at the next meeting or what they would like to call the club (which led to their comic hero names), their attention span was short. At the meeting after my talk to J's mother, I asked the boys if there were things they didn't like or were afraid of. The responses centered on other children making fun of them at school. They all shared that concern. The talking lasted about six minutes; soon the boys were running around the room, eager to get out the door. J wasn't fearful in the group. We stayed on the east side of the bridge; the group didn't like to talk much. They just wanted a club "like the other kids."

The Tea Party

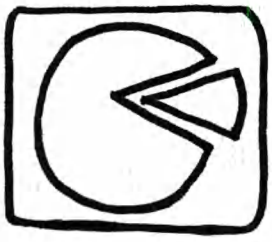
The public housing "Estate" was one of the nicer ones in the city. At least I thought so because it was only two stories high with a number of apartments in each building. There had even been attempts to grow trees, but the kids had really mangled them before they had a chance to grow (almost like a metaphor for the kids themselves). The "Estate," as it was often referred to by housing officials, was made up almost totally of African-American residents. The planning group I worked with was composed of all women. Most were about 50 years old. Although all of the tenants officially were members of the tenants' organization, I met weekly with the planning committee. I was to help them develop a program to have tenants manage the estate. It would give them more say about their living conditions and might also provide a few jobs. (It was a program initiated with a HUD grant.) I was familiar with the community to some extent because I had directed a Vista Program at the Phyllis Wheatley Neighborhood House, just prior to and during the Hough Riots.

Some of the residents had lived there about 20 years. One of the women had seen her mother raped somewhere nearby twenty years earlier. She was the vice-president of the planning group and told me about that incident at one of our weekly meetings. The planning group would meet in each other's apartment every other week and my assistant, a young male resident in Junior College, would plan with them the sessions for the training program. The group knew her story.

At each meeting, the person whose apartment the meeting was at would serve coffee and cookies and cake. I worried a little about this and didn't know how to handle it other than one time saying I wanted to bring cake next time. They understood. At one of the meetings, while we were talking, preparing the agenda for the next tenant meeting, and eating, there was a knock at the door. The manager had arranged for all of the apartments to be exterminated that day. The tenants had not been notified, or at least didn't recall, and the manager was asked if he could come back later. He said he couldn't, and admitted the exterminator, who sprayed even in the closets with the dishes. He saw us eating at the table and said not to worry, as it wasn't toxic. He finished quickly and left.

The women were embarrassed and angry. It was as if anyone could come into their apartment whenever they wanted. They had no say. Waiting half a minute, I picked up my cookie, started to eat it, and asked, "Does that sort of thing happen often?" There was

no answer but one of the women said, "You know, this is something the tenants organization should take up, what do you think?" One member said she would bring it up at the next meeting and we discussed the best way to do it.



Lost on the Moon

The ten group members were all policemen, some on the force for almost fifteen years. The group's purpose was to discuss ways they might better deal with some of the family problems they come across, particularly when they are called into a family fight. Often they become the target of the abuse and, at times, are physically attacked. There was also some concern about how to handle mentally ill persons they picked up on the street. In essence, it was what was generally called "Human Relations" training. They were, what might now be called, a mandated group. They had no choice and they had to meet weekly for about an hour and a half, unless they had to be in court or on other special duties.

From the first meeting, things were not going well. They resented being forced to come and made it clear that they really didn't want to be there. However, they did respond except for discussions that might reflect on their behavior, other police officers, or topics they thought political, such as racial issues (they were all white). I think it was about the fifth meeting that they talked about their training and that a lot of it was nonsense. I felt it was their way of saying what a waste of time this was, but when I asked them, they said of course not. At an earlier meeting, they had asked if I wrote and handed in reports on them. I told them all I had to hand in was their attendance, but did not add that whatever they said in the group was confidential, although it was.

They didn't trust me and wondered if I ever told my classes about them. I told them that I had mentioned that I was working with a group of policemen but I never discussed specifics. I told them a little about a social work practice course and a course on discrimination and inequality. In fact, I used a case related to the Detroit race riots in which a policeman had saved someone's life. They asked about it and I told them that when a "Negro" man was being beaten, a policeman acted to stop it because a woman told him that was his role. They smiled at that and I asked why. This was the first time I'd pushed them a little. One of them said it was their duty to protect. No more was said. I said, "You guys are tough." They laughed.

At no time during the ten weeks that we met did they ever contradict one another on police behavior. Toward the sixth meeting, they did start to roll their eyes occasionally at some of the comments being made by other officers. I saw that as progress toward a more open relationship.

They were cordial from the first, but made it clear to me that they were the "power" or did I make that clear to myself? I didn't make the introductory remarks students now learn to make to mandated groups, like "I know you don't want to be here, but if we work together..." I introduced myself as a social worker and talked about the goals of the group. They were not particularly interested. I asked them to introduce themselves. The "old timer" said something I thought interesting and surprising. He said that in 15 years he had only drawn his gun on a person once. None of the others talked about their gun experiences.

I started by asking them about some of the major problems they faced when they got calls involving family fights. Their approaches varied, with two of them talking about their physically restraining the male and giving him a warning. The way they said it suggested there was a little more than that. The old timer said he rarely used force; he and his partner would talk to each person in a different room. Almost all of them talked about not wanting to arrest anyone, although they used the threat

as a way to calm things down. While it sounds that things were open, only four of the men said anything at the first meeting. The second and third meeting was about the same, but near the end of the third meeting, one of the policemen introduced the topic of what they should do with some of the mentally disturbed people they picked up in the streets. Some of the hospitals didn't want to admit them, so they ended up putting them in jail overnight; then they were back on the streets. They said it was the same thing they did with drunks: put them in jail for the night. Most of them agreed that there was no good service. One had befriended one of the people in the emergency room of a nearby hospital, and when that person was at the hospital he would admit the person. They seemed honestly concerned more about the mentally ill than about the drinkers, particularly if they were minorities.

I told them I used case records a lot, like one called "Lost on the Moon," which had been published in *Psychology Today.* At their request, I brought it in. Briefly, the exercise is about astronauts who get stranded on the moon with about a dozen objects. They have to figure out which ones would help them survive on the moon. During the exercise, I experienced the only time my clients disagreed among each other, arguing and even calling each other names. When they asked me how they compared with my other classes. I told them they were much better – they were, since they had a better grasp on what might help in a survival situation. They had a great time, and left in a high mood. The following week they were still talking about it. One had done it at home with his wife and kids; others had tried it out on some of their colleagues.

We talked about what they had learned in the game that might be helpful to them. They talked about their feeling of separation from the general public, how people just didn't appreciate them except when they were in trouble. They discussed being able to think broadly, importance of consulting with others who might know more. I often wonder what would have happened if I had done "Lost on the Moon" at the first meeting.

Some Guys and Gals

The last two weeks of camp were reserved for about twenty-five adults. The camp was under the leadership of a wonderful social worker, Mel Herman, and was part of an organization serving the orthopedically handicapped. During those two summers with Mel I learned what social work could really be like. I was the program director, which meant I had daily meetings with him each morning with two other leadership staff, one of whom was Louise Fry who later taught at Boston University, to talk about how things were going and about any camper who might need some special attention. I also learned how important frequent team group meetings could be for the clients and the staff.

The first six weeks we served children, most of whom were in wheelchairs or on crutches, and many of whom needed care in dressing, eating, and other basic necessities. The training prior to the children coming to camp consisted of five long days during which we tried to prepare the counselors for what they would have to do and what the children were like. We thought we had done a pretty good job. When the buses arrived for the first session and the children started to be helped off by the counselors on the bus, those of us who were new to the experience stood motionless. It was beyond our expectations; we had to remind each other why we were there. But this is not about the children; it's about the adult group.

Many in the adult group required almost total care. They lived in institutions, and although they were well cared for, the two weeks at camp for most was a unique change in their institutionalized routine. Almost all were in wheel chairs, but a few were ambulatory and helped counselors whenever they

could. Trips to the beach meant dragging wheelchairs through heavy sand and being stared at by the usual beach goers. For some, an evening trip to the bar near the camp was a once in a lifetime experience even though it was for a beer or a coke.

The highlight of their two weeks was putting on a production of *Guys and Dolls,* limited, of course, by the fact that most of them were in wheel chairs, their speech was often difficult to understand, and the music a little off key. The audience of the other twenty campers and the counselors loved it.

It was customary at the end of the adult session for the camp executive staff to assess the value of the experience to the campers and inform their institutions of their progress, and whether they should be recommended to return the following year. The recommendation for one young woman, June, who was severely handicapped and strapped into her chair and never spoke or participated in the activities, was that she not return the following year. Mel received communication from the hospital saying all she did was talk to them about the wonderful time she had at camp and how important the experience had been. The hospital staff felt she had made great progress because of her camp experience. She came back the next year, and we were much smarter.

The Disguises of Connecting

I have mentioned Neva Boyd whose ideas about the importance of activities influenced a great deal of the work with groups. In fact, she may very well have been the first group worker to work clinically with groups, primarily because of her belief in the value of play as a helping medium. One of her articles had special meaning to me because it indicates the importance of connections. The scene is an institution for people diagnosed as mentally ill.

"A man released from the Chicago State Hospital for the Insane related his experience with play as follows:

"I knew I was insane, but I couldn't pull myself out of it. Every day we were taken out to the play field where the attendant kept us sitting on the benches doing nothing. One day I looked up and saw a new attendant. He had a ball in his hand. I stood up and he threw the ball to me. The instant it struck my hands it was as if my spine was frozen. We threw the ball back and forth for a little while. I was perspiring and so exhausted I could hardly walk, but for the first time I knew I could be cured. It was the 'feel' of that ball in my hands that made me sure. It went all through my body the way it did when I played ball as a boy." (qtd. in *Simon*, 1971, p. 64)

Talking about another program, in 1918 she wrote:

"Whole wards of patients totaling about nine hundred were given some form of recreation every day except Sunday.... Because it was believed that by observing the workers as well as the more stable patients...the policy of bringing all the patients on the wards to the gymnasium was followed. None were ever coerced; and even though they sat and only occasionally raised their heads and stared vacantly at those in action, it repeatedly proved to be the beginning of their participation.

Some of the results of this early experiment were so obvious that many of the medical doctors who had offered opposition in the beginning became ardent supporters of the work; and the nurses in charge claimed that whole wards of violent patients were far more quiet than this type of patient had been before this treatment was introduced."

(qtd. in *Simon*, 1971, p. 55)

Conclusion: The Bridge of San Luis Rey

In Thorton Wilder's classic book, the bridge is where the major characters are by chance for their final story, a story none will ever tell but that serves to enlighten and create wonder for the world. The bridge connects those people to each other and to us. The bridge offers a way to connect to the world, and that is what these stories indicate to me. It connected me with my profession, with the dreams of the group members and how the activities need to grow out of the life of the group if they are going to have meaning. I also learned that we don't always know what the activity means to the person. Little by little I learned the importance of trying to see the whole person, not just the problem.

How does catching a ball connect you to the world? How does having a beer connect you to others and with life? How does crossing a bridge connect you with fear, and how does a worker come to understand that connection? What these stories had in common as I thought about them is that it took me a long time to really see the whole person. Not just a policeman as a policeman. Not just a woman in a wheel chair as a non-responding camper. Not just a child with a label, but a child with a history.

The tenants were not just committee members planning a program; they were whole people with many stories to tell, and I only saw what I had been obliged to see. I still work hard at not just seeing my students as students, but as persons with many stories. Viola Spolin, first a student of and then a colleague of Neva Boyd, spoke about the importance of the "point of concentration." She was training actors and taught and worked with actors in Chicago's Second City. Her book *Improvisations for the Theater*, served me well both in practice and in the classroom. In our work, the client's life is the "point of concentration," not just the story told but its meaning in the landscape, including the parts of the story that are missing. What's behind the story? We missed part of the story of the young woman in the wheel chair because we didn't listen to her silence. We made our own assumptions about her based on what we thought her story should be. I missed J's story because I was thinking he wouldn't be able to talk about it. I missed helping the police officers more than I did because I feared their authority, and I assumed they wouldn't want to play. Has group work missed opportunities because we have given up play?

Did I really learn all of these things from these stories? Well...that's the way I'm telling it this time around.

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Walking in Truth and Honor: A Narrative Interview with Chauncey Alexander, Part II

By Joshua Miller, Ph.D., Smith College

The following is the continuation of an interview, the first part of which appeared in the Fall issue (Volume 9, issue 4) of Reflections.

Introduction

I interviewed Chauncey Alexander on three successive days in September of 2002 at his home in Southern California. The first of those interviews was published in the Fall, 2003 issue of *Reflections* (9:4). Chauncey was weak from a series of medical ailments yet able to focus and respond to my questions. His wife Sally participated in the interviews and would sometimes cue him or add to his responses. Towards the end of the interviews, Chauncey was feeling tired and I found myself filling in more of the spaces than I usually do as an interviewer, often paraphrasing or summarizing what I thought he was trying to get at and having him react.

The first interview covered what led up to Chauncey's career as a social worker while the second and third interviews, combined here, focused on Chauncey's professional career, particularly his tenure as Executive Director of the National Association of Social Workers (NASW), his reflections about his career, and the state of the profession and nation. What emerges are some of his key strengths: the ability to listen carefully, learn thoroughly, and act decisively. His personal integrity is always present, whether he is working on behalf of those who are oppressed or socially disadvantaged, standing up to the charges of being a communist that hounded him throughout his career, or being willing to resign from a job if he felt he was being undermined or that the organization was not acting responsibly. This took courage, as anti-communism fever was sweeping the United States in the 1950's and 60's and it also meant risking economic vulnerability. As you will see, Chauncey's willingness to fight for what he believed earned him respect and credibility.

Chauncey was also gentle and hospitable. He worked very effectively with volunteers and understood that colleagues have social as well as professional needs, as he and Sally hosted dinners as well as chairing meetings. He also understood the power of personal contact and relationships and did a tremendous amount of outreach to NASW chapters. All of this did not come easily to a man who was initially shy and reticent about public speaking, and yet who became the most visible, if not powerful, social worker in the nation. Willpower and the willingness to prepare, do his homework and practice difficult tasks were behind-the-scenes strategies employed by Chauncey in order to become an effective leader.

As well as offering Chauncey a chance to tell his personal story, these interviews offer a fascinating window into the politics of NASW during his tenure as director as well as the politics and issues that confronted the United States during this period. These interviews were with a powerful leader of our profession at a time in his life when his physical strength was diminished and, as Chauncey put it, "I'm staring death in the face." Yet his reflections offer us an important historical narrative, wisdom, hope, and a glimpse of the career of one of the major figures in modern social work. I am grateful for having had the

opportunity to discuss these issues with Chauncey and Sally Alexander.

Part II

JM: Chauncey, tell me about your first social service job with the State's Department of Social Services.

CA: Well, I think it really set the course for me, from the beginning. I was assigned for about a month and a half to the Glendale-Pasadena area, where I met people of my own economic status who were in trouble and getting welfare. Then I got transferred to the single men's district in the center of Los Angeles, interviewing guys for eligibility. It was fast, it was tough, and there were lots of things happening. They had NASW and the union, and the two cooperated to some degree, but [they were wary of one another].

Dr. Ed Bock, a professor from UCLA who had lost his job was a union organizer. I took Ed to lunch and said, "I'm interested in this and I'd like to help in any way I can, but if I join something, I don't expect to be just a member. I've got to really help out." I was so damned naïve (laughs). Ed took me as his assistant everywhere and got me into everything he could think of. I was active in both organizations. I was exposed to all kinds of union activity, all kinds of NASW activity, and also all kinds of thought.

JM: Such as?

CA: Primarily Marxist and social democratic ideas. I had just gotten married at the time, and so I tried to include my wife in these activities and she worked downtown too, so almost every night was a fast dinner downtown and then we'd go to meetings. The whole thing was a tremendous learning experience. A fight developed with the governor, [who] had gotten in as a Progressive.

JM: Which governor was this?

CA: Governor Olson and instead of the progressive ideas that he had [articulated], he attempted to develop a political machine out of the department. So we were fighting that, both the union and NASW, and principally standing for the principal of professional social workers doing the job. [Olson] started moving political people into the operation. One example was they hired a manager above the professional social worker and she had been head of the prostitutes on the Bunker Hill and was very strong politically because she controlled that whole area.

Sally: You mean, she was a prostitute?

CA: No, she was the prostitute's manager. One of the things that I have had to overcome is being afraid to talk, afraid to do anything. I'll illustrate it this way - when we were conducting the battle for social welfare, in [this] job, we put on a fundraising event called, "What a relief." Writer's for the Art Linkletter Show got me into the show because I was active in the leadership and they wanted to make me a star. So they had me up there trying to sing, (laughs) and I was so embarrassed that I couldn't get a note out of my voice.

JM: So you just froze up?

CA: Yes. And that was something that I had to overcome. I remember the first time that I was on the staff and had been given a job to determine the problem of single men in the downtown district and had done a study, I was to give the report to the staff. And I sweated and I got up and I braced myself and just went through it. I was wringing wet.

JM: And how did you overcome that?

CA: Just by doing it. I made up my mind that I was going to take every opportunity to

do something like that...publicly talk. And I would steel myself to get up and I would always sit in the back of the audience and finally get the nerve to raise my hand and deliver something.

JM: So you just pushed yourself to do so and it sounds like you desensitized yourself.

CA: Yes.

JM: Was your sense of yourself changing? Were you seeing yourself as a social worker?

CA: Oh, yes, decidedly. And the two social workers that were supervisors of mine convinced me to go to school. And so I started at the only school that was available, USC, in 1939.

JM: While you were still working at the state relief administration?

CA: Right. And I went nights and late afternoons or something like that.

JM: So this sounds like it was a life changing experience working there.

CA: Tremendous.

JM: You learned things, but you also saw yourself differently, and it really started you on your career as a social worker.

CA: Yes.

At this point, Chauncey went on to describe some of his early social work and union jobs and then his experience in the military during World War II, which was covered in our first interview (Miller, 2003).

CA: O.k., I came out of the service and had a wife and two children and no job and no money. One of my friends, Max Silverstein, got me a job as the research and information director for the Veteran Service Center in Los Angeles. I worked for a fellow who had been a crossing guard at the WPA, who was now head of the Veterans Service Center. He was a veteran and he worked the veteran's organizations all he could, back and forth. He had done that for years. And so I worked for him. I developed a number of things there that gave attention to the veterans and their problems and what they needed: working with individuals, program development with veteran's organizations and community relations.

Sally: Didn't you do newspaper and radio?

CA: All media. We developed a 13-week radio show for veterans and got several movie stars to participate and help. We got a lot of newspaper publicity all the time. We had various problems that arose: they were building houses for veterans and the damn things were falling apart faster than they (laughs) could build them. So we went after the contractors and got them to fix the things that were necessary. Everything you could think of was a veteran's problem. We put together all the laws related to veterans in the United States, state by state.

JM: Wow that must have been quite a project.

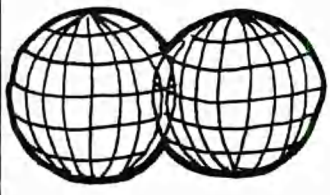
CA: Yes, and we put it in a little book that we had. We gave them away, and the first day we had veterans lined up two or three blocks around the building to get those things. It was amazing.

JM: It sounds to me like this was, again, another shift for you, that this was doing...

CA: Public relations.

JM: Public relations, organizing, program development, I mean, it took some of your earlier skills, but it expanded them to a new level.

CA: Exactly. Yes, it was a whole new area for me. It was a new profession, like, social work. I had to learn everything about what to do in public relations. We made the Veteran's Service Center the national example for the country. We had Katherine Graham, the woman who owned the Washington Post, out to dedicate the opening of the something-or-other (laughs), we had things like that and did a lot of public relations, and it was there that I ran into a friend of mine, Ed Flynn, who was a professional public relations person. Things were kind of folding up at the, at the Veteran's Service Center - the war had been over for a while and so I started looking for another job and went into business with Ed Flynn.



JM: As a public relations consultant?

CA: Yes public relations. And we handled various accounts. I developed accounts with the social service agencies around, and he handled commercial accounts. That was Ed's business. He was a very sharp guy and I kept learning more about the PR business.

JM: Were you still going to social work school?

CA: Yes, after I got out of the service, I started going back to school and 1950 was when I got the social work degree. Ed and I kept getting more business. And we started the use of pepper mills in this country.

JM: Really?

CA: Yes, with the pepper mill account that we had. Ed and I found this guy that made these wonderful, beautiful pepper mills, and got an account. So I took one end of it and he took the other. He took the national magazines and I took the press and the annual social work meeting that they used to have: I decided to work pepper mills in with it. The meeting was, I think, in Cleveland. So I went the library, and got a bunch of recipes— any recipe that had pepper in it— and I rewrote it for whole ground pepper (laughs).

JM: (laughs)

CA: I must have had 15 or 20 of these things. I started across the country with Max Boughner, who was another friend of mine, who had jewelry to sell. Mostly I would go to the PR office of a newspaper office, get the person who handled the health and family accounts, introduce myself and put 2 or 3 of these pepper mills down on the desk. I'd say, "How do you like that?" Then I would sell these pepper mills to them. In the *St. Louis Post-Dispatch* I got a 2-page double trunk presentation of pepper and pepper mills. I went across the country doing that. I gave a demonstration to social workers on how to sell whole ground pepper at the Cleveland conference (laughs).

JM: It sounds like with all of these early jobs, you kept taking something new and putting them together.

CA: I think that was what was happening. Meanwhile, I was keeping in touch with the social work profession. I was going to the meetings, I was helping out, you know, running a committee or something.

JM: Tell me about becoming director of the Southern California Society for Mental Hygiene.

CA: I took over this job at our agency that had been run by social workers. We did an expose of the state mental health system. I was up and down the state all the time, appearing before the state legislature.

JM: This sounds like a change for you in that you had moved even further away from doing direct service and you were really very much in an advocacy role here.

CA: Yes.

JM: Sounds like you were drawing on some of your union experience and your public relations experience.

CA: Yes

JM: And your understanding of how social services work.

CA: Right. I would say that was a good analysis of it (laughs).

Sally: I think there's also a place here where a relationship between the executive director with the board members became very important. I'm remembering you telling me about something where you put your job on the line. He did the same thing in NASW because of the steely nature of his character, which was admirable.

CA: We had recruited a woman [a board member] who was very ambitious and wanted a lot of attention and was very controlling. So we got into a tangle, and I resigned. I said, I can't do this job this way.

JM: Because you found her too controlling?

CA: Yes, and she wanting to do things, that I felt were, that were, actually, illegal. (laughs) and unprofessional. And so it got to the point where I just had to make a show of it and so I resigned and I quit. The board had a meeting and they wanted me to come back. I said, no, once I make up my mind about this I'm not coming back. And so that was the story on the Mental Hygiene Society.

JM: When you first became an executive director did you know how to do the job right away or were there challenges for you? Again, it just seems like it was a major transition professionally. It was your first job as a director. Did you know how to be a director?

CA: I think so.

JM: Did it feel like it was a really good fit?

CA: Very much. And I found a lot of the satisfaction in it, there was a lot of praise and so forth.

JM: When you took the stand and resigned, did that feel good to you or were you ambivalent about it?

CA: I knew I was right (laughs).

JM: You had no doubts.

CA: That's all I could say. But I was anxious about finding another job, and about making a living.

JM: So, ethically you knew you had done the right thing, but economically it was a bit of a scary place to end up.

CA: Yes, absolutely.

JM: So what happened after that?

CA: [After I resigned] I got a job as a part-time administrator for the work classifi-

cation unit, which was a project of the Heart Association's demonstration project. What we did was go out and get industry to cooperate in an evaluation of their employees who had any cardiac problems. We would then provide stress testing. We had the equipment; we had the treadmill and the pulmonary function test. What we did was to establish a program where we went through about 1200 patients, testing them for heart problems. I did the social work stuff, recruitment and dealt with the industries.

JM: When you said you dealt with heart patients were you directly dealing with people?

CA: I was dealing with the people. I had to get certain information from them, so I developed a way of approaching them that that determined their life mode in virtually 15 minutes. We would put patients on the technical equipment - stress testing, pulmonary function tests, and things of that sort. We had two doctors and a technician working with me. I was dealing with the top industrial doctors in southern California, getting them to agree to work out plans for the patients. I made a lot of friends that way, Mobile Oil, all the major corporations I went to.

JM: Well, that must have been good for your career and for your work.

CA: Yes, I think it was.

JM: It sounds like you were really good at networking and developing relationships with people in organizations.

CA: I think so. I think [from] my earlier work I could feel what it was they needed, were wanting, and what they were willing and not willing to do. I was able to get things and to give them things that they would want and make it happen.

JM: Being able to see things clearly and to come up with a quick plan sounds like a skill that you had developed.

CA: Yes, we had to do that.

JM: You went [back to school] to get your doctorate. What motivated you to do that?

CA: Well, I was raised to be a physician and I always wanted that but it became impossible, so I wanted to get a doctorate. I did everything, passed all of the tests, except I didn't take the final written test because I was hired for the NASW job. That preempted getting my degree.

JM: You had to make a decision to take the NASW job and not complete this; when you look back on that now, how do you feel about that decision?

CA: I think it was right and I think it was wrong (laughs).

Sally: You were going through a personal trauma at that point. It's when you were getting a divorce and...

CA: Yes, that was also true at that time.

Sally: That kept him from focusing on writing the dissertation.

JM: So you were saying that you felt okay about it and you also didn't feel okay about it. What are the parts you felt fine about, and which are the parts that you have regrets about?

CA: Well, I felt I did a lot of work and study that I was not getting credit for (laughs), basically. I was right up to the point where you step over and you get recognized for some

knowledge level and I felt that I really cheated myself out of that. On the other hand, when you have the equivalent of running the profession, that was the other alternative.

JM: It sounds like you had a choice where you couldn't do both.

CA: That's right. You couldn't do both if you were going to do it right, because the NASW was so demanding. During the Heart Association, I was in the middle of getting them out of trouble, and they had had an executive who was an alcoholic, and they were millions of dollars in debt when I took over.

Sally: And you were being accused at this time...

CA: I was being accused of being a communist [by a] Dr. Bullock. He [also] managed to push the board to the point where he was saying that research is the major thing we have to do, and so we're entitled to at least fifty percent of the money that is raised. That was what got them into trouble. He was appropriating all the money and they didn't have enough money to handle the other services and functions that they had. So when I went in there, I was a target for him because I had dealt with him before when we were on committees in the welfare council.

JM: Why were you seen as being a communist?

CA: Well, I was accused because of two things, I think. One was the hangover from the SRA, when they let me go with, what do you call it, with something...

Sally: Prejudice.

CA: Prejudice, yes. And that was so perfunctory that I didn't even pay attention to it.

Sally: And you were also interviewed by the state committee, similar to McCarthy, only it preceded him.

CA: I would go up to the Tenney committee and I would refuse to say anything to them.

JM: And he was like the McCarthy equivalent in California?

CA: He was the McCarthy of California.

Sally: So you faced him down. Tell him about the board meeting. It was important—about how Bullock accused you of being a communist and...

CA: Bullock accused me of being a communist and [said that the Heart Association] couldn't hire me. I went to the chairman of the board who was a lawyer and a very straight guy, and I said, "Look, Dave, I can't deal with this unless I get a chance to, on specifics, what's the problem?" and he says, "Is that right? Well, you've been accused of being a communist by Bullock and by the woman who was the head of the mental health organization."

JM: The one that you resigned under?

CA: Yes. So he told me their names and so I went out and got a lawyer, a state senator.

Sally: Richard Richards.

CA: Richard Richards was a friend of ours. And so Dick said the only way you can deal with this is to get these guys on the spot, so he told me to get a court recorder. So I hired a court recorder and I went to these three people and I said, "I'm up for this job and you've indicated that I'm not fit for this

job, and if I'm not, then people should know about it."

JM: You had a court recorder with you?

CA: I had him with me. So I said to them very pleasantly, "If what you say is true and I am a danger to the community, I'm giving you a chance to put it on the record." (laughs)

JM: That was a good ploy (laughs).

CA: And so that meanwhile this guy was going like this...

JM: Writing everything, typing everything down.

CA: Typing everything we said. And so they said, "No, no, no," I was a great guy, terrific and sorry that there was any trouble.

JM: They totally backed out?

CA: They totally backed out. I went to three others.

JM: And the others all backed down?

CA: Yes, the others all backed down. So then I had a meeting with the executive committee, and I told them the only way I could do this is go to people and give them a chance to make their charges. And then I laid out the stuff I had [from] the recorder (laughs) and they hired me right away.

Sally: This happened throughout his career, every time he'd change a job. Bullock, until he died, would harass him. He would leave a page open in the Tenney report where Mr. Alexander was mentioned in the board of the medical association, leave it there in the library for people to see. And then they'd call reporters and, I'm remembering, in the columns two or three times, just cast aspersions on him for being a possible communist.

JM: That sounds like it was a terrifying time in this country, and you were very much a prominent target in this state.

Chauncey goes on to describe how his major task at the Heart Association was to right the balance between research, which was demanding a disproportionate share of funding and the actual service component. Within a couple of years he moved to become the Executive Director of the National Association of Social Workers.

CA: I was on the NASW national board. When I came to the consideration of the job for NASW Executive Director, Joe Anderson was leaving. Joe had been there a long time, he was an old friend, but the last five years he was there he didn't do much. He was an alcoholic.

Sally: And the organization was in debt.

CA: The organization was trying to help on that, but the guy that was running the organization really was Burt Beck.

JM: How did he fit in with you, Chauncey?

CA: He fit in because I was helpful with the operations he was doing and so he kind of picked me out - we just matched up together and became good friends. And we understood the same things.

JM: Tell me the story about the revolution.

CA: At the 1969 National Conference the doors weren't open (laughs). So everybody was waiting around and they couldn't get the doors open. When they finally did,

there on the platform was a whole lineup of social workers, mostly young ones.

Sally: From California. California led the revolution.

CA: Well, I'm not sure about that. But anyway, what happened was that they were attacking the organization - they wanted more money and programs for ethnic groups-money for action programs of one sort or another.

JM: So they wanted more social action, more relevancy?

CA: Yes. And so they held up things and they started attacking Joe Anderson. They went after him with a very strongly organized petition. I refused to do it because I wasn't going to knock Joe out of the box. He was a long time friend; I understood his problem. I thought he should leave, but I didn't...

JM: You didn't want to see him roasted?

CA: Yes. So that whole thing was a kind of a revolution. Joe, my friend Gip Lorenzo Traylor and I put together a program for the association right there in about three hours, and took it to the assembly and cooled this whole operation out. We presented this program to the body and they accepted it, and it started the organization in a different direction. But it also brought about Joe Anderson's resignation, and so he was leaving. There was a period of about four or five months in between when they started recruiting for people and, finally, I was asked about being a candidate.

Sally: What I'm thinking of was that the President at that point was Whitney Young.

CA: And I'd worked with him. Well, I didn't apply for it and then somebody approached me about it and asked if they could put my resume in. And so we decided yes (laughs) and the whole communist thing came up again.

JM: Again? Wow.

CA: And Whitney called me and asked me about it and what I'd been doing and why this is happening. Whitney, then, supported me for the Executive Director and, but that was after they had called me in to have an interview with the whole gang, not the gang of four, the gang of forty (laughs). So I went before the group and they asked me questions and I answered them.

JM: Because you really had nothing to hide.

CA: That's right. And so, Whitney then called me and he asked me about the communist business because he had been called and talked to by somebody and I told him, "Whitney, you can't be bothered with that, it's nothing that I'm going to be able to deal with in this way." And so he asked me some questions about programming and said, "You were the only one that answered questions clearly."

JM: You had a clear idea of what to do about things?

CA: Yes, I knew what to do. And I'd been through it for years, watched people. And so I was made the executive director. Sally and I moved to New York.

JM: Was that where the headquarters were, in New York?

CA: Yes, the headquarters were in New York. And we were there for three years and then I moved the headquarters to Washington D.C.

JM: You realized politically that that would make much more sense?

CA: Yes.

JM: That you could be where the government was.

CA: I thought it was necessary for us to be in the center of action.

JM: What were some of the highlights for you [in your work with NASW]?

CA: One thing was putting the organization on a modern management operation.

When I went into the National Association the only function that worked well was the book production. Bea Saunders had carved an island around herself. She wasn't going to listen to all that crap out there. She did her job and she did it well and she was very possessive of it. And she was the one department you didn't have to fool with; she already had put it together.

JM: At least you had one thing working when you got there.

CA: Yes (laughs). But with everything else, there was confusion. The first thing I did was I had a meeting of all the staff and I told them exactly what I was going to do for the next six months and answered questions. After I finished answering people came up to me and they had tears in their eyes. It was a damn mess. There was the department that had to do with the handling of the names of our members and they had twenty elderly women in there, shuffling cards back and forth. It was a sight to see.

JM: Sounds like it was from another era and it had not entered the modern world.

CA: Yes, and we had to change that. We had to figure out a way to either get rid of or find a place for twenty elderly women, but we were able to do that and that's when we started getting the organization some modern technology.

Sally: You finally brought in Black [employees].

JM: So it was a predominantly White organization?

CA: Yes.

JM: And this is a big part of what people had been upset about when you had that revolt?

CA: Yes. So we had start hiring more [diverse] workers.

JM: Was there resistance to your hiring racial and ethnic minorities when you started that program?

CA: There was...

JM: From the people who were there?

CA: There was fear. Expressions of fear from people who were afraid that if they hired [more ethnically diverse] people they would have to go or something.

JM: Fear that people would lose their jobs...

CA: Yes. But many of the staff were just relieved that things were happening. I told them, for example, that there wasn't going to be any radical change in this organization for the next six months, but we were going to make changes and people would be asked to comply and work with these changes. Then

I wanted to talk with each person; I was going to talk with all of them.

Sally: Can I maybe bring up something that is a little apart from running the 8 to 5 job, (laughs), which was not that at all. It was all day, all night. When he would have national meetings...

CA: Every time we had a national committee coming in, which was all the time, we would have them at our home.

JM: That sounds like an [effective] strategy, but how did you learn that that was important to do?

CA: I had had the experience from many years of going to Washington. After the meeting was over, I'd turn around and everybody's gone and there you are. In the city, it's nice, but [not if] you don't have any friends. So I was going to correct that. So Sally did a great wonderful job of...

Sally: Being the "hostess with the mostest."

JM: That must have done so many things because it must have helped create a better sense of trust and a kind of group bonding but also gave you a chance to meet everybody in an informal way.

CA: Very much. It was great...

JM: Which must have solidified your position as a leader.

CA: It was a great thing to do, a great technique to do and we would discuss things around some social kind of life and everybody would have drinks.

Sally: Food. I was always amazed at how hungry the younger people were (laughs).

JM: (laughs) Food goes a long way.

Sally: [And we would] visit all the chapters. At that point there were a lot of chapters.

CA: There were eighty-five chapters and I got through a thing that got them down to fifty-five, some manageable size. We got them merged and we had to offer them things, and we were able to get them operating more as a unit but it meant I made a point of being out in the chapters three to five times a month.

JM: It sounds like you really came into your own with this job, that you really knew what you had to do, you could see it clearly and you knew how to make it happen. So it was a combination of being able to see it but also knowing how to make it work.

CA: Yes, that's true. I had been in lots of chapters; I'd been on every damn committee that was in the organization. I had worked with most of the people, so I felt comfortable about it and felt easy in it. I felt it was a huge task, but I felt confident about doing it.

JM: That's what comes across, that you felt confident and you were therefore able to exude that you knew what you were doing to an organization that needed somebody to do that.

CA: We were in debt. The bank notified me that it couldn't make the payroll, those kind of things. And so I had to deal with a lot of problems immediately. It was exciting, it was a lot of fun.

JM: You also were not only working with the chapters and with the community, but didn't you also forge pretty close working relationships with politicians?

CA: Yes. That was necessary. I had a number of ideas about what was necessary [for NASW] but the first thing we had to do was get the chapters functioning. They were in chaos. We created a whole continuing education program that way. We would get prominent social workers to come out and be on our organization. e developed a faculty liaison system.

I developed the ELAN system - Educational Legislative Action Network. And each chapter would have two people who would be in control of that. And that would then form the basis for our legislative action program.

And we developed a program planning budgeting system for the chapters. I had a fellow I hired when I was in New York who was like a business manager. He'd go out to the chapters and reorganize their accounting operations.

JM: Right. So it sounds like you reorganized the national organization, and then, chapter by chapter, provided the resources for them to reorganize.

CA: That's what we had to do.

JM: Chauncey, you had said yesterday that this was also stressful, that your blood pressure dropped twenty points after you stopped doing it, and so it sounds like it was exciting. What were the stressful parts of this?

CA: Well, one stressful part is getting some of the staff to do what you want them to do (laughs).

Sally: It was also struggles with members of the Board of Directors, [clarifying] the relationship between the board and the members. Again, there was a cabal that was organized to do away with him.

CA: Yes.

JM: A cabal among the board of directors wanted to get rid of Chauncey?

Sally: Yes.

CA: In the beginning it was chaos and the board...each person had their own actions and they would talk and argue, back and forth, until doomsday.

Sally: They would work with separate employees, to see if they would go beyond the Director.

CA: And they were used to doing that, you see.

JM: It sounds like it was a feudal system when you came in.

CA: (laughs) It was. F-U-T-I-L-E (laughs).

JM: Feudal. Futile.

(all laugh)

CA: Yes, it was (laughs).

JM: So this group that wanted to get rid of you; was that based on the old communist charges?

CA: It was not a group. It was one man.

Sally: It was? I thought it was more than that?

CA: And it was a fellow that was head of the government's social work program. Whitney told me about it, asked me about it. I got through that and never did know who the person was. I didn't know anything about it, because Whitney didn't say anything and I didn't ask him. And one day, about two years later, I was out in one of the chapters and this

fellow was at a meeting with me and he came up to me and said, "I want you to know that I'm the person who had doubts about your taking this job. And I talked to Whitney and several other people about it and I want to apologize."

Sally: This had to do with the accusation of communism.

CA: Yes.

Sally: [There] was totally a different kind of a thing that happened to you later with the board.

CA: What happened was that they were proposing to do a special program that we were doing having to do with [ethnicity and] membership. At any rate, they would assign this program to somebody who would then be in complete control of it. And I challenged that. And it finally got to the point where a decision was made to do that and I resigned. On the spot! I said, "I can't work for an organization where as the Executive Director, I don't have responsibility and control of it." And that was kind of a shock, so I left.

JM: So you resigned and your resignation stood?

Sally: They didn't accept it.

CA: No, they didn't do anything. They argued about it. They argued about the thing [for the next few days]. Marianna Haffey was president at the time and she called me and at first she tried to get me to accept the idea of having somebody come in who was in control of this piece of program. And I said, "Nothing doing." And we talked about it and I told her exactly what were the consequences of that kind of thing happening and I wasn't going to be a part of it. And the word had gotten out; we were having our Executive Board meeting. National Conference was also here.

JM: So the word had gotten out.

CA: Gotten out among all the social workers that Chauncey had resigned. And so that was a big deal but they argued about it and argued about it and came back with some kind of thing, and I said, "My terms are not conditional. I've got to have responsibility or I don't." And so they finally decided it would be a good idea to keep me.

JM: So it sounds like your taking a stand had a desired effect.

CA: Yes, it gave me much more control and responsibility.

JM: Were there other things you found particularly stressful about this [job]?

CA: Well, the stress itself was a problem, because I was going to the doctor and they were telling me I had high blood pressure and ought to do something about it. I had known I had it for a number of years. They gave me some pills, and I didn't care whether I kept up or not with those pills. So I stopped taking those and just kept working and trying to get my blood pressure down and lower that as much as I could. I wasn't very successful about it but it was enough. I was proud of the things I'd created [at NASW].

JM: You created the modern organization, really.

CA: [That] came out of experience working within the chapters. I was President of a chapter several times. And I knew that would help. I put into motion the PACE operation, [which] would bring in money and at the same time was a useful political action

program. We had to find some way to get extra money into the organization.

JM: Were you able to shut this off? Were you able to have a social life? To be able to sleep or was this like, just 24-7, something that consumed you?

CA: Well, it was 24-7 all right.

Sally: Well, he slept, even when we'd fight.

CA: I would talk myself to sleep.

Sally: It always amazed me.

CA: It was problematic in some of the middle years and then I [did]some thinking about this and when I was traveling I would make myself take naps. I learned to go to sleep. It was very useful.

I'll tell you a story about George [Wiley and the Welfare Rights Organization]. This was in the 60s and during that time Wiley used a number of techniques, one of which was, some showdown operations. In either 1967 or 1968 he closed the doors of the national conference and wouldn't let anybody in or out. Then he talked to the social workers and told them what they ought to do. So, when I was on the job a short time, I called Wiley and asked for a meeting. I wanted to meet with him, because he was badmouthing the NASW. And I called Joe Hoffer [Joe was for many, many years the head of the National Conference of Social Welfare]. So I called Joe and we had a meeting. And in the room it was like this: it was kind of semi-circle, and there were three women over here, and then there was Wiley, and a young guy who was kind of his PR staff, and a young [Black] social worker [named Jim]. And Jim (laughs) put out the lights. What happened was that we started out with introductions and started talking more and more about what was happening. The thing turned into a complaint session and each one of the people was raising hell about what the social workers were doing and so forth. And it was terrible some of the things they were doing. And so finally, after the women talked, Jim finally spoke up. And he started telling me about what the social workers would do and wouldn't do and how terrible they were and he was swearing all the time and, you know, just showing off. So, I started swearing back, because I knew how to (laughs) swear and he was stunned. He just sat there stunned. And Wiley sat there and getting a grin on his face and then I said (first, the association had been giving them little pieces of money for their organization), "There's no more money. We haven't got the money. We are in debt. We will help you any way we can but it won't be with money. And, also, we're going to have some hard times and we need to work together. And we'll work that out if you're willing, but I can't be of fiscal help to you." They were sitting there kind of shocked about that and then Wiley spoke up and said, "This is the first time we have had any straight talk." And we went on from there. Later, not long after that, I was on a television show with Wiley, and Wiley gave a lot of compliments to social workers, and so we had a good relationship after that. He just needed straight talk, that's all. They would tell him, "Yeah, we'll give you $40,000," and they didn't have $40,000 to give. The other thing that I did, I said, "You tell me of a social worker who does anything that you think is wrong and I'll get it corrected."

JM: It sounds like clarity and directness was something that really was important to them.

CA: Yes, but it was important to turn the relationships [with other organizations] around.

JM: Because you were under attack and always on the defensive?

CA: Yes, exactly. There was the movement toward bringing the organizations together.

JM: Which organizations, Chauncey?

CA: Let's see. There were seven of them: Psychiatric Social Workers, NASW, Medical Social Workers, Group Workers, Child Welfare Workers, etc.

JM: They were all seven separate social work organizations...

CA: Exactly.

JM: ...that you took over?

CA: Yes. The rank and file was pushing to get these organizations working together. And they were all going in different direction, all pushing their own programs and trying to get on top of the heap. And so, when I was the president of the Los Angeles group we had a temporary inter-association council. The demand [for this] started developing all over the country, and not just from us, but from the conditions - social workers had to deal with too many organizations. So, here in Los Angeles, we said, "Let's show them how to do this." So we combined all the organizations into one. It operated as one organization, and had everybody participate in it and it was a demonstration to the national [organization] that this could happen.

JM: What was the driving force? Why were people in favor of this?

CA: One was the fragmentation of the profession, which made it difficult to get anywhere. There were so many organizations to get people together that they couldn't get programs going in communities. I think the other demand was for strength of the profession.

One thing I wanted to tell you about that is significant, [took place] after the war, in the 50s. I was on the board of NASW, at that time, AASW. And we had Phil Gentile, a dynamic guy, terrific, [and] his job was to try to make a place for ethnic groups in NASW. There wasn't any activity or much work in that direction and he had a big committee and they got together and they worked out a program of having every chapter start bringing ethnic social workers in and providing services in a certain way. He had a big plan for it, and he brought it in to the board of directors and the board of directors was considering it, and we spent at least two days struggling over the damn thing because people were raising questions about would this work and that would work. It finally came to a shape where there was going to be a vote on it. And I was expecting that it would go through because it was natural and it was perfect, but many of the conservative social workers were afraid...they'd see themselves trying to implement [this] in the community and they didn't have the nerve to do it.

JM: The program was to try and have more attention paid to ethnic minorities?

CA: Yes, to develop minority programs and bring in ethnic minority social workers into the Association.

JM: And the people who were resisting, were they predominantly white?

CA: Oh yes. The whole board was originally white.

JM: The whole board was white?

CA: Yes, I can't remember a minority who was on the board. And it came up for a vote. Three people I knew were considered

progressive, voted against doing anything about it: "Let's study it more," and all that crap. People who had written in the field about these things. I was terribly disappointed with them.

JM: I assume you were eventually able to prevail.

CA: Yes, but that was ten years later. [Another story] is about Nixon. When Nixon came into, the presidency, he acted like a human being for a while.

JM: He did, I remember. He fooled us for a while.

CA: And he started working on the Family Assistance Program. And we were having meetings all the time on getting this program – at one time, the program would be progressive, two weeks later, it would be reactionary. That was the way it was going. And Nixon was going with it, and he agreed finally to put into the program into effect.

JM: And it was the progressive people who shot it down.

CA: Yes (laughs). And they shot it down, and, and we had bad times after that.

JM: After NASW, what particularly stood out for you in your career?

CA: Well, I think that the principle thing was my activity after we [moved to] Orange County. At the request of the United Way, I formed the Health Council of Orange County. It was a coalition. We brought in everybody we could find that was interested in health care, problems, and concerns. It is now a standing organization in Orange County. It has about 100 organizational members and is influential to some degree. They're still fighting the fight to get decent health care. I spent five years as a volunteer, organizing that and being the Executive Director of it, and for no pay (laughs). I was able to get some foundation grants and we were able to hire an Executive Director.

The important thing here is that it got to the whole community. Orange County was the bastion of developers. And originally, as I remember it when I was a kid, was a farming community. And then the developers found it after Los Angeles was filled up and they started coming here. So they were building a lot of housing [but] they ignored the needs of the poor people. The poor people who lived [or worked there] were having to get their healthcare in other counties. I did several research [and] annual reports in which we did an analysis of the situation. We were in front of the board of supervisors all the time, trying to get things through. We were able to get some allocations that helped to develop the coalition of community clinics. I can't say that we were too successful (laughs), although we did get all the organizations working together.

JM: What about your career as a teacher?

CA: I was asked to go to work at Cal State Long Beach and enjoyed it. I developed two classes. One on public policy and the other one was on…

Sally: Management.

CA: (laughs) Management. So I developed a management course and a public policy course and I taught those.

JM: I'm sure you had a lot to teach in both of them.

CA: Well, the students liked it. We had a lot of students who were green and didn't know where to go and how to do it.

JM: I want to ask you what teaching was like for you, professionally?

CA: It was a chance to talk about the kinds of problems that you run into in social work, and how and why the conditions are what they are. I think I did pretty well at it.

JM: Was it satisfying to be able to share your accumulated wisdom and in a sense try to pass the baton to younger people?

CA: Oh, yes, most of the time it was. But at times there [were] the students that you couldn't reach, that didn't care.

JM: Chauncey, this is shifting gears a little bit. You know, you've had many jobs where you've been the executive director, and I guess I'm interested in how you would describe your style of leadership and your philosophy of management. I'm sure you've done a lot thinking about that. I know you've written about it, but what are some of the key parts of that for you?

CA: Hmm. You'd have to ask Sally that (laughs).

JM: If I asked Sally, what would she say?

CA: (laughs) Well, I think my style is cooperative. And I have a strong set of principles that lay underneath. I think I'm gentle in my dealing with people.

Sally: Too gentle, sometimes.

CA: (laughs) I'm gentle and then, but there is a line where they don't pass.

JM: When you say "a line that they don't pass"... like when you had to fire your friend. Would that be an example of that?

CA: Right.

JM: What are those principles, this strong set of principles that...

CA: I was afraid you were going to ask that (laughs).

JM: Or at least, what are some of them that stand out? I know you've written about some of them and I've found them very interesting.

CA: (laughs) I think most of what I've operated on is simple honesty, and you work toward [a particular] goal and if you don't, then you're in trouble.

JM: So to set the goal and then to work towards it.

CA: Yes. And to have a goal which is challenging the inequities of society. I think any social work manager has to see the inequities that they're dealing with and then work towards changing them.

JM: One of the things any manager faces is how much do you set that goal or that vision on your own and then try to communicate it to your staff, or how much do you develop it with the staff.

CA: Well, I think my way or style is to develop a goal, a plan, and then put it in the mix with the appropriate staff and get it straightened out.

JM: So develop the plan, give it to the staff, they play with it and modify it and they give it back to you and then together you work on it.

CA: Yes.

JM: Okay, that's interesting because it's not like you just say, "Well, what do you

think?" You have to first figure out as a leader...

CA: Yes, people will be all over the box if they, if you ask them what they think.

JM: And it sounds like with NASW you had to come in a see the problems and develop at least certain bottom line plans, like there had to be fiscal discipline.

CA: It is [also] very important, I think, to have people who are going to execute things, to carry them out.

JM: So you need the right people and everybody has to be on the same page.

And if there are problems you have to work with those people to get them working towards the same goal.

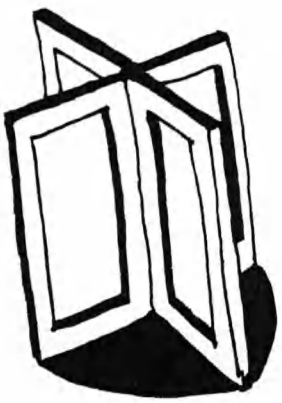
CA: Yes.

JM: And another thing: it sounds like what you were saying earlier is that you have to have certain principles that you're not willing to compromise on.

CA: That's right.

JM: And actually have resigned [from positions] because there were certain fundamental principles that you were just not going to compromise on.

CA: That's right. Sally, what do you think?



Sally: Well, I'm bursting here because I wanted you to tell about your work with volunteer organizations. Most of the time, except for Lockheed, you worked with volunteers. Not only having to know what you wanted but always participating with them and recognizing [their importance]. I think many executives come in, personally, from business and they think they can decide what things should be and forget about the fact that it is a volunteer organization. I know when I worked for him [he would] always stress that the volunteers were the ones that made the decisions and we carry out their policies.

JM: So, a lot of respect for the volunteers who serve on boards.

Sally: Absolutely.

CA: Well, it's more than that. You have to feel that each one of them has as much responsibility, as well as opportunity, to commit themselves to the job as the other one.

JM: So, I'm hearing respect and also responsibility, and everybody's a player.

CA: Exactly.

JM: Do you have any thoughts about, for somebody who's taking over an organization, like you did, how quickly they should put together their vision and their goals?

CA: As soon as possible (laughs). They've got to be clear about it, that's the other thing. You just can't fool around with where you're going. You've got to get a plan as fast as possible. And then, of course you get to test it out. But, you cannot drop a plan or proposal or ideas in people's laps and then expect them to always have the right answers or to be able to handle it. You've got to give them a chance to work on it.

JM: Let's just say, hypothetically, if I was about to take over as the dean at a school that I didn't really know a lot about, you know, I'd done the interviews, I'd done a little bit of homework, but I really didn't know the system. Or I was going to become the director of an agency that I had the same kind of familiarity with and I consulted with you and I said, "how fast should I move? When do I

need to have my vision in place?" What would you tell me?

CA: Well, I'd ask you some questions about the organization and what it's doing and why, and then I would suggest that you put out what is feasible for the next few months and share it with people.

JM: Okay. So get that initial vision out there pretty quickly.

CA: Yes.

JM: Kind of like you did at NASW where you said, "We're not going to radically change the organization but [some things] are probably going to happen."

CA: Right. And I knew the organization well because I'd been with it for so long.

But if you have a new operation then you give yourself a chance to learn it, to find out what it's all about, and then go with it.

JM: What it sounds like is the balance. You have to give yourself enough time to understand it. You don't want to put out a goal or vision without really knowing what you're talking about but if you wait too long you're missing an opportunity.

CA: Yes, people will entrench themselves. It's fast, so you have to go after it, and you have to unseat people in their prejudices and their commitments by various techniques and getting them in the group.

JM: You have to have techniques, and skills and strategies of persuasion. But at some point it sounds like you decide a person's not workable, right? Was it your philosophy that you tried to work with somebody as a start, and then only after a certain point you would realize this person is just not going to carry out the vision?

CA: Right. And my way of doing it is to sit down with them and tell them that I have this view of what they're doing and give them two or three things that they have to do to change.

JM: Be real clear with them what it is...

CA: And give them a timetable on changing.

JM: And did you turn some people around that way?

CA: Yes.

JM: And sometimes you didn't.

CA: (laughs) Yes. Often you didn't.

JM: Clarity and directness - those are two things I'm hearing from you quite a bit, that are part of your style.

CA: Yes, it is. Sally, is it?

Sally: Yes. There's something behind all of this that you don't speak of, which has to do with the study and the research that you do. He always amazed me at just writing a speech, just going out and making a speech before a group of people, he still researches [thoroughly]. And that's why there are so many books that fill our house because that is what he believes in.

JM: So it sounds like having a knowledge base, a broad knowledge base, but also assessing and studying the situation that you're entering.

Sally: And keeping up. That is the thing I think is so wonderful - that he is keeping up as much as his health will allow.

JM: And that is something that Chauncey has done during all of his career. And that is part of what made him a strong leader.

Sally: That's right, he had to know wherever he spoke (laughs).

JM: You were saying [that] you had a lot of good professors at USC. One of your attributes was that you, particularly when you were younger, would take things that people could teach you—whether it was Harry Bridges or people you were working with at your first job, your supervisor or even when you were doing the longshoreman work—you had your eyes open and your ears open and that you let people be your teachers, and were able to take away a lot of things that people offered you.

CA: Well, I think most people do that.

JM: You don't think you were unique that way?

CA: No (laughs). I don't think so. Learning has always been kind of a passion for me.

JM: Well, that's the part, maybe, that learning has been such a passion for you. It made you more open to hearing what people had to say.

CA: Well, I guess so. I don't know how to evaluate [it]. I feel like I could have done a lot more after I retired than I've done.

JM: Do you have some regrets about that?

CA: Yes, I do.

JM: Do you feel comfortable sharing them?

CA: I have some regrets about living in Huntington Beach.

Sally: What do you mean?

CA: I think we could have lived in Los Angeles where we were closer to the center of activities, and also get more support for whatever I was doing than I did here. Because Orange County is so backwards, so reactionary and so it was a struggle—the Health Care Council, the First Amendment Foundation—were all harder and I don't think they accomplished what I would like to have seen.

JM: Were there other things that you feel you wish you had accomplished, either recently or going back that you sometimes think about?

CA: Yes, I think so. I think I could have been much more help in the battle about the First Amendment Foundation. I think I could have been much more help to social work if I had been more in the center of social worker activity, then.

Sally: How do you equate that with your desire to write your books?

CA: (laughs)

Sally: That's why you stopped really being active because he's got four books inside his head that we would like to get out.

JM: So it sounds like you've had to let go of some of your activism to give yourself more time to reflect.

CA: Yes. Well, I had to let go of a lot of things in order to get time to write.

JM: It sounds like, from what you have been saying [to me], that you have some concerns about the profession.

CA: Oh, decidedly.

JM: Do you want to share with me what some of them are?

CA: Yes. One has to do with leadership. I don't know where the National [organization] is going. I have confidence in Mizrahi, the president. She's competent. But I haven't seen anything developing that will provide a place for social work in the whole field of responsibility and change.

JM: The need for social change and where social work is positioned in that? Kind of like it was during the 60s and 70s?

CA: Yes, it had to rise against pretty clear enemies, pretty clear forces. Now, it's very confusing for the profession to know where they're going. You know how we've got all these folks that have got one foot in private practice and you have social workers in every function of society now, which is good, but they don't know how to give leadership in the particular area that they're in and do it in collaboration with the whole social work movement.

JM: That sounds like a really important point. Let me make sure I understand it. Social workers are in many areas and that's good. But they're not exerting leadership in those areas and they're not bringing in the national body to support social change efforts that are necessary in those areas. What is your analysis of why we are not exerting the kind of leadership we should be in these areas? What is getting in the way of that?

CA: I think it arises as a result of the bigger struggle over control of resources.

JM: A bigger societal struggle?

CA: Yes, a national and international struggle.

JM: It's like so huge that people feel overwhelmed and unable to figure out what to do?

CA: Well, I think that's happening, but here we have the United States as the major economic force, but it's not devoting that economic force to good benefits. It's deceiving the world. It's going against the basic interest of the American people in my view. And social work is just part of that, just a little part of it.

JM: I assume that you're also including trends like the tax cuts, the cutback in services, the loss of the safety net, and the loss of civil liberties.

CA: Having a guy like Ashcroft - it's dangerous. It's really dangerous.

JM: It is dangerous. So, Chauncey, what would you advise somebody who's just entering the profession, given what you're saying about what's going on in the world and how we haven't been able, as a profession, to respond?

CA: Well, if they're just entering I would try to advise them to get as much knowledge as they could but recognize that some of the knowledge, some portion of the knowledge that they have is not applicable, isn't going to work and so they have to test out what it is they're doing and why.

JM: Would you tell them (I'm thinking of your own career), would you tell them that things change, and that it might look bleak at

a certain point but it's important to continue to work towards what you believe?

CA: Yes, people have to do that. Unfortunately, I don't think that people are being educated on all of the principles; there is a lot of confusion that people face. They hear Bush talk about all these good things that he's going to do and they don't recognize what it is. It's just a bunch of crap.

JM: So it sounds like this is a fairly pessimistic assessment of where we are now and what the profession can do.

CA: Not of what the profession can do. I think that [if] the profession is organized in a unitary body and was directed toward a central mission that they could have a lot of power. But they're working in child welfare, and individual and personal services, they're being pulled in, they're needed to kind of repair. A bigger role for social work is necessary and desirable.

JM: So, social work is not seeing the bigger role, the bigger picture?

CA: That would be taking responsibility for making changes in society, in societal functions.

JM: Not just to work with individuals but to work to change policies?

CA: Yes.

Sally: He has always had a struggle with social workers, that there was a big division—from clinical as opposed to community service and group work—there was always that kind of a schism in the social work field.

CA: I feel that social workers need to be trained generically, to train to do social work as a function and then that gets applied to all the various aspects of society and that way they don't get caught in the trap of working only in a specialty. And, I think that is possible to do. I don't know. I haven't been close enough to the other schools in the last ten or fifteen years, but I think that there must be some schools that are holding on to the idea that they teach a generic program and a social worker can do anything that is social work in any aspect of society.

JM: It seems to me what you're saying is, it's not necessarily bad for a person to learn how to be a clinical social worker as long as they learn the other parts of the job and don't see their clinical social work in some kind of isolation.

CA: Exactly.

JM: And in some ways you did that when you worked for the state mental hospital, where you were seeing people individually but you were also developing resources in the community, looking to change policies...

CA: Exactly, sure.

JM: When you think back on your growing up, your encountering poverty, your break with religion, your having to survive during the Depression, and then you think about your career and all you accomplished and all the different things you did, and you reflect back on that, what does this all mean for you now?

CA: Well, I guess I'm trying to find out what it's all about (laughs) because I'm staring death in the face. I think that I did the best you can. And, so, I'd like to pass on some of the knowledge that I've gained – that is why this interview is so important, but that is kind of an arrogant thing to think about. It's just that I wish I had to opportunity to continue doing it.

Sally: You are still writing honey.

JM: But it sounds like what you are saying also is, at some point you have to, in a sense, let go of what you can do directly. You know, what you were saying about facing death and I'm sure having a lot less energy and just the capacity to do all that you used to be able to do, that is part of why I feel like interviews like this are so important. I think it is really important for people to hear your story and to hear how did you get to be able to do what you were able to do during your prime and also, to have hope. Because, you know, it does feel so overwhelming. I have so many students who say, "Well, what can we do? Racism is everywhere. Greed is everywhere. Tax cuts are making this an unequal society." And I think they're absolutely right. I wake up in the morning and I can't listen to the news without getting aggravated. But in the end, they need to have stories like yours that have hope because things were pretty bad when you were a younger man. There was McCarthyism. There was World War II. There was Nazism. There was the Depression. It wasn't a great time to be coming of age.

CA: No.

JM: And yet you took those experiences and they might have broken you at times but you also came back stronger and ultimately became a leader who really did something. You took NASW when it was a non-functioning organization and it was in debt and it became a very powerful, important professional organization. So, I just think that these interviews are important because we all need to pass the baton and I think that's an important thing to leave people and to give people.

CA: Yes. It can give you a [sense of] courage. It has been very enjoyable to unleash some of these things.

JM: I had one last question, Chauncey. You kind of lost your faith when you were a teenager and yet you have done all of this work on behalf of people At this stage of your life, where does that leave you?

CA: Well, I feel like I've spent my life trying to help other people without the usual rewards. I know I've helped thousands of people. I know I helped people in the hospital - I took them out and I got them in places that were beneficial for them and they liked it. And so I think that is worthwhile, but I [also] see the strong, greater powers of society that have continued to abuse the very thing that you are working [to protect]. I'm optimistic about it, too, because I think that the [negative] things that are being done have forces within them that create their own opposition. And therefore they make way for future change.

Reference:

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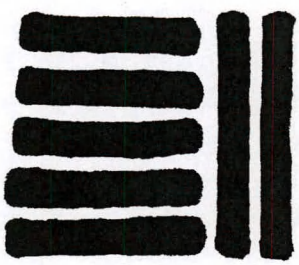

LESSONS LEARNED FROM MY PROFESSIONAL JOURNEY

By Agathi Glezakos, Ph.D., California State University, Long Beach

*The following is the author's speech from the MSW Graduation Reception at California State University, Hayward on June 11, 2004.**

Class of 2004, family members and friends, faculty:

The opportunity to stand in front of you today to deliver this address is a deeply felt privilege. This privilege was given to me by the graduates to whom I was an instructor for two academic semesters. It is the graduates, ten exceptional, committed and hard working women, trained to embark on their professional career, to whom I will relate selected lessons that I have learned during my own professional journey.

In June of 1964, I was one of 52 MSW students who graduated from the School of Social Work, University of Southern California. A week later, I accepted my first position as a professional social worker at the International Institute of Los Angeles.

With the exception of brief educational and maternity leaves, I have remained engaged in social work practice on either full-time or part-time basis. The forty-year span of my professional journey includes experiences in direct practice with individuals of all ages, with couples, with families and groups, in supervision of both MSW interns and staff, in social work consultation and training and social work education. The lessons that I have learned along the way have been many. I will share with you those that affected me most profoundly.

Lesson #1: Human capacity for survival

I am in awe of human beings' innate capacity to devise survival skills when in hostile, non-nurturing environments in their attempts to bounce back from the effects of traumatic experiences that result from poverty, discrimination, injustice and inequity, oppression, abuse, war. I have worked with clients whose lives were affected by one or by a series of such dehumanizing incidents. Some tried to adjust by conforming at the cost of intrapsychic suffering; others rebelled and used non-conventional or even illegitimate means; and still others created multiple selves ending with a clinical diagnosis of dissociative identity disorder. I have come to view these client behaviors as reflections of conscious and unconscious attempts for survival. I have learned that as social workers, we have the responsibility to use practice skills that will uncover hidden client strengths; to work with our clients collaboratively to remove the presence and the toxic effects of such experiences; and to empower them individually and collectively to believe in their ability to introduce change and in their right to make choices. The Nobel prize winning author, Gabriel Garcia Marquez talked about living with life's "inescapable cycles:" "The sun rises and sets" he said. "The seasons pass. The years go by. The wheels turn. The axle irreparably wears down. We are not given a choice of whether to participate in this process. But this does not leave us without meaningful choices." Social work clients have innate capacities to make meaningful choices and we, as their workers, have the responsibility to help them in the process.

Lesson #2: Respect of human dignity and worth

I have learned that treatment which reflects respect of the inherent dignity and worth

of each person has sustaining effects on clients. In the classroom and in your internships you have learned about the human vulnerability that accompanies the role of "client." I have witnessed how becoming a social work client, particularly in a social environment with a belief system that promotes self-sufficiency and independence, diminishes a person's sense of self-worth. I clearly remember an elderly female client in a skilled nursing facility who, in the course of several sessions, talked about her multiple losses; loss of physical health, loss of her social support system and loss of her financial independence which deprived her of some basic personal items. I thought long and considered all possible ramifications before I decided, just before Christmas, to purchase the personal items that I believed would make a positive difference in the client's life. However, when I presented her with the gift-wrapped purchases, the client refused to accept them and explained to me how my gesture was an insult to her sense of self-worth. From this experience, I learned about the importance of sensitive practice, about the countertherapeutic effects of unilateral assumptions, and about the human need to preserve a sense of self-worth and dignity.

Lesson #3: Dual goal and collaboration

I have come to appreciate humanity's interdependence at all levels: from the family microsystem to the global macrosystem. It does take a village ,as former first lady, Hillary Rodahm Clinton wrote, to raise a physically and emotionally healthy child. It also takes a village to care for, nurture and sustain a physically and/or emotionally dependent adult. To serve our clients we need to develop partnerships, to collaborate, to mobilize the resources that are available, and to advocate for the development of new, needed services. To exercise our dual responsibility to our clients and to the broader society, we must help our clients and we must also address social issues and problems. To do this effectively we need to learn how to work collaboratively with clients, colleagues from our own and other disciplines, and with individuals outside the spectrum of health and human services.

Lesson #4: Professional development

The fluidity of today's social environment and the changing expectations placed on those who become our clients easily render both our knowledge and skills obsolete and require us to re-examine our value and belief systems. The individual differences of our clients, their multicultural backgrounds and the human diversity they present us with, require that we develop and enhance our professional expertise, strive to increase our professional knowledge and skill and aspire to contribute to the knowledge base of the profession. For this it is imperative that we engage in an ongoing process of learning and self-development. The current requirements in the state of CA for licensure and for the renewal of one's license mandate our engagement in this learning process. The diverse situations that social work practice challenges us with, however, require that we go beyond the licensing requirements and attend and participate in as many learning opportunities as possible. I owe a significant part of my professional development to the lessons learned during my work with clients. They provided a forum for the refinement of my practice skills; their experiences helped shape my philosophy about life and sharpened my appreciation of those things that really matter.

Lesson#5: Hope despite adversity

Social work practice at the micro level takes us into the most unthinkable aspects of the human experience - lbn ife situations that ran the spectrum from what would be labeled as immoral, unethical and inconceivable to what is defined as illegal and punishable. As we work with both the victims and the perpetrators in these situations, we are

challenged by ethical dilemmas and legal requirements. Aspects of client acts might be so far outside the normal range of expected behavior and the physical and emotional wounds they inflict might be so deep that our trust in the basic goodness of human beings can be shaken. The risk of allowing this to bias our professional objectivity and to lead us develop a cynical attitude increases. I have learned that to help defuse the impact of these discoveries, we need to engage in an on-going process of self-examination and self-monitoring. To remain objective and effective change and helping agents, we need to reach out to colleagues and through supervision, consultation, membership in professional support groups, seek help that will enable us view our clients' behaviors and events in macrosystems with a different lens. We need to perpetually cultivate a sustaining sense of hope and optimism. From practice I have learned that perpetrators and offenders are often wounded and traumatized individuals. We do not condone their behavior on the basis of their past traumatizations. We do, however, need to work with them to help them understand themselves, understand the hurt they have subjected others to, often loved ones, and to believe that our interventions will not remain fruitless. We do touch the lives of our clients and I have learned that the therapeutic effects of our interventions might not be recognized until much later. So we do all that we can, in the most professional way that we can and always hope that our work will not be in vain. Today, we are living through perilous times. Worldwide conditions make for an age of fear, uncertainty, and anxiety. Reduction of resources due to budgetary restrictions and shortage of trained manpower inevitably lead to difficult choices in practice. My professional journey this far, has strengthened my conviction that a sense of hope helps sustain our commitment to serve and to make a difference.

And last but not least,

Lesson #6: Responsibility to self-care

I have learned that no matter how great the practice demands might be, I ought it to myself to stop along the way, and take care of myself and of my personal needs. As human beings, we have our own challenges in our personal lives. These challenges, in combination with the demands of professional social work practice, can increase our physical and emotional vulnerabilities. Our effectiveness in the delivery of service correlates positively with our own state of well-being. In addition to maintaining healthy boundaries in our relationships with clients, which contributes to a healthier state of self, we need to establish daily routines that allow for introspection and reflection, for participation in stress reduction activities, for the development of meaningful and nurturing interpersonal relationships, for leisure, fun and humor. As healthy individual we become more competent and effective healers.

My dear MSW graduates. With the new knowledge that you have acquired, the practice skills you have developed, the professional value system that you have been socialized into during the past three years, join the social work profession and become its latest asset. Do the best with what you have been given. Stand tall, work hard, hope and you will make a difference.

* This graduation address was delivered at a reception on the eve of the Commencement ceremonies. The MSW graduates were students in the Distance Education program sponsored by the California State University at Long Beach. The majority of lectures were delivered over interactive television. The instructor visited the host campus site at California State University, Hayward, two to three times during an academic semester. The graduation reception was attended by the graduating students and their families, friends, field instructors, employers, campus administrators and professors.

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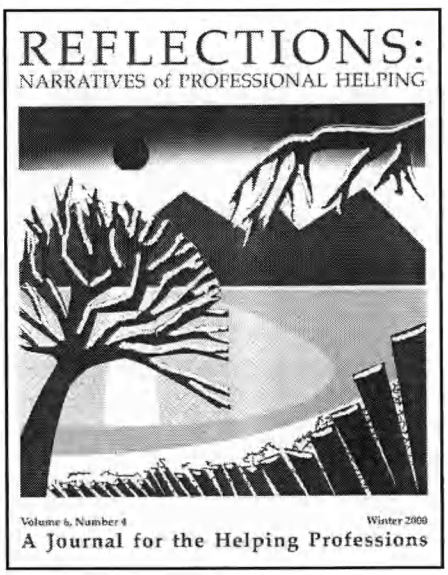

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