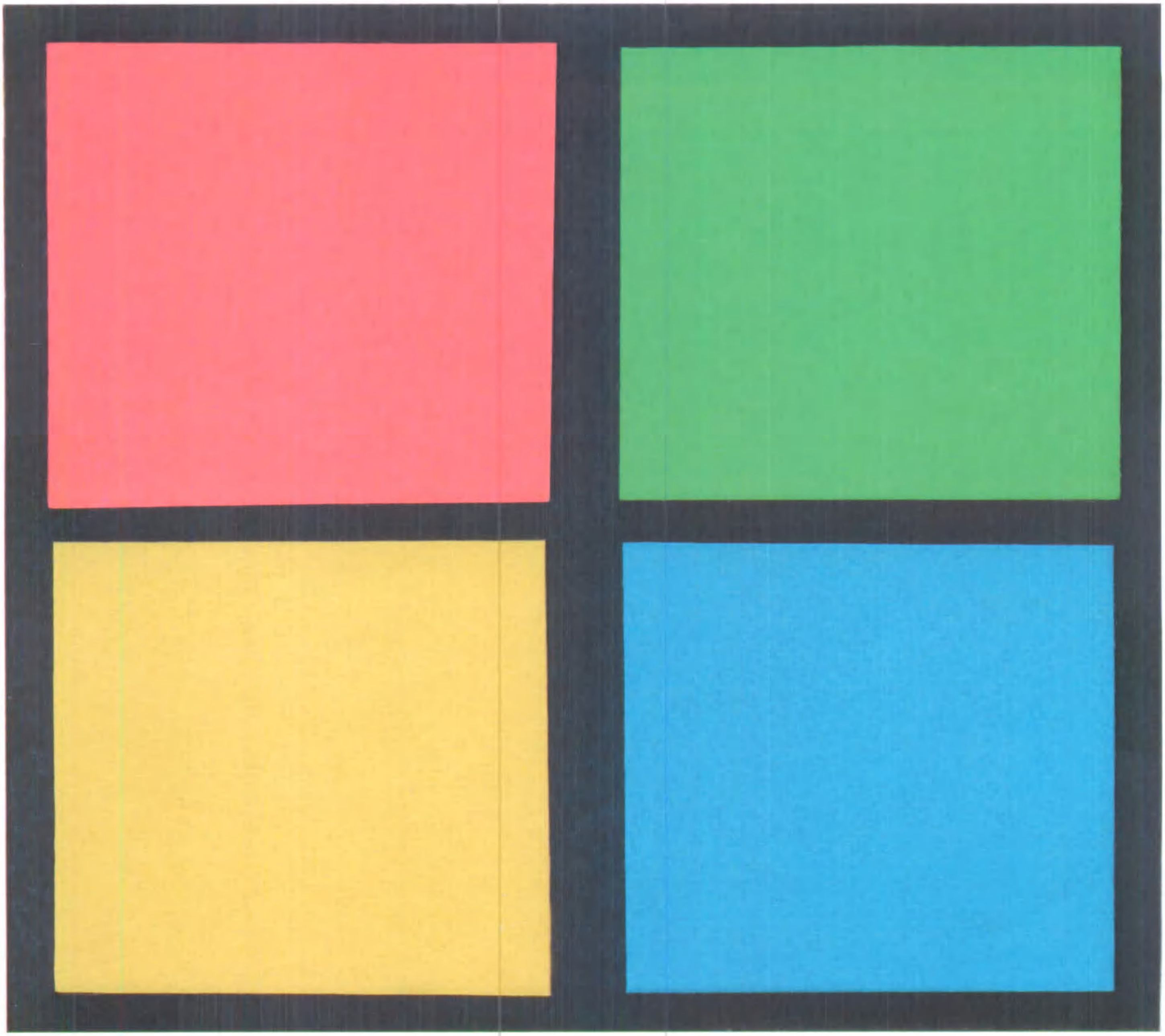
REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



Volume 13, Number 2 Spring 2007

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REFLECTIONS

NARRATIVES OF PROFESSIONAL HELPING

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LETTER FROM THE EDITOR

Rebecca A. Lopez, Ph.D., Interim Editor

As our country attempts to recover from the recent student massacre at Virginia Tech, we have been forced to confront the power and consequences of disconnected individuals unable to communicate their needs and desires. Post-event analysis reveals a young man who was thought by many to be non-communicative and living only on the periphery of what should have been an exciting and creative college experience full of hope and prospects for a successful future. Many who have been following the accounts of the troubled young man have come to appreciate or perhaps acknowledge for the first time that we all, indeed, suffer without that human connection—a human connection that allows us to share our fears, our anger, our joys, and our dreams. We have clearly seen the ultimate, disastrous outcome when a person is without this connection to mitigate conditions that are compounded by a sense of isolation and, perhaps, underlying mental anguish.

With this issue's body of narratives, I am struck by a recurring theme that speaks to this need we all have to connect, to communicate, and to sustain important social relationships. Marcia Harrigan and Beverly Koerin write of the need to stay connected to elder family members despite considerable barriers posed by long distances and by demands of busy, professional careers. The communication of love by doing and providing family care is apparent. As we approach an era in our history when the demands of family care-giving will escalate, they offer valuable tools to help us keep the communication and care lines viable.

Amy Mendenhall offers her perspective on honing her communication skills and therapeutic style in her work with adults of different ages and cultural backgrounds. She elaborates on many aspects of communication in the clinical sessions with client and family, including the use of the "miracle question" to elicit more open expressions about desires and goals. The ability of family members in one particular case to communicate more explicitly contributed to more positive outcomes, as she describes.

Susan Behrens and Rebecca Sperling offer a disclosure of the language prejudices they view to exist in our society. The power of being able to communicate in more acceptable mainstream modes and being able to use the "right" language bring with it innumerable opportunities for entrance to the riches of the "right" segments of society. They provide intriguing food for thought as the reader is encouraged to consider the many implications of these dynamics for de-valuing accents and dialects and for intolerance of language diversity in our pluralistic country. They bring to light the marginal status of those who cannot meet the expectations of "Standard American English" and compel us to consider another potential barrier as we assess the available communication resources of those attempting to advance in systems of power.

Maintaining connection despite personal loss is the focus of the contribution of Karen Gold and Laura Anderson. The authors take us through the painful stages of learning to communicate particularly difficult times through the use of narrative. Through this process, they describe the emergence of an even stronger, empowered person able to cope with the loss of a particularly dynamic and memorable client. As they revisit counseling sessions with the client, the definitions, labels, and constraint of accepted professional language are brought into question for their potential to "disconnect" the practitioner from client. Also compelling is their awareness that listening is as important as verbal expression in maintaining open communication.

The article by Donita McNiel is an impassioned retrospective of a childhood of unexpressed fear in the home of an alcoholic mother. She is able to communicate to us her earliest disappointments, and then moves us to her self-awareness and ultimate forgiveness of her parent. The mature, professional author is now able to take a step back, accept that her childhood was less than ideal, and forgive her abuser. She is able to channel that self-knowledge and share those experiences in effectively working with troubled clients in counseling settings.

Jennifer Soule has contributed an interesting perspective that may help the reader gauge a starting point for communicating with learners. She seeks to explain the "compassion" of youth and "beginners" in an undergraduate social work program as she invites us to recall the excitement of the first day of grade school. We are asked to hold onto that sense of inquisitiveness and freshness in taking on the world, our clients, or any interactions. The author reminds us that, if we are lucky, we will always have opportunities in life to approach new experiences with a "beginner's mind."

Susan Saltzburg and Pamela Richmond have provided an intriguing call for revising our practices in an important area of teaching—that of mentoring qualitative researchers. Qualitative inquiry, they contend, is critical to the helping professions and education as it is a most effective means of "accurate communication" of client experiences—yet it is a methodological approach largely lacking in elaborate supports and "precise roadmaps." They were able to overcome the inadequacies of traditional research curricula and the reality that qualitative research follows no "linear" process by creating their own "mentoring alliance." Their empathic relationship culminating in mutual growth and accomplishment provides a much-needed framework for communication in the scholarly research process.

Whether communicating personal trials, professional dilemmas, or innovative styles, our contributors to this issue offer a variety of learning opportunities. We are grateful for their unique perspectives.

Corrections and Apologies

In our last issue, we ran an article entitled "Social Work and Spiritual Healing: Partnering with a Curandero," written by Alonso Cavasos, Jr., Ed.D., and Catherine Faver, Ph.D. Unfortunately, due to an egregious error by our bleary-eyed assistant editor, the name of the third author was left off of the byline. This is most embarrassing, particularly because the third author, Alberto Salinas, Jr., is the actual curandero the article is written about!

Since mere apologies will not suffice in this instance, we wanted to devote some space in this issue to let the author tell you about himself in his own words:

"Alberto Salinas, Jr., was born in Willacy County, Raymondville, Texas, on March 6, 1951. The eldest of ten children (two stillborn), Alberto grew up in "Little Mexiquito," the barrio on the poor side of town. Brought into this world by the town midwife, Carolina Moya, and the son of migrant field workers and a low income family, Alberto was brought up in the world of curanderas. As a child, Alberto's mother, Herlinda, was told Alberto had been born with a "Don," a healing gift. Alberto's paternal great-grandmother, "Dona Maria," had been a reputable curandera in Reynosa, Tamaulipas, Mexico. In 1967, Alberto became a statistical drop-out from his sophomore class at Raymondville High School. Alberto, a common field laborer, aspired to do something with his life.

"In 1976, Alberto was hired by the Willacy County Sheriff's Department as a radio dispatcher and jailer. This was not enough for Alberto. He wanted to do more, so he took the G.E.D. test and passed it with flying colors. Alberto was sent to the police academy at Texas State Technical Institute and graduated on June 19, 1976. Alberto served as a Texas Peace Officer for the City of La Joya, Texas, in 1977 and as a Deputy Sheriff for Hidalgo County, Texas, in 1978. Events of internal political turmoil within the department in addition to county politics landed Alberto in the unemployment line. Alberto's culture and tradition kicked in. Without a job, no money, no luck, Alberto looked for help with a curandero. It was there that Alberto met with destiny and the call from the spirit of Nino Fidencio who advised him through a young spirit medium that Alberto needed to say much prayer. Alberto recalled his childhood past, when he had been told by a curandera that he had a "Don," a healing gift. Towards the end of 1978, Alberto journeyed to his calling: Nino Fidencio's tomb, in Espinazo, Nuevo Leon, Mexico. At the age of 27, Alberto began practicing curanderismo on a daily basis, consulting, guiding, consoling, and comforting people who came to him seeking help, advice and prayer."

As mentioned before, the other two authors are colleagues at the University of Texas Pan American Department of Social Work. Alonzo Cavazos, Ed.D., is the Director of the MSSW Program as well as an Associate Professor, and Catherine Faver, Ph.D., is a Professor.

Reflections would like to thank all three authors, but especially Mr. Salinas, Jr., for their understanding regarding this matter.

LONG-DISTANCE CAREGIVING: PERSONAL REALITIES AND PRACTICE IMPLICATIONS

Marcia P. Harrigan, Ph.D., and Beverly B. Koerin, Ph.D., Virginia Commonwealth University

The National Council on Aging (NCOA) reported in 1997 that approximately seven million individuals were long-distance caregivers for older adults and projected that number to double within 15 years (Wagner, 1997). This article presents narrative profiles of two long-distance caregivers; the "lived experiences" of the authors examine common challenges of long-distance caregiving, compare aspects of the lived experience to data from national studies, and provides suggestions for long-distance caregivers and professionals who work with both care recipients and caregivers.

A study by the National Council on Aging reported approximately 6.7 million individuals were caregivers for older adults, usually relatives, living one hour or more travel time from the care recipient; the number of long-distance caregivers was projected to double within 15 years (Wagner, 1997). Family caregivers play "an invisible role…in our health care delivery system," especially for frail elderly individuals; families and friends provide over 80% of all informal and unpaid home-based care (National Family Caregivers Association, 2000, p. 2). We became members of this invisible caregiving population and part of the growing contingent of long-distance caregivers. Our "lived experiences" as long-distance caregivers were strikingly similar in many ways, yet quite different at the same time. In this article, we present a profile of long-distance caregivers from a national study and our individual stories, which focus on common challenges, what was unique in our situations, and aspects of our experiences that reflect the long-distance caregiving literature. We conclude with suggestions for long-distance caregivers and for professionals who work with both care recipients and caregivers.

Sharing personal stories, the lived experience, provides a deeper understanding about caregiving in ways that quantitative data cannot. Such narratives may normalize the experience of caregiving and provide ideas for community resources and insights into the ways that others may think, feel, and respond in various situations. The story exchange also provides connections to others, the basis for social support. The caregiving experience takes on "personhood," moving beyond the caregiver and the care recipient, underscoring that these are individuals with complex roles and unique circumstances. Personal stories are particularly important to aspiring social workers who have not encountered similar situations either personally or professionally and can serve as springboards for reflection and analysis to blend the personal and interpersonal with literature on caregiving and eldercare at a distance.

Definition of Long-Distance Caregiving

While there is substantial research on caregiving in general, there has been relatively little focused specifically on long-distance caregiving (Metlife/National Alliance for Caregiving, 2004; Wagner, 1997). Most information on long-distance caregiving derives from the popular literature, which offers practical suggestions for these caregivers (e.g., AARP, 1994; Heath, 1993; numerous caregiving websites with "long-distance" links). It is important to recognize that long-distance caregiving is a term that has been conceptualized differently in the handful of existing studies. Schoonover, Brody, Hoffman, and Kleban (1988) studied parent care and "geographically distant children." They defined this population as those living "more than 50 miles" from their aging parents: "a threshold point at which visiting and face-to-face interaction between children and elderly parents decreases significantly" (p. 475). The National Council on Aging (NCOA) study of 200 long-distance caregiving adults defined the term as a distance of at least one hour travel time between caregiver and care receiver (Wagner, 1997). However, the NCOA study reported the average travel time was four hours, and the average distance was 304 miles. More recently, the MetLife/National Alliance for Caregiving (2004) survey of 1,130 long-distance caregivers reported the average travel time was over 7 hours and the average distance between caregiver and care receiver was 450 miles.

The National Alliance on Caregiving (NAC) and the American Association of Retired Persons (AARP) conducted a national study of 1509 caregiving adults, which included a question about travel time between caregiver and care recipient that ranged from living in the same household to over two hours apart. In our secondary analysis of the 1997 NAC/AARP data (Koerin & Harrigan, 2002), we identified 109 respondents who reported living more than two hours away. We selected this definition of long distance, i.e., more than two hours away, to more closely align with the NCOA study findings and to explore characteristics and experiences of caregivers who were the most geographically distant. Findings of these studies will be discussed later in relation to our own long-distance caregiving experiences.

The Good Daughter: Marcia's Story

We are the typical U.S. family, scattered across many states but still connected by letters, cards, phone, visits, and e-mail. I am the 56-year-old "baby" of four and the only girl. I live 500 miles from my hometown where my 92-year-old mother resides in a special care unit for persons with dementia. My twin brothers, five years my senior, also live in our hometown. Two of my mother's four sisters live in my hometown, another sister lived there until her death two years ago, and the fourth sister lives in Tennessee. My parents raised my brothers and me in the house where she lived for 57 years, the last 15 years living alone after my father's death. While getting from one side of town to the other demands only a 15-minute drive, my mother's current residence in the nursing home is isolated socially and emotionally from the mainstream in which she had "swum" for 90 years.

Six years ago we four adult children together decided that our mother's safety was at risk and that my brother David, the only one living in town at the time, should not have to carry the burden of care and concern because of the cognitive decline my mother was experiencing due to Alzheimer's disease. She wanted to "age in place," a typical desire of many elderly but not always wise. We demanded she move and mutually orchestrated when, where, and how. On the day of the move, we all were there to dismantle her home while trying to leave her sense of family intact. She joined in the hustle and bustle of packing by playing the piano and reminiscing of earlier years when it was our child voices that had streamed through the house.

Her first move was to an independent living apartment less than two miles away. After two years, her rising fears of night and being alone, plus her inability to manage the small 650 square foot apartment, put us into another tailspin. We knew her time was limited in independent living but so were the spaces in the special care unit in the newly built adjacent facility. Another collective decision was made, this time without our oldest brother who had recently died. We opted for the ability to choose the most desirable facility versus bargaining for more time to avoid the inevitable move to a nursing home where a bed may not be available when needed.

What was the hardest day of my life? It was leaving my mother that first day in special care as she called my name and begged me not to do so, while at the same time I punched in the access code to open and then close the steel door between us. At that very moment her worst fear as well as my last wish came true. She was in a nursing home, separated from her family to whom she had devoted her life. And, I was the culprit because "I could have her come to live with me." Sure – 500 miles away from her sons, grandkids, friends, extended family, and even the several special-care nurses, some of whom were my high school friends. Yes, I fantasized that she could move in with us: my husband with a disabling condition, his 90-year-old mother, our two college-aged kids, one cat, one dog, and my full-time demanding career. No. It wouldn't work - whom was I kidding? Loss. Shock. Anger. Denial. Bargaining. These were familiar labels to my social worker self, but now they were only strong feelings that came again and again but never in order, and not at all pleasant. My mother's last home would be in special care and NOT with family. Local relatives visit weekly, and I drive or fly to Ohio at least every three months. I write to my mother weekly, have weekly contact with my local relatives, make periodic calls to the head nurse, and attend team care meetings as often as possible – this is the nature of my long-distance caregiving.

Once during a visit not long after this move, I asked my mom if she felt happy. Did she feel safe? Were people kind to her? These questions came easily but her expression led me to think the answers would not be so easy for her to say or for me to hear. To my surprise and relief *my* former caretaker emerged and replied, "Now, honey, this is a nice place and I don't want you to worry about me." The reply drove home the fact that, regardless of what the future would hold, ***she*** would ***always*** be ***my*** mother. Nonetheless, the road to acceptance of this disease that was looting her personality bit by bit was a long, long journey for me that demanded my own reflection on the meaning of life's challenges.

Life is a series of change processes. As a young adult, I once asked an elderly woman who embodied what I thought was the pinnacle of success what her parenting goal had been for each of her five children. With little thought, she replied that it was to instill in each child the joy of handling the demands of life and to value the ability to do so even in the face of seemingly few rewards for doing so. So, unable to alter the course of a debilitating disease, my life circumstances, and my mother's living arrangement, I pondered what my mother had found to be most important in her life. It was family gatherings, travels shared with family and friends through daily postcards sent home, forwarding letters she received to other family members: in short, maintaining family ties by communicating events and arranging contacts with relatives and friends. It was at this point that I began to understand my role as a long-distance caregiving daughter: to help meet the needs that I believe my mother still has as a homemaker, mother, friend, grandmother – a family care taker.

It took some time for me to recognize this emerging theme in my role as long-distance caregiver. The main objective for my brothers and me was met: to ensure that our mother had good care in a facility that recognizes her present and past strengths and capacities. Our mother is well fed and clean, and the staff is interested in what she was and can continue to be. For example, once when I first arrived for a visit, an aide seemed particularly happy to see me. I soon realized she needed information: "Where was Vulcan Street?" she asked. You see, my mom grew up on Vulcan Street and it is there that she wants to return to at the end of each day in the special care unit. She frequently describes her house while claiming that her parents are waiting up for her and she must get home. Her memory is so vivid and her enthusiasm so strong that two aides tried to find the street and house in this small town but to no avail. "Well," I tell them, "the house is no longer there; in fact, neither is Vulcan Street. It was taken out when the by-pass was built many years ago."

The reality of Vulcan Street is not what is important; what *is* important is that the people caring for my mother have listened to her stories and found meaning in them, and with her. They see her as a person of worth and dignity, a person with a past who can still find joy in the present. They find her to be fun and enjoy her playing the piano. When I bring in old pictures, such as my mom's high school graduation portrait or her wedding announcement, the residents and staff gather around to admire and imagine this small, blue-eyed, 92-year-old in her younger years. The staff provide professional and compassionate care that honors this person who has had a long and full life even when she becomes agitated over a small occurrence for no apparent reason. In turn, I recognize and encourage the importance of the care that staff provide, not only the medical aspects but also the tasks that address psychosocial needs. I believe that my experience as a social worker facilitates my helping and supporting staff when I am there, if only by being considerate in what, when, and how I make special requests. I try to pitch in by helping other residents file their nails, reading to them, and hearing their own stories.

With the most important objective met to ensure adequate physical care, another theme emerged from my role as long-distance caregiver: maintaining family contacts to preclude mother's isolation by promoting connection to those most important to her as she had done throughout her life. The first Christmas after my mother moved from the family home, I wrote her Christmas letter to inform those who had sent her cards about where she was living and how she could be contacted. I forewarned that she might not recognize everyone who called but that the calls were important to her and our family. Many relatives and friends called me to convey their sadness about the move or to be reassured that she was in "a good place."

For my mother's 90th birthday, we honored her at our annual family picnic at my brother's home. I brought the family genogram on newsprint from a reunion held a few years earlier and invited everyone to add to the family history: marriages, births, deaths, and stories. I added my mother's pictorial "time line" that spanned her lifetime with pictures of as many family members as I could find. I posted selected pages from a diary of her senior year in high school right after her mother died, which detailed the surrogate mother role she acquired as the oldest child. Her sisters rested on every word in that diary that brought forth not only some sadness of that time period but more importantly the fact that my mother had so actively and willingly assumed the mother role: shoe shopping, dress making, and oversight of her sisters' homework. Not wanting the day to end, I reset her wristwatch, which she repeatedly checked to "be home on time," for two hours earlier to extend this family event. My mother enjoyed that birthday celebration, and the guests enjoyed watching her delight in familiar faces even though names and relationships at times were elusive.

While this situation seemed the best that was possible, my heart was not at peace. Perhaps out of guilt, but I think more so because as a social worker I am aware of the demands placed on those working in nursing homes in a managed care environment. I felt a need for my mom to have ongoing contact with a female family member. In spite of the excellent and fortunate care provided, it is not the same as "family" care, which would provide favorite foods, mend clothes that are over-washed and dried, and do other caring tasks. But, why I felt this need was not immediately obvious to me; in fact, the mere thought provoked guilt. My brother more than met her needs and certainly handled all of the necessary appointments for dental, eye, and other care. He and my sister-in-law visited regularly and included my mother in family events whenever feasible, since her fear of dark precluded evening gatherings. Yet, I had lingering concerns: Was the care she received as adequate as it seemed when I visited? Why was there so much staff turnover? Were my aunt's complaints about my uncle's care in the same facility valid or applicable to my mother's care? Did she get the clothes that I mailed to her? Could my brother, who was not a social worker, know what to look for if there was insufficient care? I thought about hiring a care manager, someone to make a professional assessment, but that piece of my puzzle was not a snug fit. It had to be "Family." It needed to be a relative who had known my mother for a long time - but who?

My mother still speaks Hungarian, plays the piano and organ, and laughs, jokes, and makes silly faces with those inclined to be playful. I wanted someone to visit her who would know and could amplify these aspects of her life and do so regularly. I mentally considered everyone living close by and identified Linda, a first cousin, who was not employed. We had been close as children but had gone our separate ways as adults, particularly after both of us moved away. After Linda recently returned to the hometown to live only a block from my mother's house, old family ties were rekindled, somewhat orchestrated at that time by my mother's sharing news of Linda's relocation. After a few months, my cousin Linda wrote to me to share her growing concern about my mother when she still lived in her own home. That was a brave but caring letter to write. But, how could I ask Linda to visit without insulting her or allowing her to say she was not interested? My only alternative was paid care/oversight. So, armed with the realization that I also could pay a family member, I made the job offer. To my delight it was accepted…and then some.

My cousin Linda began to visit my mother every Friday. At first she visited my mother alone, taking crafts, snacks, and magazines. When I was in town, she accompanied my mother and me on short trips to the store or to visit other relatives. Eventually, her visits to my mother frequently included her mother – Aunt Vi, my mother's youngest sister – and sometimes another of my mother's sisters, Aunt Liz.

Unfortunately, the checks I sent to my cousin were not cashed in spite of my pleas otherwise, if only so that I would have the freedom to make other requests of her. NO. Plain and simple, Linda would not accept money for what she thought was her family duty, however voluntary. But, there are other ways to thank a cousin who has written to me weekly to apprise me of my mother's status through reciprocal letters, gifts, and shared time when I visit my mother. Somewhat paradoxically, Alzheimer's disease, which left my mother unable to promote family ties as she used to do, has nurtured family relations as we siblings and cousins together lived our caregiving experiences.

The Good Daughter: Bev's Story

I became a care-anticipator years before becoming a long-distance caregiver. As the middle-aged only child of aging parents, I knew I would be responsible for assisting them in getting the appropriate care they might need as their health and functioning changed over time. However, I had no clue about the tactical challenges and emotional distress I would experience in caring for my mother, who had Alzheimer's disease, and my father, who had had a series of small strokes. My parents resided in a city two hours away by car, where my husband's family also lived. We typically visited every couple of months and were in contact by phone on a weekly basis. As my parents became increasingly frail and vulnerable, I called and visited more often, ultimately calling daily and driving down almost every weekend in the several months prior to moving them to nursing care in my community. My goal had been to respect their desire to remain in their own home as long as possible and to involve them in decisions about other living arrangements if that became necessary.

My parents' health declines were gradual, but my mother's health became the first focus of concern for my father and me. In her mid-70's, she experienced circulatory problems that local specialists advised would require amputation of her leg. After consultations at hospitals in other states and several surgeries, the circulatory problem was resolved without amputation, but this health scare contributed to my mother's initial withdrawal; she seldom went out and had few contacts with family and friends. When she was 81, Mom had a heart attack and, at that point, her doctor indicated she was evidencing symptoms of hardening of the arteries. I noted some mild confusion, occasional inappropriate word choices, and increased irritability. However, I wondered whether these behaviors were related to the heart attack, new medications, and changes in routine at home upon discharge from the hospital with the employment of someone to do the cooking and housekeeping that mother had done for decades. I also knew that my mother's family history of depression should be taken into account, but that this was not a fact my parents acknowledged to themselves, much less shared with their physicians. At that point, in the mid 1980s, I had little knowledge of Alzheimer's disease, and the same may have been true of the family physician, who did not suggest a neurological evaluation.

During my mother's illnesses, my father remained quite healthy and independent. He continued to work six days a week in the small retail business he owned until he was over 80. Even after retirement, he drove to the store a few mornings each week to handle advertising for the business and to socialize with employees and customers. His primary health problems were hearing impairment and minor strokes (TIAs), which affected his balance and gait. Dad was at a loss in dealing with mother's confusion, agitation, and mood changes and not able or willing to talk about his feelings and concerns, despite my broaching these topics and sharing my feelings of concern about *both* of them. As Mom's condition deteriorated such that she could not be left alone, Dad stopped going to the store and withdrew socially. He could not fully accept that she had Alzheimer's disease, even after diagnosis. He "covered" for mother by telling friends and family who called, including me, that she couldn't come to the phone and by discouraging visitors.

My caregiving experience was greatly influenced by our family norm of not sharing information that might cause worry or concern to other family members. For example, in their late 60's, both parents underwent surgeries without letting me know until after the fact because they didn't want to upset me. This pattern, in conjunction with distance and the gradual changes in their physical and cognitive functioning, made it difficult to determine when my help was needed – and what that help should be. On one visit related to mother's cataract surgery, I discovered that, although still verbal, she could not remember how to write her name on the medical consent form. On another visit, I asked my father about a utility bill I found on the kitchen table and learned that he was no longer writing checks for household expenses; the accountant at his former business was taking care of that for him.

My parents were the last surviving siblings in their families, but they had several local nieces and nephews who kept in touch with my parents but were unable to share caregiving due to their full-time employment or failing health. Periodically, I would receive calls from cousins expressing their concerns following a visit to my parents and urging me to "do something." I would also receive calls from the housekeeper, letting me know that my father had been slightly injured in a fall at home or that he had been in another minor automobile accident. At these times, I would "hit the road" again to see for myself how my parents were doing, to accompany them to doctors' appointments, and to talk to Dad about his auto accidents, urging him to stop driving and providing him information about other transportation resources. My efforts oftentimes were met with their ambivalence and fears, disguised as resistance.

My social work background was quite useful in locating and negotiating services in the community that might be helpful to my parents and to me as a caregiver. I used the checklists and worksheets I obtained from the AARP to work with my father to get him to talk about and act on issues related to health care directives, power of attorney, and family finances. I brought brochures from the Alzheimer's Association to help Dad understand that Mom's agitation and combativeness were symptoms of the disease. At each step, I involved both parents, and later just my father, in decisions about health and/or social services; some they agreed to, and others not. I tried to help my father view these services as support for him as a caregiver – that these services would protect Mom if something happened to him and would ease my worries about them. In this way, I was able to obtain services for both parents while reinforcing my father's role as family caregiver and protector.

Arranging for services was easier than monitoring them, given my parents' reluctance to having other people involved in their lives and my commitment to parental self-determination. In the year or so following her heart attack, Mom's memory and speech problems became more apparent, accompanied by mood changes and an incident of wandering in the neighborhood. With my folks' agreement, I contacted their new family physician to arrange an evaluation at the Geriatric Assessment Center of the local university hospital. Just before leaving to accompany them, Dad called to advise me that they had decided not to keep the appointment. A few months later I did go with them for an appointment with a neurologist to whom their family physician referred them, and this evaluation resulted in the probable diagnosis of Alzheimer's disease.

As my mother's need for assistance with Activities of Daily Living (ADL) increased, and as my father became less steady on his feet and less alert, we engaged additional in-home assistance. Theresa, the housekeeper who had worked for several of my cousins and whom we employed after my mother's heart attack, became the on-site informal care manager for my folks. She worked half a day Mondays through Fridays, getting Mom up and dressed, making sure they had breakfast and lunch, seeing that my mother took her medications, and leaving dinners and weekend meals ready for Dad to microwave for himself and Mom. When Theresa noticed that meals were still in the refrigerator and Dad seemed to be having trouble getting mother into her bedclothes, she alerted me they needed someone in the evenings and on weekends. Dad was somewhat reluctant, partly due to expense and partly due to privacy concerns, but he agreed to the additional help. However, occasionally he would decide they didn't need so much assistance and would "lay off" the weekend housekeeper. At that point, I would receive a call from Theresa or one of my cousins, asking me to intervene and insist on rehiring the weekend staff.

Dad agreed to several other services I arranged for, including an emergency medical alert system (call button and call box connected to a local hospital) and monthly geriatric case management visits from a Jewish Family Services' social worker. However, he would not consider adult day care for mother, and he stopped attending physical therapy and socialization events the social worker had arranged with his initial agreement. Nevertheless, having a social work case manager provided me with (1) a sense of security that a professional was checking in with my parents on a regular basis, (2) someone I could call in an emergency involving my parents, and (3) validation and support for me in my caregiver role.

As a long-distance caregiver, I experienced guilt about not being more physically available, grief over the loss of my mother as the disease progressed, and uncertainty as to whether I was doing the right things for my folks. With each visit, and in the summers when I stayed with my parents during Theresa's vacation week, I saw declines in my parents' functioning, assisted my mother with more ADLs (dressing, toileting, eating), and experienced their decreasing quality of life (from my perspective) that consisted mostly of dozing in front of the television in the dark, overly-heated den, with little social interaction or stimulation. Moving to their community, or uprooting them to live with me, were not options we seriously considered. In my mid 40's, I held a demanding full-time academic administration position, and my husband and I lived in a totally inaccessible house with three-stories and no first floor bed or bath. My parents had lived in their community for most of their lives, and the one-story ranch house, their home for 40 years, was well suited for their needs as they aged in place. I also recalled my parents expressing their desire not to be "a burden" to me, given their experience as caregivers to my grandfather, who lived with us for seven years prior to his nursing home placement due to Alzheimer's disease.

I was plagued with fears about what was going to happen next and how to be ready for the next crisis. When the phone rang early or late, my stomach clutched in expectation that this was a call about one of my parents – a response reinforced by several such calls involving brief hospitalizations of one parent or the other. I visited every facility in my community and my parents' community, which had assisted living for my father and nursing care with an Alzheimer's unit for my mother. I knew they were at risk of falling at home, as both had done so several times. But they could just as easily fall in assisted living or a nursing home. In a congregate care facility, my parents might receive stimulation through social interaction and activities. But my parents valued their shared living space and their privacy, which would be severely compromised in nursing or assisted living settings.

I wondered to what extent my commitment to parental self-determination grew out of professional values as a social worker or personal difficulties in assuming a directive role with parents who had been dedicated to loving and protecting me, their only child. At what point did my desire/need to involve my father in planning and decision making cloud my judgment about his limitations in doing so? I consulted with social workers in geriatric care management in my parents' community and in my city to explore resources and to sort through the decision making process of planning for uncertainty. I received counseling to handle the anxiety and depression I experienced. Knowing that my caregiving responsibilities would increase, I resigned my 12-month administrative position and took a more flexible 9-month teaching position. Ultimately, I did receive the call that I both feared and expected. My mother had been hospitalized after a fall at home and required nursing care upon discharge; this was the opportunity to help my father accept that Mom needed more care and protection than she could receive at home.

My long-distance caregiving lasted for about five years, followed by two years as a local caregiver. Once my father accepted my mother's need for ongoing nursing care, he wanted to be with her rather than home alone. Since they could not stay at home, he reasoned, they might just as well be in assisted living/nursing care closer to me. It took four months from my mother's hospitalization to get both of my parents into an appropriate facility in my community – obtaining required medical documentation, completing financial forms, getting on waiting lists, and bringing my Dad to visit the facility we had selected. Ultimately, however, the "best laid plans" did not materialize. By the time my mother's name was at the top of the wait-list, her condition had so deteriorated that she no longer met the Alzheimer's unit's requirements, and following another minor stroke, my Dad had been hospitalized and required skilled nursing care instead of assisted living care.

Such is life! We ended up with our second choice of facility where, within a short time, both parents were in the same room in intermediate-level nursing care. At that point, I assumed some of the responsibilities described in Marcia's story –dismantling and selling the family home, establishing relationships with nurses and aides, attending family care conferences, and bringing in old photographs and cakes/goodies to share with staff for my parents' birthdays and their 65th wedding anniversary. Mom died a year after her initial nursing home placement, and Dad survived a year and a half after my mother's death. My conclusions, based on these experiences, are that caregiving is both painful and rewarding, whether long-distance or local, but that long-distance caregiving involves very unique challenges.

Profiles of the LD Caregivers, Care Receivers, and Care Networks

Our experiences were similar in many ways to those of respondents in our secondary data analysis (Koerin & Harrigan, 2002) of long-distance caregivers (N=109) in the 1997 NAC/AARP study. Most were women (56%), married (65%), ranging in age from 18 to 79, with an average age of 42 years. Like Marcia, the majority (51%) had children or grandchildren living with them at some point during the caregiving years. Over half (54%) worked full time as we did, and another 17% worked part time. Of those who had been employed while caregiving, 25% reported giving up work entirely, moving from full to part time, refusing a promotion, or taking early retirement. Over half of the long-distance caregivers provided care to a parent, and the most frequently reported conditions of the care receivers were aging (22%) and Alzheimer's/dementia (18%). Most long-distance caregivers (68%) reported someone else as the primary caregiver; they were often part of a larger care network, usually siblings. Consistent with Marcia's experiences, 65% of long-distance caregivers reported that other relatives did their fair share in care provision; 69% reported no family conflict over caregiving, and only 2% reported a lot of conflict. Unique to Bev's situation as an only adult child, there was limited family support.

The Challenges of Long-distance Caregiving

As our stories indicate, LD caregiving presents unique difficulties that are less frequently experienced by local family and friends providing care. Assessing the needs of the care receiver and knowing when your help is needed from afar can be challenging when the care receiver experiences a gradual decline in functioning. While critical events, like hospitalizations or accidents, provide obvious indicators, some aging and/or ailing parents may not be able or willing to disclose information about their declining health status or care needs. They may want to protect their adult offspring from worry, inconvenience, or expense, while at the same time wanting to preserve their own independence; living at a distance offers this "protection."

On the other hand, care receivers, and sometimes their neighbors or local relatives, may contact the long-distance caregiver and provide an inaccurate and perhaps exaggerated account of the health and/or living situation. From a distance, it can be difficult to match what is reported (either positively or negatively) with the reality of the situation. Caregiving responsibilities in any situation may strain immediate and extended family relationships. Hooyman and Lustbader (1986) noted that local siblings often "resent out-of-town siblings for not doing more" (p. 51). While it is difficult for us to determine the extent of this resentment in our cases, we both encountered interactions with non-sibling relatives who were concerned about the care receiver and requested that we, as caregivers, "do something" about the situation.

Locating appropriate services and monitoring them can be problematic. A geriatric care manager can be an effective way to provide local oversight of services, as Bev's story reveals. However, geriatric case managers are not always available, and the cost ($50-200 per hour) may preclude this option for those with limited income. Other financial costs may include long-distance calls, travel expenses, assistance with purchase of medical supplies and medications, and supplemental services. The MetLife study (2004) reported that long-distance caregivers spend an average of $392 per month in relation to their caregiving role.

Caregiver burden, which includes financial costs, has two dimensions: objective burden (time, efforts, tasks, financial supports) and subjective burden (perceptions, attitudes, emotions) that disrupt or change the caregiver's life situation (Biegel, 1995; Montgomery, Gonyea, & Hooyman, 1985). While some caregivers experience financial hardships or physical health declines, studies indicate that emotional strains are more prevalent (Brody, 1985). Experts have noted that "providing care for parents or elderly relatives nearby often is more physically exhausting than long-distance care, while long-distance care often causes more psychological stress" (Wagner, 1997, p. iii-5). We found that greater subjective burden, in contrast to objective burden, was supported by our study data and borne out in our situations. In identifying both burdens and benefits, long-distance caregivers in our study reported most frequently the same ones we experienced. As expected, distance from the care receiver, followed by the emotional strain of watching deterioration of their loved one, were the most frequently cited difficulties. The most frequently identified rewards included personal satisfaction, family loyalty, a sense of "giving back," and appreciation from the care receiver.

Summary and Recommendations

The long-distance caregiver plays a critical role in the care receiver's network by supporting local caregivers as well as by providing direct care. The National Council on Aging study (Wagner, 1997) and our study indicate a higher percentage than might be expected to have assumed or shared primary caregiver responsibilities. In the NCOA study, 21% reported themselves as the primary caregiver, with an additional 31% reporting equally shared responsibility (Wagner, 1997, p. 18). More recently, the MetLife study

(2004) reported 23% of long-distance caregivers were the "only or primary care provider" (p. 2). Our study revealed that nearly 11% provided primary care and another 21% shared care 50/50 with someone else (Koerin & Harrigan, 2002, p. 71). Thus, long-distance caregivers are often *not* secondary helpers, as might be assumed, given the distance between them and the care receivers. It is important for health and human service professionals to recognize and legitimize the role of long-distance caregivers as important members of the care network and not overlook or discount them. Normalizing the unique experience and supporting these long-distance caregivers in their efforts may help to reduce caregiver stress and guilt related to not being more physically accessible to the care receiver. We have several recommendations for long-distance caregivers and the professionals who work with them, based on the literature and our experiences:

- Don't minimize or negate the needs of the long-distance caregiver and the importance of that role;

- Recognize caregiving stress and promote self-care;

- Don't assume that everyone in the caregiving network is equally informed about the care receiver and his/her needs;

- Seek and consider *all* sources of information to minimize misrepresentation or misunderstanding of the care receiver's situation;

- Don't carry the burden alone – think systemically about what others can provide;

- Don't avoid sharing care responsibilities with other family members due to fear of potential conflict;

- Help others be caregivers by suggesting what they can do to help the care recipient, you, or other caregivers, and accept the care that is freely offered;

- Think creatively to enhance the lives of loved ones: there is nothing too novel, silly, or sentimental if it brings comfort to others;

- Consider new technologies such as a telephone dial pad with pictures of persons whose numbers are keyed in or live audio-visual interaction using the Internet;

- Support the local caregivers and recognize the roles that everyone plays to provide care;

- Be sensitive to the situation of local caregivers who must make immediate decisions that may not be the same as those you might make;

- Use the situation to "let go" of old family conflicts and contribute to family continuity and cohesion;

- Don't assume you know the local resources even if the care recipient is living in your former hometown or residence;

- For social work or health care professionals who are caregiving, use your professional knowledge and skills to navigate the caregiving network and do not alienate others by dominating, being "the expert," or expecting perfection;

- Strive for perspective; your caregiving role is not forever.

There is no single profile of the long-distance caregiver, and the demographics continue to change, such as the increase in male caregivers. In our mobile society, the need for local and long-distance caregivers has never been greater. The need for a broad range of options to provide caregiving also has never been greater.

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AN EMANCIPATION OF THE CLIENT AND THE CLINICIAN: THE INTEGRATIVE SOCIAL WORK EXPERIENCE OF A SECOND-YEAR MSW STUDENT

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This narrative explores the author's learning experience as a second-year master of social work student in field practicum. In the setting of an adult partial hospitalization program, the author applied knowledge learned in her masters courses and began to develop her personal therapy style. This is a narrative account of her exploratory use of different therapy styles with a young client diagnosed with bipolar disorder and her family.

When social work master's students begin their second year, they enter a critical period in their career. During the second-year field placement, students begin to develop their own therapeutic style and apply the theories and techniques that they have learned in their courses to their practice. This year can be a time of trial and error until students determine what works best for them. It also can be a time of frustration and insecurity in personal knowledge and skill as a social worker. This paper describes my experience as a second-year master's student in my field placement at an adult partial hospitalization program. More specifically, the paper analyzes my emerging therapy style and application of theoretical techniques with a specific patient and family. To begin the paper, background information on myself, the treatment program, and the patient are provided. Following this are a description and analysis of my cognitive-behavioral and integrative work with this patient.

This social work student is a second-year master's student at a Midwestern university with a clinical concentration and a mental health focus. I am a twenty-three year old Asian American female and would consider myself as growing up in an upper middle class family. My bachelor's degree was in sociology and psychology; therefore, I had little experience in social work before starting the master's program. The experiences of close friends and family struggling with addiction and mental illness led me to the field of social work. Despite my interest in mental health, my second-year placement at the adult partial hospital program is my first work with the mental health system and cognitive-behavioral therapy. Even though it did not have a mental health focus, my first-year placement was a strong, generalist experience at a small non-profit agency. It provided me with valuable exposure to group work, case management, and working with an interdisciplinary team. This first-year field placement helped me to develop a strong foundation for my second-year clinical placement.

The adult partial hospitalization program where I had my internship consists of two tracks, a partial hospital program and an intensive outpatient program. When patients begin the program, they are placed in the partial hospital program, which meets daily from nine to four. Once patients understand the basic concepts introduced in the partial program and present as more stable, they are generally moved to the intensive outpatient program, which meets from nine to twelve. This program is more intensive and teaches in-depth cognitive-behavioral concepts. In both tracks, the modality of treatment is group therapy and education, but patients also receive individual therapy with their case manager a minimum of once a week. The general length of stay for most patients in the whole program is three to five weeks. The program uses cognitive, behavioral, and social learning perspectives to explain human functioning as a product of interaction between individual and environmental variables (Regehr, 2001). A strong emphasis is placed on the interaction between three spheres: behavior, cognition, and physiology. With behavior, specific techniques such as daily structure, social skills training, and assertiveness training are used to improve behavioral deficits that contribute to symptoms (McGinn, 2000). In the cognitive sphere, restructuring techniques are learned to change negatively distorted thoughts to clearer thinking. Finally, in the physiological sphere, patients are taught skills such as imagery and relaxation techniques to calm their bodies.

As a student intern, my role in the program encompassed several areas. First, I had my own small caseload of patients. My duties in regard to case management included weekly individual sessions, insurance reviews, disability paperwork, and discharge planning. Second, I was a co-facilitator for the daily group therapy process group. Finally, I often led the cognitive-behavioral education groups. These groups focus on topics such as symptom management, relapse prevention, medication management, and diagnosis education. At times all of these duties could be overwhelming, but they helped me to learn about all aspects of the program and gain a more in-depth understanding of cognitive-behavioral therapy.

Case Study of Mary Jones

In this narrative I analyze my work with Mary Jones, whose name has been changed for this article, and her family. Mary was one of the first clients that I worked with on my own while at the agency. Also, it was with her family that I conducted my first family therapy session. For me, the work I did with Mary was a defining moment in my career. Working with her helped me to discover what styles and techniques work for me and gave me confidence in my ability as a social worker. I used an integrative approach combining the cognitive-behavioral framework of the program with techniques from other models that I found effective.

Background about Mary

The patient Mary Jones was a nineteen-year-old Caucasian female of middle class background who had just been diagnosed with bipolar disorder, type I. She had a previous diagnosis of ADHD from childhood. Halfway through her sophomore year of college, the severity of her symptoms forced her to withdraw from school. Mary reported both manic and depressive symptoms during the last year, including impulsivity, racing thoughts, hyper-verbal speech, increased sleep, irritability, and aggressiveness. She was referred to the adult partial program upon her discharge from the inpatient psychiatric unit. Mary had admitted herself to the inpatient unit following heightened irritability, impulsivity, and aggressiveness towards her parents. At admission, a drug screen was positive for cannabis, but Mary denied cannabis abuse.

Since her withdrawal from school, Mary had been living with her parents, and there was a great deal of tension in the home. Miscommunication, misunderstanding, arguments, and lack of trust and respect characterized the relationship between Mary and her parents. Since learning of Mary's impulsive behaviors and drug and alcohol use, the parents had suspended all of Mary's privileges including use of the phone and car. They required her to be in their supervision at all times. In addition to these family conflicts, all of the family required education about Mary's new diagnosis of bipolar disorder.

Initial Session with Mary

In my first session with Mary, I wanted to develop a therapeutic relationship and specify treatment plan goals. Establishing a strong therapeutic relationship is extremely important because research shows that effective helping cannot occur without the existence of a significant relationship between the helper and the help seeker (Garvin & Seabury, 1997). Like all approaches, cognitive-behavioral therapy, the framework of this agency, requires a sound therapeutic alliance before patients are willing to follow through behaviorally (Beck, 1995). Before the session, I was extremely nervous about meeting with Mary. I was insecure about my ability to work with someone so close to my age and to appear competent and knowledgeable to her and her parents. Despite my misgivings, the first session went extremely well, and we began to develop a close therapeutic bond. The closeness in age allowed us to connect almost instantly. We both had recent college experience and the same generational language and interests. Having an instant bond allowed Mary to trust me and express and share openly from the start.

I was concerned about the immediate connection, though, because I thought that it might lead to transference or countertransference. These concepts are not usually linked with a cognitive behavioral approach, but they are concepts that I learned about in my social work basic skills course. I think these concepts are important to any therapeutic relationship regardless of therapy approach. Mary could start to view me as a friend or ally against her parents rather than as her case manager. As for countertransference, I was concerned that my work with Mary would become entangled with past experiences I have had with friends who had struggled with similar experiences. This could mistakenly have led me to befriend Mary rather than keep a client-therapist relationship. To prevent this from occurring, I tried to be particularly attuned to my "conscious use of self" or self-awareness while working with Mary. This means keeping a conscious balance between the head and heart or distance and closeness (Garvin & Seabury, 1997). To actively accomplish this, I always had a plan for our sessions, I frequently consulted with my supervisor about the case, and I tried not to allow myself to participate in chatty, friendship-like conversations. Overall though, I think that our strong therapeutic bond enriched the therapy experience by allowing Mary to trust my opinions and suggestions and be willing to make changes.

My other objective for the initial session with Mary was to develop treatment plan goals based on her outlook of the presenting problem. When using cognitive-behavioral therapy, the client rather than the social worker describes the problem situation, emotional consequences, and surrounding thoughts (Regehr, 2001). In addition, the social worker should identify client strengths and successes on which to base reframing and behavioral interventions in future sessions. As Mary described her present situation, I focused not only on the words but also on the patterns, underlying meanings, and body language. By listening to Mary, I identified the themes of independence, emancipation, control, communication, lack of knowledge, and responsibility. Independence, emancipation, and control related to having the freedom from her parents to make her own choices and actions. Communication referred to the lack of communication occurring between Mary and her parents. Lack of knowledge related to the information that Mary and her parents needed about her new diagnosis and medications. Responsibility referred to taking responsibility for her own actions. All of these themes were connected and seemed to be at the core of the problem that Mary described along with her diagnosis of bipolar disorder. At this point, I took a client-centered approach by introducing these themes to Mary, and allowing her the opportunity to explore these themes and develop her own goals and plans (Rothery & Tutty, 2001). To me, this action was important for the empowerment of the client even though it is not particularly linked with cognitive behavioral therapy. Unfortunately, Mary's manic thought process prevented her from accomplishing this synthesis without assistance, and so together, we developed treatment goals, outcome criteria, and treatment plans.

Four treatment goals were developed for Mary's treatment plan in the program. At this adult partial hospital program, goals one and two are the same for all of the patients. Goal one is taking medications as prescribed by the psychiatrist. Mary reported accomplishing this goal most of the time at the time of this first session. Goal two is discharge planning. Mary already had a therapist in the community but did not have a psychiatrist. She would need a referral before discharge. Goal three was developed in relation to the themes of control, responsibility, and lack of knowledge identified from Mary's story. Mary's goal three was to learn cognitive-behavioral skills and techniques to manage and decrease her symptoms. The outcome criteria for this goal were a decrease in impulsive behaviors, decrease in irritability, decrease in aggressiveness, and ability to list and use symptom-management techniques. The plan for meeting this goal was to attend the program every day, participate in groups, and apply what was learned in the program to daily living. Mary reported hardly ever accomplishing this goal at the time of goal formation. The fourth goal addressed the identified themes of communication, independence, emancipation, and lack of mental health knowledge. For goal four, Mary wanted to increase family communication and understanding of her diagnosis. The outcome criteria for this goal would be less arguing in the family, return of her privileges, and family understanding of bipolar disorder. The plan for this goal was to have some family therapy sessions and to read literature on mental illness and bipolar disorder. According to Mary, this goal was hardly ever being met at the time of goal formation. After setting these goals, Mary and I reviewed them to ensure that they were realistic. To encourage her, I emphasized the strengths that she had that would help her to reach her goals. These strengths included intelligence, courage, genuineness, and a desire to get better.

Individual Work with Mary

My work with Mary was divided into two areas: individual work and family work. Individually, I worked on reinforcing the cognitive-behavioral skills that Mary was learning in the groups. Particularly with bipolar disorder, the psychoeducational nature of cognitive-behavioral therapy can be an effective treatment because it promotes monitoring and self-regulation (Patelis-Siotis, 2001). The cognitive-behavioral approach to bipolar disorder can be divided into three phases. The first phase focuses on educating the patient on medications, the cause of illness, and symptoms (Patelis-Siotis). For this phase, I worked in conjunction with the psychiatrist and nurse. During our first individual session, I provided Mary with numerous handouts on bipolar disorder since this was the first time she had received the diagnosis. I spent a great deal of time describing the symptoms of mania and depression and the difference between all of the mood disorders. Once she had the list of symptoms, we worked together to identify which symptoms she struggled with or had experienced in the past. By identifying possible symptoms, Mary and her family had a list of possible indicators of relapse. Briefly, I talked about mood stabilizers, but I referred specific medication questions and concerns to the nurse and psychiatrist. Both the psychiatrist and I emphasized the importance

of taking medications even when feeling better. Educating both Mary and her family was important for the treatment process.

The second phase of cognitive-behavioral therapy for bipolar disorder is the skill-training phase. In many of our sessions, Mary and I reviewed the skills that she was learning in the cognitive-behavioral groups. Self-monitoring and use of structure were especially important in Mary's treatment. The use of self-monitoring can be especially suited to the manic phase of bipolar disorder by teaching the client to recognize early symptoms and implement pharmacological treatment and behavioral interventions to minimize the impact of the mania (Patelis-Siotis, 2001). As previously stated, Mary and I developed a list of symptoms that she experienced when feeling depressed or manic. I encouraged Mary to share this list with her parents so that they all were aware of the early warning signs of an episode. Equally important as identifying the symptoms is identifying the triggers that lead to symptoms. Mary really struggled with identifying her triggers, and was able to come up with only one: disagreement with her parents. Together, Mary and I brainstormed several interventions she could implement in these triggering situations. First, she could remove herself from the situation before it became too explosive and then come back to the discussion once everyone was clear headed and calm. Second, Mary had to set clear boundaries or limitations in relation to her needs. An example would be that there can be no intense discussions, criticisms, or arguing in Mary's room because that is her safe, private area. These types of discussions must occur in another neutral area of the house. By developing these skills, Mary would have better control of her bipolar disorder.

For Mary, structure was another essential aspect of cognitive-behavioral intervention. Lack of daily structure can lead to an increase in negative thoughts and impulsive behaviors. Every session, Mary and I would work on structuring her whole week and ensuring that she did not have too much time to dwell on the negative. We made sure to schedule time for all of the basic needs, including self-care, personal time, and socialization. Scheduling helped Mary and also reassured her parents of her safety. I encouraged Mary to continue structuring her time to some degree even after discharge. Being knowledgeable and prepared for these types of situations may help Mary better manage her symptoms in the future.

The final stage of cognitive-behavioral therapy is using cognitive restructuring interventions to address core beliefs (Patelis-Siotis, 2001). Mary did not make as much progress in this area as I would have liked, and I think that part of the reason for this was my lack of experience with cognitive-behavioral therapy. In work with clients, patterns often emerge that represent underlying themes or beliefs. When this occurs, the social worker needs to explore the origin of these beliefs with the client and determine whether the assumptions are still valid (Regehr, 2001). Mary had a pattern of thoughts and behaviors that could be traced to the core belief that everyone must like me or I am not a lovable person. This belief often led Mary to irresponsible, impulsive behavior while searching for acceptance or love. A lot of uncomfortable group work and individual work was done to uncover this core belief. Once this belief was revealed, Mary began to challenge the accuracy of this belief with the three cognitive-behavioral criteria she had learned in the treatment group. These questions are: (1) What is the evidence that supports or refutes this belief? (2) Is there an alternative explanation for this belief? (3) What are the real implications if the belief is true? (Regehr, 2001). Upon discharge, Mary was actively using these challenging questions whenever she had negative thoughts about being unlovable or worthless. Unfortunately, during her time in the program, she was not able to completely remove this negative core belief or reframe it or discover its origin.

Family Work with Mary

The work that I did with the family was from a more integrative approach. I used a combination of techniques from the cognitive-behavioral approach, structural family therapy, and solution-focused therapy. I had two, hour-long family sessions attended by the father, mother, and Mary. My goals for the sessions were to provide information on bipolar disorder, to increase communication, and to have the family start to develop a long-term goal or plan for Mary's independence. During the first family session, I addressed the subject of bipolar disorder. Mary's parents were having a difficult time understanding that Mary had a mental illness and that many of her behaviors were actually symptoms of the illness. I provided handouts of the diagnostic criteria for bipolar disorder, manic episodes, and major depressive episodes. I explained the difference between all of the mood disorders and touched upon ADHD and bipolar disorder. Mary's parents also had several mediation questions which I answered to the best of my knowledge and referred the rest to the psychiatrist. At the end of the session, the family all verbalized a better understanding of what Mary was dealing with and how it affected her. It was my hope that they would be able to apply this new knowledge to their daily living.

Communication was a much more difficult issue to address with the family, and the issue seemed to be at the core of many of the conflicts. In my attempt to improve family communication, I used techniques from several different therapeutic approaches. The cognitive-behavioral approach states that family relationships, cognitions, emotions, and behaviors all exert mutual influence on one another (Nichols & Schwartz, 2001). Therefore, I encouraged the family to explore the relationship between these spheres, and I asked each member to discuss what was happening in each of these spheres for them. This task did not come naturally for the family, and so I had them practice communicating about these issues during the family session. The structural family therapy approach offered several techniques that I utilized.

During the first family session, I used enactment to observe the customary method of family interaction. The basic understanding of the family dynamics which enactment provided me with was important because I knew nothing about the family. In order to move forward with family therapy, I needed to learn about the issues within the family and what approach would work best. I had the family discuss together what the "problem" was. Mary sat between her parents with her back to her father. The father only spoke when directly spoken to, and the mother and Mary argued continually. Through the use of enactment, I observed a highly conflicted but enmeshed relationship between Mary and her mother, and a disengaged stance by the father. We discussed the problem with communication, and I asked the family to help me brainstorm ways to increase or improve communication. The family came up with several ideas. The ideas were to set aside a specific time each night to talk, to set a timer for each person to talk without being interrupted, and to post a dry erase board to communicate important messages. At the end of the first session, I used the structural technique of assigning a task by asking the family to follow through on at least one of their ideas for communication. Overall, I stressed the importance of communication in the family. To Mary, I pointed out the importance of her communicating her needs and progress to her parents, and to the parents, I stressed the importance of positive communication.

My second session with the family had a different focus. By this time, I had determined that there needed to be a specific plan or long-term goal for all of the family to work towards. I believed that Mary was slow in making progress in her treatment plan because she did not have a specific goal or plan with her parents to regain privileges and trust, and because she was not receiving positive support from them. In this session, I primarily used solution-focused techniques. Before the session, I asked each member of the family to make a list of their top three concerns and bring them to the session. During the session, I had each member of the family read their concerns as I recorded them on a board. Once those concerns were on the board, we all studied them to determine how many were connected. We determined that three-fourths of the concerns were related to Mary's taking control of and responsibility for her life.

Next, I used the miracle question to further emphasize the similarity of concerns. The miracle question also activates a problem-solving mindset by creating a vision of the goal (Nichols & Schwartz, 2001). The version of the miracle question that I used was: "You go to sleep one night, and in the middle of the night, there is a miracle that changes everything to the way you want it to be. The problems are gone. When you wake up in the morning, what will be different?" Mary's answer to the miracle question was that she would have her car and cell phone privileges back, her parents would trust and believe in her, and she would not have to be in their supervision at all times. The mother's answer was that Mary would be a responsible, independent young woman. The father's answer was that Mary would not be acting impulsively and would be taking control of her life. I emphasized to the family that they were all describing the same scenario just with different language. This was extremely encouraging for them and me, because working towards one common goal is more manageable than working towards three.

Once they had a common goal, I asked the family how they were going to get there. The family seemed at a loss for ideas. At this point, I encouraged Mary to share with her parents what she needed in order to reach this goal. Mary mentioned support and incentive. Immediately, Mary's parents became upset and said that they were giving her lots of support by driving her around and taking care of financial issues. I continued to question Mary, though, about her conceptualization of support despite the parent's indignation. As I probed, we discovered that what Mary meant by support was positive encouragement and feedback from her parents. She felt that all they did was criticize her and point out all of the things that she did wrong. This revelation completely surprised the parents who had no idea that they were not giving Mary the positive support that she needed. At this point, I questioned the parents as to what their plan was for Mary to earn back privileges. They stated that they did not have one. I explained to both Mary and the parents that it was difficult to get better or even want to get better if there was nothing to look forward to. As homework, I encouraged the family to develop a plan together for Mary to start earning back privileges. I also encouraged them not only to discuss it, but also to put it in writing and post it somewhere in the house. A clear plan would provide Mary with positive incentive and the parents with a continued sense of security.

Several days after our last family session, Mary told me that the environment at home was completely changed. There had not been any fighting for four days, and the communication had improved. In addition, Mary had regained car privileges and some freedom from her parents' supervision. Mary appeared happier and more self-confident. She made an insightful comment to me that I felt summed up the entire situation. She said, "I have respect for them now. Before, I did not respect them or their parenting methods, and so I didn't care if I broke their rules or made them angry or worried. Now we have a mutual respect and trust, and I don't want to do anything to lose that."

Treatment Progress

Upon discharge, Mary had met all four of her goals and was noticeably more stable without mood symptoms. In regards to goal one, medication management, the psychiatrist had been able to find the appropriate level of a mood stabilizer to eliminate the manic symptoms. Mary reported medication compliance without side effects. She still had a lower level of concentration and focus but this may have been part of the ADHD diagnosis. At discharge, she was referred to her new psychiatrist for the possibility of restarting the medication she had previously been taking for the ADHD. For goal two, discharge planning, Mary returned to her previous therapist, and I referred her to a psychiatrist in the community for follow up.

Goals three and four were the goals that my work with Mary had focused on. On the day of discharge, Mary stated that she was meeting goal three, symptom management, almost all of the time. She reported meeting all of the outcome criteria. There was almost complete elimination of impulsive behaviors, a decrease in irritability, and a decrease in aggressiveness. Mary was also able to list numerous symptom management techniques during our final session. Her list included use of structure, reframing negative thoughts, and evaluating the accuracy of thoughts. The last goal was the family goal. On her final day of the program, Mary reported meeting this goal almost all of the time. There was less arguing, a return of car privileges, and a greater understanding of bipolar disorder. During Mary's time in this adult partial hospitalization program, she successfully completed all of her treatment goals.

Personal Reflection on the Process

Overall, I was pleased with my work with Mary and her family, but there were several areas in which I could have improved or approached differently. First, I think that there was some transference and counter-transference despite my efforts to prevent it. Sometimes during our sessions, I found that our conversations were less than professional with discussion of shopping, fashion, and college life. To further avoid transference and counter-transference, I could have established clearer boundaries and ensured that both of us were clear about our expectations, conceptions, and purpose of the relationship (Garvin & Seabury, 1997). Another area I could have approached differently was my use of cognitive-behavioral therapy. I did not apply this framework as much as I would have liked, and I attribute this to my neophyte status as a user of cognitive-behavioral techniques. Mary was doing some insightful cognitive-behavioral work in the groups, and if I had focused on this more, she may have made even more progress in challenging her core beliefs. As my experience with cognitive-behavioral therapy increases, I think that this framework will become more natural to me as a clinician. Although I should have made more use of the cognitive-behavioral work, I also believe that the other approaches I used were essential to the process. If I had not used them, some of Mary's progress may not have occurred. For example, the use of client-centered techniques empowered Mary in developing her own goals and plans, which she had not been given the freedom to do within her family. The process allowed Mary to take ownership of her illness and behaviors. Within the family work, consensus and communication may have been lost without the use of the miracle question.

With the family, I also felt that there were several things that I could have done differently. In particular, there were two related dynamics that I wish I had addressed further. The first was the father's disengagement, and the second was the enmeshed relationship between the mother and Mary. As structural family theory explains, once habitual family patterns are established, family members use only this small fraction of the full range of behaviors available to them, therefore reinforcing the troubled structure (Nichols & Schwartz, 2001). If I had been able to further challenge this structure and uncover alternative methods of function, then the family bond may have been strengthened even further. The last thing that I identified as something I would do differently was preparation. Before meeting Mary and her family, background research on ADHD, bipolar disorder, and the dynamics of families with only one child would have been beneficial. This information could have given me a better understanding of the situation, values, and interactions of the family. If addressed, all of these therapy issues could have led to additional changes and progress, but they are all deeper issues that can be further investigated in long-term therapy.

I am amazed by how work with just one client can teach so much. Mary reminded me of several close friends and family members, and, unfortunately, this reaction led me to want to be liked and accepted by her and her family. Awareness of these past feelings has made me more conscientious of myself within the therapeutic relationship. I more clearly understand that at times there will be clients who invoke certain emotions or memories. This response is normal, and now I strive to be proactive in monitoring my self-awareness. As previously mentioned, I was also very nervous about my young age and lack of experience while working with Mary. As I worked with the patient and her family, they never appeared skeptical or questioning of my ability or approach. I may have stumbled through some of the techniques that I experimented with, but I strived to do whatever I could to help my client. For me, this revealed that although age and experience are beneficial, a dedication to helping is the key to change. Most importantly, I think that my work with Mary proved to me that I could be a social worker. Sitting in the classroom memorizing diagnoses, interview skills, and theoretical approaches is very different from actually working with a client. Over and over again, I questioned my ability to successfully apply what I had learned in class with an actual client. Students ask themselves questions like: What if I make the client worse? What if I misdiagnose them? What if I say something that makes them mad? What if they won't talk to me? After having Mary as a client, I realized that I had retained a lot more than I had thought from my classes and that I can successfully use these skills in work with clients.

My experience with this client and her family also helped me to critically analyze my field placement agency and my master's social work program in a meaningful way. The adult partial hospitalization program effectively provides structure and intervention for clients who are at a level between inpatient hospitalization and outpatient services. I found the adult partial hospitalization program to be successful in helping many clients, but my work with Mary revealed several limitations in the program. The cognitive-behavioral framework of the adult partial hospitalization program can be somewhat limiting. By primarily using cognitive-behavioral therapy, I think that the program may be losing out on benefits from other theoretical approaches such as those that I used in my work with Mary. However, it may be that the time constraints of the program are better suited to a cognitive-behavioral approach rather than some of the other theoretical approaches. Additionally, I found that there was a disconnect between the group and individual work that the clients did. Group leaders should be aware of progress in individual sessions, and case managers should be aware of progress in groups. Increased awareness would potentially lead to even more success in treatment because concepts and progress could be reinforced in these different settings. Lastly, there were times when as a student I felt unsupported or lacking in guidance at the adult partial hospitalization program. For example, I led the family session for Mary by myself with having only observed one other family session. In truth, I typically enjoyed the freedom I was given at the agency, but at times I would have liked more support.

Having real world social work practice also led me to analyze my master's social work program. I found that overall I was prepared to step out into an agency and practice the skills that I had learned in my coursework. I had a basic knowledge of several therapeutic approaches and skills, which I applied in my internship. However, professors tended to focus on the theoretical frameworks that they favored which means that students tended to learn more about those frameworks and less about others. The most significant critique I have of the program is that there was not a forum for students to discuss their field placements. In courses such as family therapy and crisis intervention, we definitely had opportunities to discuss our internships, but that was not the primary purpose of the course. I think it would have been valuable to have an internship seminar with the sole purpose of discussing and processing our field placement experiences. Such a course would have allowed students to reflect on personal experiences and emotions and to learn from each other's experiences.

Overall, my work with Mary was an irreplaceable learning experience for me. I learned a great deal about my therapy style and what I feel comfortable with. Real life application of interventions I have learned in courses provided me with important new experiences. I could have done several things differently or even better, but I learned from these mistakes and will know how to change next time. Most importantly, I gained more confidence in myself as a social worker. I strove to serve my client and help her make changes, and in the end, we saw positive results.

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Teaching about the Benefits of Language Diversity and the Limitations of Standards in Language in the Classroom

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The authors report on an interdisciplinary project between a social worker and a linguist, both professors at an undergraduate liberal arts college. Their work together aims to raise student and teacher awareness of the privileges society assigns to users of Standard American English (SAE) and the limitations faced by users of non-standard forms. Their collaboration includes journal entries from students working through their own feelings about viewing language diversity as an asset to society, as well as feedback from other teachers about their roles in upholding language standards as gatekeepers of education. By placing language differences in the context of diversity issues and uncovering the power afforded the users of the "right" language, the authors work towards an ultimate change in practice.

Language prejudices seem more resistant to change than other kinds of prejudice.
(Wolfram, Adger, & Christian, 1999, p. 30)

Introduction

This is our story of a growing collaboration and awareness of language use in the classroom. The authors of this paper come from two different disciplines: social work and linguistics. RS is an experienced teacher of diversity, having taught diversity classes in social work programs for almost 15 years. She designed and continues to teach a course entitled *Valuing Difference,* an introductory overview course about diversity and resulting power relationships that she has taught in both graduate and undergraduate settings. RS was aware that she neglected language as a component of her curriculum in wider discussions about issues of diversity. This was made more apparent to her from a "Group Power and Privilege Wheel for the United States" (Hyde, 2000) included in her materials for the course (see Appendix A). RS would regularly cover themes related to gender, sexual orientation, religion, class, etc., but because she felt uninformed about the issues of linguistic differences, she would routinely omit the discussion of language from analysis. She avoided that discussion largely because the discourse about language variation was neglected in her own social work education about issues of difference.

As a result, she contacted SB, who teaches and researches issues of social attitudes towards dialects and accents and asked her to be a guest speaker in the diversity class. The initial reactions from students in the class that night were surprising and thought-provoking. As a consequence of the exchange, we decided to pursue an interdisciplinary collaboration that has continued for the last several years.

In order to get our concepts across in one three-hour class session embedded half way into a sweeping fourteen-week course about diversity, our focus has, by necessity, been broad. This means that we speak both about native and nonnative English speakers, often collapse accent (pronunciation) and dialect (grammar forms, word choice, discourse markers, etc.), and talk thematically about language in general, largely not distinguishing between written and spoken forms.

In addition, we use "standard" to refer to syntactic, morphological, semantic, and phonological variations in language that are linguistically unmarked, in that society accepts them as the norm. This is in contrast to the term "grammatical," which means that the structure of a sentence conforms to the syntactic rules of a person's dialect. Our view is that all language is essentially grammatical, but only some forms are standard.

Our work together with our students has made us better aware, as teachers, of our own attitudes towards language.

What We Bring to the Work

Social workers' person-in-environment perspective makes them well aware of the impact of various forms of discrimination on persons who face that discrimination. And the profession is doing an increasingly better job of educating new professionals to focus on understanding and dismantling the multifaceted dynamics of privilege from which such discrimination springs. Guided by professional values that emphasize the primacy of social justice, diversity, and the worth and dignity of every individual, social workers often grapple with systems of thought and institutional practice that create and perpetuate barriers to equity at all levels (micro, mezzo, macro) of practice.

Additionally, social work training and practice focuses on the necessity of bringing experts together to discuss issues. We, a social worker and a linguist, have discovered that interdisciplinary collaboration related to diversity training is invaluable. In the process of teaching together, we each brought knowledge from our respective disciplines that helped us gain insight and the courage to challenge standard practice in education. RS was aware of language as an area of societal difference that was valuable to explore but lacked the specific knowledge base that provides some of the expertise to do so; SB, while conversant in the linguistic views of dialect differences, still demanded SAE on exams and student papers. As we worked together and with our students, we deliberately challenged ourselves to hear the mixed message we were sending to our classes: SAE is a societal construct and not better than other dialects, and yet we demand mastery of SAE from you.

Linguists believe that the form of a language considered correct and grammatical is merely the standardized dialect that has been elevated by society through formal education; in other words, it is the power dialect. For English, the Standard American English (SAE) form used in schools, on television, and in print is only one of many dialects that exist. It is privileged in the United States not for being more effective at communication but for its identification with a class of people (Wolfram, Adger, & Christian, 1999). The reasons go back centuries and involve solidifying rules of grammar to keep English from, supposedly, the brink of chaos, as literacy rates increased. Scholars were concerned that, as the masses learned to read and write, there would be a contamination of the language (Watt, 1999).

Societies in general accept the existence of a standard language form as natural. Both those who have command of the power dialect and those who use non-standard forms contribute in different ways to the reinforcement of a standard as the best and most correct language form. In addition, all languages have dialects that form a hierarchy of social acceptance, with the "top" dialect labeled interchangeably "standard," "correct," and "grammatical" by society (Romaine, 2000).

People who use the standard dialect rarely think of themselves as privileged; rather, they see themselves as best. And those who speak non-standard forms become reverential of the standard as well. Many non-standard speakers have the goal of assimilating into the norm. Lippi-Green (1997) speaks of the Standard Language Ideology (SLI), a process whereby the dominant group convinces the subordinate groups to internalize the message that they are "sub" by virtue of their language form. They themselves start to desire a change, and they start to police their own language use. Voices that do not fit the standard become marginalized, muted, and assimilated. Those who conform are held up as role models, showing the rest of us what to strive for; those who fail to conform are punished in social and financial ways.

So, what might have been an opportunity to accept a variety of language forms is lost in this process. The goal of assimilated groups tends to be an obliteration of home language forms rather than a striving towards bilingualism or bidialectalism, and mainstream institutions support that process (Romaine, 2000).

Disenfranchised groups are always faced with a double burden of conforming to a standard while deciding whether they will hold onto their home culture. While some progress has been made in our society's acceptance of biculturalism, the acceptance of language differences seems more difficult for people.

Who is the voice of resistance to the view that not all language forms are equal? Linguists, experts in language, are ironically generally not considered the experts. When the maintenance of the status quo favoring the franchised is the real objective, and the lay person would consider him or herself a language expert simply by being a language user, the mechanisms are in place to dismiss linguists, those who have devoted their careers to studying language. Judges do not turn to linguists in court cases about language discrimination (Lippi-Green, 1997). School systems and governments struggling with issues of bilingual education do not turn to them despite the fact that professionals in the field have been studying these issues for over 50 years (Romaine, 2000). In this case, a social worker did ask a linguist for help.

What We Did: Speaking with our Students

We started our work together simply by speaking with our students. We now regularly co-teach a unit on language in the *Valuing Difference* course. Mirroring our own process, we challenge the students to question the standards of language use in which they have been brought up, and we analyze patterns to their reactions. We capture the students' responses in journal entries and language sensitivity surveys every semester (quoted below in italics.)

Linguistic research has shown that people's attitudes about language forms can be very subjective. For example, some rather startling studies have shown that a listener's attitudes about a speaker are not necessarily tied to how well he or she can comprehend the speaker. In some cultures, non-standard grammar is tolerated more than in other cultures. When listeners are asked to judge traits of a speaker, such as reliability, honesty and even height based solely on speech, people are willing to do so, revealing patterns about social standards and the rewards of sounding standard (Behrens & Neeman, 2004). As a first step, helping listeners become aware of unconscious prejudices provides intellectual tools for combating those prejudices.

The initial reaction from many students when they are asked to reconsider the values they place on particular forms of English tends to involve a worst-case scenario: students fear that a loss of a standard language, or even the questioning of it, will lead to a total breakdown in communication.

> *I believe that there needs to be a standard way of talking (SAE) to avoid chaos and disorder. I believe everything should have a standard...so there are less misunderstandings, less struggle to communicate.*

Or, they reiterate and reinforce the messages that they have assimilated:

> *I want to speak correctly and write correctly. I feel there is great value in certain aspects of writing and reading Standard American English...I would want to be corrected so I can speak properly.*

Some non-SAE speakers describe their worries about their own dialects.

> *Grammar makes me very self-conscious when I talk. I don't want people to think I am uneducated when I speak.*

This worry may cause them to feel overly self-conscious, to be reluctant to speak, or to be discounted when they do. We are highly concerned that this means those students become voiceless in the classroom and in the world at large. Our concern continues to fuel our efforts to counter the forces that allow for this voicelessness.

Students begin to struggle with our message as we continue to discuss the issues that emerge:

> *I am a little confused at this point. I do think it's important to be able to communicate with people but I also maintain that we should not compromise the English language in America. I used to think I spoke SAE and I do in some cases but my Long Island accent sometimes dominates.*

Another early response from students is concern for the quality of their own education and success. They express worry that their ability to learn will be seriously impaired if they are not taught the standard and teachers do not reinforce a standard. If teachers "lower" the standard, students won't learn. Students fear that they will be at a disadvantage. If students attend colleges that accept non-standard speakers and/or those colleges do not adhere to SAE, students believe those colleges are worth less. They articulate fears that if the standard it not maintained, they themselves risk being marginalized.

The pressure on us as teachers to conform to standard practice at this point in the lesson is a palpable dynamic in the classroom as students are, in effect, suggesting that to seriously entertain some of the ideas we are raising with them may put them in danger. Our own bias towards SAE comes to the surface here, for as teachers we do privilege the SAE users and penalize non-standard forms. In addition, we are both SAE speakers who were raised middle class, granting us access to the language valued by schools and teachers as we entered that first classroom in our early years. For us, we did not personally experience a bias against our home language; we experienced deeply ingrained privilege, although we could not name it at the time. Our own subsequent experiences as teachers, in discussions together, and in reading made us painfully and acutely aware that not all students have such immediate access to the language of the classroom due to larger structural social, economic, and political inequities.

As one might expect, the discussions in the classroom quickly become highly personalized as students struggle to maintain the standards they have internalized.

> *I hoped we would have spoken about grammar because I know that's a problem to me and other college students. I know some professors must think I am dumb because of my poor grammar and I wish I could correct my problem.*
>
> *I do not think that there should be a right or wrong, but there is a line that should be made, when involved in education. I had a*

> *professor here who spoke very poor SAE and wrote it even worse. It would take half of my test time to decode the questions he was asking. This was quite frustrating because that language barrier existed and my grade was on the line. I did realize that I was being somewhat selfish, with wanting one right language. In Disneyland, I would roll my eyes when the park started making Spanish announcements as well as English.*
>
> *It is difficult, however, to hear "improper grammar" and not label it as "un-educated."*
>
> *...If it (SAE) determines success, why not learn it.*

We were not surprised by our students' struggles because they mirrored comparable struggles experienced by those who become increasingly reflective about how power relations are socially structured. It is helpful to our argument and us at this point in the class discussion to posit a more inclusive approach to valuing language forms, and to introduce some basic content about language. Here is a critical point in the class session where information from SB's discipline is invaluable. Students are aware of a good vs. bad dichotomy to language forms, but students are new to the idea that there is no intrinsic, communicative advantage, no linguistic difference among dialects. The idea that the differences are socially derived requires a cognitive shift, and such a shift requires facts and ways of thinking that we ourselves were never exposed to as students. In order to facilitate that shift in our students' thinking, we emphasize social, political, and historic processes that elevated one dialect over the other (Watt, 1999).

The location of the classroom discussion about language issues is purposefully placed about halfway into the diversity curricula because the linchpin for students' understanding of the linguistic issues we raise relies on the comparisons that can be made across common social themes that emerge in discussion of other aspects of diversity, such as "internalized oppression," "labeling," "name calling," or "stereotyping." The result of these comparisons is that reactions reflecting some intellectual movement start to evolve over the course of this section of the discussion. Students who have already thought about "white privilege," for example, more comfortably recognize how SAE might be unfairly valued in relation to other dialects (McIntosh, 1988). Students who already speak the privileged dialect (the standard) express some guilt about having an edge they did not even know they had. When we question the standard, they begin to acknowledge that recognizing that their language privilege is socially constructed and "unearned" detracts from their ability to feel superior.

> *Tonight I have realized that I am advantaged in another area of my life that I haven't thoughtfully considered before, my language.*
>
> *I was raised speaking SAE and didn't realize that dialect was such an issue...I was not aware that the dialect which I have been raised on is actually the one people strive to attain.*
>
> *I found myself, during the class, coming to terms with being an SAE speaker....definitely being made aware of the privileges I have because I can speak a certain language a certain way.*

Those students who are of a non-standard English background, however, become validated in their linguistic diversity and entertain the idea, some for the first time, that they do not need to see language forms in terms of right/wrong and good/bad. And they feel free to tell their stories. Some students are freed from dichotomous thinking.

> *Just because someone doesn't speak correctly, doesn't mean they're wrong. They are just not using Standard American English.*
>
> *Too many people often 'judge books by their covers'...to be proud that my accent shows who I am and where I am from.*
>
> *I feel more justified in holding onto my Southern accent, because it represents where I'm from and a culture I love.*
>
> *I mix up words because of Italian grammatical form. People make fun of me. Plus, everyday I get picked on because of my accent. Thank God I'm not the only one...I'm still insecure about the way I speak. I know I always will be. It's very sad to think about...But again, I'm very comforted by the fact that I'm not alone. Plus! I love it that Standard American English isn't as perfect as everyone makes it out to be! That's great!*

With increasing insight, students with non-SAE language forms start to express some positive connection to their own dialects.

We find a lighter moment in the course when we "pull apart" the irregularities and exceptions to SAE that students had to learn in elementary school. The very irregular verb "To Be," the inflection system on pronouns (he, him, his, himself); these are some of the *Bete Noirs* that students are proud to have mastered or are ashamed of stumbling over still. Yet, English dialects that smooth out these irregularities (e.g., I be, you be, he be; his, hers, yours, mines) are considered less worthy by society. We have found that providing examples of the arbitrariness and fragility of the standard helps undermine the unchallenged acceptance of SAE.

At this point during the lesson, usually about two hours into a three-hour meeting, it becomes disingenuous to continue discussion without acknowledging explicitly to the students that we, in our roles as teachers, are replicating processes that we have just exposed as problematic. It is a thorny pedagogical moment because we acknowledge to students that we evaluate student performance on the ability to write, read, and speak in SAE. We have, ourselves, been the recipients of those benefits afforded the SAE user. Our own privileged dialect was necessary, although not a guarantee, for our acceptance to college, graduate school, and employment in higher education. Throughout our work together, we are faced over and over again with the incongruities between what we raise as problematic and the practices we engage in regularly as college teachers that replicate linguistic hierarchy. Indeed, this article is written in SAE.

We use this almost contradictory part of our message to talk about how difficult it is to alter institutionalized practice and to invite students to join us in problem solving because we do not have simple answers. To raise questions about accepted practice without offering easy alternative solutions unsettles students and is intellectually unsettling for us as well. But the questions must be raised, and raising them does change an institutional practice that resists such examination. Students understand, even though there are no simple solutions, that they are part of a revolutionary process of re-consideration. Students become excited about understanding things in a new way, but it's easy to lose ground, for this change in thinking requires a great deal of practice and on-going reflection supported by the second half of the course curriculum.

Of course, some students continue to resist our questioning of the status quo.

Changing meta-cognitive constructs is a continual challenge. For example, students frequently express concern over popular public figures (sports heroes, pop culture/ music figures) who serve as poor linguistic role models for audiences. These folks are considered to be "uneducated" if they can't speak "properly." If heroes do not command a standard dialect, they are perceived to be doing their fans a disservice. The implication, once again, is that, as "role models" teachers must not do students this disservice.

We consider ourselves heard when students articulate their struggles to explore and integrate the implications and new possibilities that arise from their new knowledge.

> *Another thing that I have never thought about...that non-Southerners think that I sound uneducated. Now, as I enter the workplace or any professional environment, I will try to force "standard dialect" out of my southern mouth.*
>
> *All this is just a more foreign concept than more concrete issues for me, like race & gender. But then that's a mentality for people in the privileged group.*
>
> *I don't know exactly what to say about this right now, but I do feel as though I have been changed for the better because of it (the discussion).*
>
> *I'm not sure what to think right now.... I can see that even if one doesn't speak in Standard American English, the meaning isn't lost. This realization makes me want to stop stressing over my papers and write less formally because SAE is only what I have been falsely told as correct. SAE doesn't seem like it should matter to me anymore.*
>
> *I can understand the idea that without a standard form of language, there is the possibility of there being a loss of some understanding. At the same time, I feel that accents and languages should be embraced and celebrated; they are part of who you are.*
>
> *If everyone sounded the same, the world would be a very dull place.*

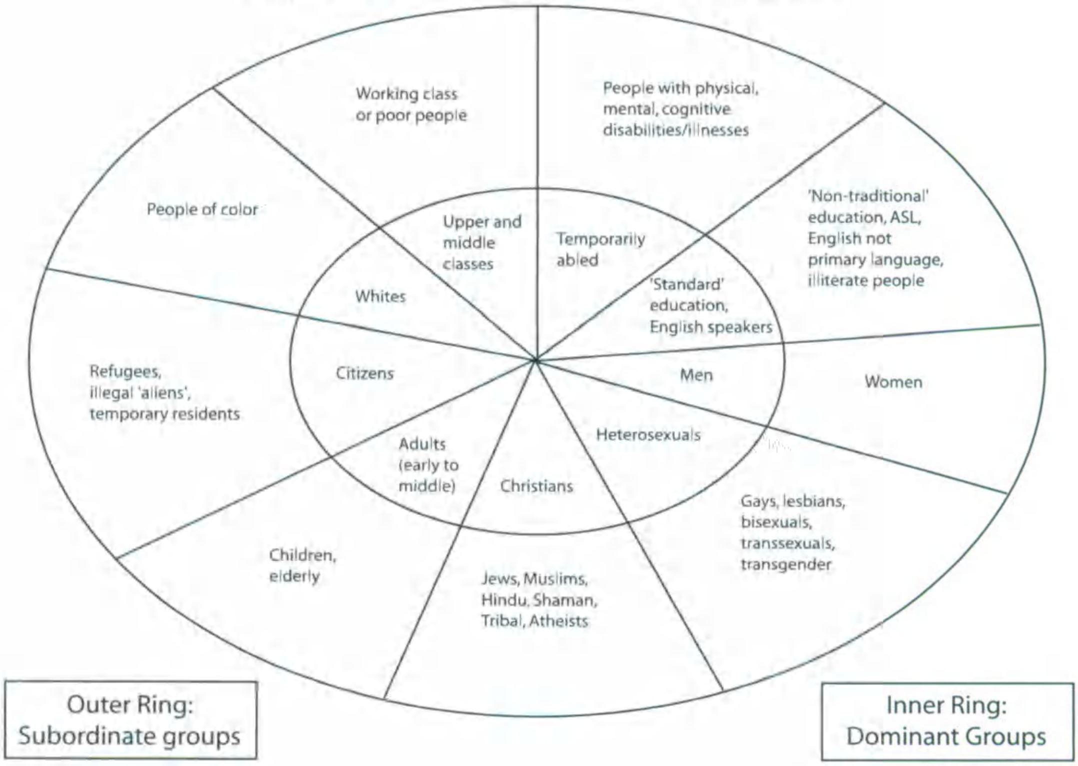
While it takes repeated discussions to fully process the issues we raise in our co-teaching, RS notices differences during group dynamics in subsequent class sessions within the same semester. The increased empathy demonstrated by students proficient in SAE for those who are not improves group solidarity. Also, students proficient in SAE demonstrate more patience and report that they assume increasing responsibility for listening to "accented" speech. This is evident in classroom behaviors that include nonverbal posturing and more frequent questions that prolong exchanges. Some students who report that they struggle with SAE also report that they benefit from knowing that others in the class recognize and understand their struggles. They participate with greater frequency than before, trusting that their peers will not discriminate against them. Some spontaneously report that this is the first class in which they feel that others are listening to and understand them. These have been powerful moments in the classroom, more than once bringing students to tears. Understanding issues of power dynamics related to language use facilitates communication in the classroom.

In addition, those who are less facile with SAE are more willing to participate in discussions because they understand that, although their own forms of language may not be favored by some, those forms are not "wrong." They sometimes express that their future efforts to master SAE will be a response to a new understanding of how SAE can be of use to them, given power relations as they are currently socially structured. Students come to see their efforts to adapt to an unfamiliar language form as a deliberate choice to make for the purposes of socioeconomic advancement, rather than an automatic response motivated by social pressure that makes them doubt their own intrinsic self worth.

What We Did Next: Speaking with Other Teachers

After several semesters of dialogue with students, we were eager to engage teachers in the same sort of discussion, so we began to present our work at conferences that focused on pedagogy. In those settings we anticipated, naively we now realize, less opposition to the ideas we were exploring; in fact, we noticed a similar if not higher level of resistance than that which we received from our students. We speculate that this may be related to a number of factors. We realized at our first conference that after years of thinking about language diversity, we had acquired a level of sophistication with the material that surpassed the level of reflection in the audience about this particular subject. We had already grappled in a very deep way with the distinct position that teachers hold in replicating the standard we challenge. It is asking a lot to expect that people in authority reflect on the processes that secure their own status. That, coupled with the aforementioned intellectual vulnerability resulting from such self-examination, makes the process of unraveling privilege a difficult task. While we have, over time, used our experiences, readings, and discussions to think in new ways, it should not have surprised us that our peers would hold fast to their beliefs in the power of SAE, especially at the very start of such a

Group Power and Privilege Wheel for the United States



Hyde, C.A. (2000)

conversation, with an aspect of diversity that is often neglected in discussions.

In addition, given that teachers have historically tended and still tend to be middle-class women, their social positions lend themselves to compliance with social norms to better fit in and advance their own status. Labov (1990) has shown that middle class people in general, and women in particular, tend to hypercorrect in language, a trend whereby a standard form is overused, such as I vs. me (in…between you and I) or whom vs. who (in…I know whom was elected). Labov posits that an awareness of the importance of using the standard form, along with an uncertainty about how to use it, makes for this phenomenon. It may be that teachers are the least likely to question the privilege of the standard given the legitimacy it provides them.

Some of our peers, in discussion with us, told stories of their own efforts to change their language, to obliterate regional and/or class accents. One woman was proud that she no longer sounded like "a fishmonger from the Bronx." Another pointed out that she went through the work of learning SAE, irregularities and all, and she felt she didn't need to make allowances for those that do not do that work. As with our students, these teachers held to terms such as correct/incorrect and grammatical/ungrammatical in discussing SAE and non-standard forms.

In a parallel process with our students, one attitude we noticed in speaking with teachers was that they felt a valuing of non-standard language would be detrimental to their students. They would fail as educators if they did not continue to instill "correct" language forms in their students, their own worst-case scenarios. This worry was expressed by our students and still troubles us. Having bought into the message of "right" versus "wrong," teachers seek to do "right" by their students, and with this mindset they are unable to see their simultaneous role as social gatekeepers.

For RS and SB, we were able to lessen this fear after years of doing the work in that we can now more clearly see our dual role and all its contradictions. A gift of collaboration is that when one forgets, the other reminds. Still, accusations of anti-intellectualism do sting. Of greater concern to us are the occasional assertions that we may be reinforcing habits of mind and practice that actually specifically disservice those who are socially disenfranchised in the area of language SAE proficiency by our questioning rather than reinforcing the standard. Another gift of collaboration is that merged experiences help us each continue to see a larger and more complex picture of what we do and what we advocate that features inclusion.

Ultimately, if teachers entertain the notions we discuss regarding the underlying context of preference for one form of English over another, and if they gain some insight about the problems we raise, they too have to struggle with what to do about their own positions and practices. The same is true, of course, with all aspects of diversity (e.g., gender, class, race, age, sexual orientation, ability).

How We Changed/Suggestions for the Classroom

Our teaching continues to evolve over the course of our work together. In its simplest form, our struggles involve constant re-examination in our own teaching of our biases and assumptions about language behavior, our preconceived notions of correct and incorrect language use, and our reactions to certain accents and dialects. We try to guard against a dichotomous way of thinking in which language standards are pitted against an anything-goes exaggeration. Our perceptions need to take into account both the realities of the academic and financial rewards of being a user of SAE in our current social structure, and the numerous benefits of treating "other" language users with respect. This means that we honestly do not expect teachers to allow non-SAE writing on all exams and papers, nor do we expect accent biases to disappear.

At present, using SAE is conforming to the linguistic demands of our society. Using SAE conveys that power to the speaker. Teaching from this point of view means that we are not prescriptively replicating SAE as the standard; we are enlightening students to the social reasons that make the adaptation of SAE by non-standard users advantageous for them. This reframing helps non-SAE users to understand the importance of SAE's acquisition in a new light and removes the social stigma from the home language. And for those who are SAE proficient, the discussions we encourage help to raise awareness about the costs of unearned privilege both to themselves and to others. We hope this means that those of us with such unearned privilege begin to recognize and increasingly challenge dynamics that replicate such privilege. We hear from students that they feel as if they act more purposefully in their daily lives in the ways in which they positively regard and support others after we have explored issues related to SAE together.

As of late, we have begun to end the class session with some reflections about the possible social costs of marginalizing those who do not speak SAE. We have, for example, discussed how an increasingly conservative form of nationalism has recently found expression in a revitalized reification of SAE. We have raised concerns about the use of SAE as a powerful means to circumscribe the rights of new immigrants and the resources available to them. More recently, we have discussed how the use of SAE as a gate-keeping mechanism for graduate education, in social work for example, may impact the range and quality of services ultimately available to clients. Each of these examples helps students move from a personalized perspective about the issues related to SAE into questioning the larger implications of using SAE as a gold standard of achievement and reward.

So, over time, our work has felt less awkward in the classroom with practice in handling the material together. We have recognized thematic progression of learning in the process of teaching the material and the scope of our classroom discussions have broadened, as has our intentional broadening of audience and scope of influence.

As a result of our collaboration, we have made the following changes in our own teaching and general practices. We present these guidelines for teachers and students who want to re-examine their own attitudes and practices when it comes to standard and non-standard language forms.

1. We regularly integrate discussions of language use into our course curricula and explain, with some nuance, the significance of SAE and the contexts in which it operates to our students.

2. We encourage our students, and remind ourselves, to listen differently, more astutely with the benefit of a working knowledge about SAE. We recognize and raise language issues as issues of difference, normally left out of discourse about diversity, in many forums.

3. We are determined to use the field of linguistics as a resource to us on language matters. Our work together suggests that the theoretical and practice aspects of both social work and linguistics can be enhanced through an interdisciplinary collaboration between these two disciplines as well. Linguistics has a lot to say to all educators.

4. We strive to change the focus of our evaluation of students, both as writers and speakers, to focus more on content and analytic capability, less on form, and to expand the ways in general students can express themselves in class and through assignments.

In other words, we want to value different forms of language use for different contexts. Informal writing has a place in the classroom, in brainstorming sessions, or in first drafts, so that students can think through issues without the pressures of spelling and standard grammar rules looming over them (Elbow & Belanoff, 1995).

5. We also want to distinguish between written and spoken English. Class discussions and group work are instances where students should be able to think-aloud with some spontaneity and confidence as they express their thoughts about course work. Those who feel they aren't "articulate" or "grammatical" enough tend to remain quiet and thus lose their voice in the class. The class, in turn, loses the full range of thoughts, opinions, and voices in the room. Class discussions are conversations, and many of us use many non-standard elements in spontaneous talk.

6. We have also expanded our thinking about how to place some emphasis on students' visual literacy, a necessary skill set that often takes a back seat to oral and written performance. In free-write exercises, students may illustrate their point with pictures instead of words. For example, students can incorporate photography and video into their assignments, and collaborations with visual artists are recommended.

7. We remind ourselves that society changes very slowly. SAE is still the power dialect, and control of it is still part of achieving success in many areas of life. But we encourage the use of more accurately descriptive labels when discussing language: *non-standard* is less defeating than *wrong*. *Standard* is more accurate than *grammatical*, for all speakers use syntax that conforms to the rules of their own dialect; in other words, we all are grammatical at the linguistic level.

8. As with any other area of diversity study where systems of advantage are in operation, we actively support re-examination of those systems and related efforts to dismantle them and/or to redistribute power more equally (e.g., hiring practices, graduate school admission policies, group dynamics, access to legal and medical care).

Conclusion

We believe that increased understanding must ultimately result in evolving practice, both individually and collectively. On an immediate and practical level, we will continue to teach sections of the diversity course together, to collect data from students via journals and language sensitivity surveys, and to speak to our peers. We recognize that providing information and raising awareness are important functions in and of themselves, and our commitment to continue to do this in the area of language is strong.

In the larger sense, we believe that increased understanding must ultimately result in a change in formal practice guidelines. We hope to continue to raise awareness of the privileging of the power dialect. Our work suggests that interdisciplinary discussions about language should be regularly included in those efforts both in the classroom and in the field as they have much to contribute to sensitizing all those who participate in those discussions to forms and processes of discrimination embedded in the unexamined replication of SAE.

The authors extend their thanks to the following for their support: Mary Chang, Ann Jablon, Deborah Little, Michael Salmon, Tony Sarowitz, Judith Slisz, anonymous reviewers, and our students.

Appendix A

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(Footnote)

We would like to acknowledge the influence of the work of Beverly Tatum on race, ethnicity, and privilege on our ability to track evolving themes in classroom discussions of issues related to SAE and privilege. See suggested readings.

HOW AND WHY WE SPEAK: REFLECTING ON LOSS AND CONNECTION

Karen Gold, M.S.W., Women's College, Toronto, and Laura Anderson, M.S.W., private practice

This is a personal account of the author's relationship with Angela, a client from whom much was learned about collaborative and respectful practices. Integrating narrative ideas, this is also a story about coming to terms with loss: over five years ago, after struggling with mental health problems and other oppressions for many years, Angela died of an overdose. The author also integrates the voice of her colleague, Laura Anderson, in order to explore the transformative journey that Angela's life and death continues to have the two of them and the struggle to hold on to hopefulness and connection.

Lorraine Hedtke writes in *The Origami of Remembering* (2003) of the importance of telling our "relationship stories" – especially those stories that would otherwise go unnoticed. This is one of those stories. It is a personal account of my relationship with "Angela,"[1] a client who taught me much about collaborative and respectful practices through her continual resistance to being made "other." This is also a story about coming to terms with loss: over five years ago, after struggling for many years with despair and other oppressions, Angela died of an overdose.

Journeys

> *What is it that enables us to hear our clients' stories? At times in counseling we are careful followers, not knowing where the story will take us but convinced of our courage to be present to and for our clients.*
>
> (Winslade, Crocket, Monk, 1997, p. 63)

I began seeing Angela for counseling in 1991 when I worked as a counselor in a sexual assault care centre seeing women and men for issues related to sexual assault. Her long history of trauma and dislocation soon emerged during our conversations. During the course of our professional relationship, she struggled with multiple issues and stresses related to living in poverty, substance use, severe depression and other mental health problems, isolation, and chronic victimization in her current relationships. Around the time of her death, I was seeing Angela only sporadically; she had other long-standing professional and therapeutic supports in her life, but she kept up our connection through periodic phone calls and visits, often prompted by a crisis or significant event.

Despite my awareness of the depth of her distress and the often overwhelming nature of her problems, I experienced waves of shock, anger, and sadness at the awful finality of her death. And in spite of my intellectual understanding that some problems are too large to overcome, I experienced pangs of doubt and regret – at conversations not had and missed opportunities for connection – as well as a vague sense of failure and hopelessness. I started to write about our connection in the hope of finding a way "out" – a way to make sense of what had happened

To Tell Is to Remember

> Because I strongly believe that there is an us in them, and also a them in us…the opportunities for dialogue are opened up, allowing the stories of life to emerge. Hugo Kamya (as cited in Burr Smith & Behan, 2002, p. 88)

In her fight against silence and despair, Angela had many strengths and resources. We shared many moments and stories which revealed her sense of humor, her unwavering ability to connect (and "take care" of others), her acute sensitivity to language, her keen insight which penetrated to the heart of a matter, and finally, her love of animals. I remember the sadness she felt when her beloved cats died as well as the story of when she showed up at the counseling centre with two kittens hidden in her pocket. Many of our visits involved small but meaningful gift-giving rituals involving bags of candy, fruit juices, and cards to mark various holidays and other significant events. Some of the most meaningful memories are those shared between me and Laura Anderson – a colleague and friend who developed close ties with Angela and was along on the journey the whole way. Her connection to Angela, as well as her relationship with me in trying to provide a circle of support for Angela, made Laura an integral part of this unfolding story.

One of the most memorable visits occurred a couple of years before Angela's death when she came to our counseling centre to share with us her project to try to make sense of her fragmented personal history. Letters and other official looking papers spilled out of an overburdened knapsack, and I think we all felt somewhat overwhelmed by the practical and emotional difficulties of her task. There was a moment of tension as none of us were sure how to proceed. Then, Laura said simply, "Wow - that sure is a lot of stuff." Angela glanced up for a second, hesitated, and then broke into a big grin. We all began to laugh together and, in that moment, some heaviness lifted allowing humor and connection to briefly enter the room.

The Power of Naming

> *Our words are not without meaning, they are an action, a resistance. Language is also a place of struggle.* (hooks, 1990, p. 146)

More than any theoretical analysis of post-modern practice, it was Angela who taught me most about noticing the often taken-for-granted practices that can disconnect us from the clients we work with. After years of journeying through the mental health system, she had a finely tuned understanding of the potentially disconnecting effects of clinical language as well as the role of language in shaping meaning. My education in treating clients as "people rather than cases" (Winslade, Crockett, & Monk, 1997) began almost immediately when Angela walked through the door of my counseling office and challenged the very idea of keeping a file on her. Refusing to be categorized and filed away, she stated simply but clearly, "I am not a chart number."

Her intuitive understanding of the inherent power in the act of naming, and her understanding of language as an act of resistance, was also evident in the dance we did negotiating the language of our relationship. Questions such as: "How are you coping?" (too clinical) became simply: "How are you doing?" Angela seemed to intuitively know the value of what Michael White calls "experience-near description," language which is closest to the subjective experience of the person rather than that derived from professional knowledge (as cited in Winslade, Crockett, & Monk, 1997, p. 69). After a while, even my ears could detect phrases that disconnected us and there were times when I could sense the distancing effect of my words even as they were leaving my mouth.

The issue of language surfaced in other ways as well as we struggled over the naming of our relationship. Over time, Angela came to define/name our professional/therapeutic connection more as a friendship. While I remained uncomfortable with this label because of the blurring of personal/professional lines it implied, at some point Angela asserted her right to name our relationship and the meaning it held for her. She began to refer to me as her friend – and to her we were.

Learning to "Not Know"

> *I like the idea of being more modest about what we know, not claiming what we know to be more certain than it is…our culture is deeply invested in the idea of certainty.*
>
> John Winslade (as cited in Burr Smith & Behan, 2002, p. 50)

While my relationship with Angela was rich and rewarding, it was also frustrating and difficult. Her chronic emotional struggles often forced me to confront feelings of uncertainty and helplessness as well as fears for her safety. I often felt at a loss in helping her deal with intense feelings of despair exacerbated by the oppressive living conditions of poverty, marginalization, and violence. Despite my appreciation of her courage, survival skills, and resourcefulness, I found myself at times overwhelmed by a sense of hopelessness at her circumstances.

Towards the end of our relationship, worn down by years of mental health crises and at times seemingly overwhelming problems, I found myself going increasingly to a place of "not knowing" and often "not doing" as well. I had moved towards trying to be with her and just saying "I don't know" or "I'm not sure" when I really *did* know or *was* sure. It felt tentative, and at times not very useful, but somehow more honest. Witnessing was, at times, all I had to offer.

After her death, I was similarly thrown into "not knowing" territory, asking questions that were difficult, if not impossible, to answer: Why weren't the connections and support that Angela had so carefully cultivated over the years, along with her hard won survival skills, enough to sustain her? Did she deliberately end her life? And, given her long and at times intense struggles with suicidal thoughts and actions, does the answer really matter? Finally, and perhaps most critically, what more (or what else) could have been done to help?

Sustaining Connection

> *I am waiting for them to stop talking about the "other," to stop even describing how important it is to be able to speak about difference. It is not just important what we speak about, but how and why we speak.*
>
> (hooks, 1990, p. 151)

Despite my many efforts to find an adequate ending for this piece, it remained incomplete when I sent it to Laura for her response. When I received her comments, it became clear that the most fitting way to end this piece was with her words as this article is, in many ways, part of our ongoing conversation to make sense of the impact that Angela's life, and death, continues to have on us. Laura writes:

> And so Karen, we continue on a path…I am crying and laughing and missing you and Angela. I am so aware of the specialness of our connection…to each other and my connection to the two of you. I want so badly to walk into the counseling centre and gather in your office or mine with her. I think I just put the

> loss of her into a spot in the universe that I couldn't look at.
>
> This story stands as a legacy to Angela and to all the good things that she is…the ties she had with all the interesting folks. The places she inhabited in her own style. The humor we shared with her and the pain you/we helped her carry. So much more, and also things so simple: the cats, candy, cards, conversations, and caring.
>
> The story brings me to a place of wondrous meaning. A place that encompasses loss and presence, broken hearts and mended souls, a day in the life and life as days, and above all, connection that will sustain and transcend. Angela would be happy with the care you took for putting in just the right words and honoring her attention to detail...I can see Angela smiling as we seek just the right language to do her justice. She might say with a smile, “It's taken you a long time to get me right, hasn't it?”'

While it has been important to express and honor the impact of my relationship with Angela, the writing of this piece has not been an easy task. At times revisiting the story of our relationship has helped me connect to moments of hopefulness, connection, and strengths (both hers and my own); at other times it connects me only to the sadness of losing her. It is these memories and images, however, that help sustain in me the idea that people are not defined by their problems and oppressions – however real those are. I hope that the telling of this story does justice to our connections and to the transformative impact Angela has had on our work/lives by giving voice to both what has been lost and what has been sustained.

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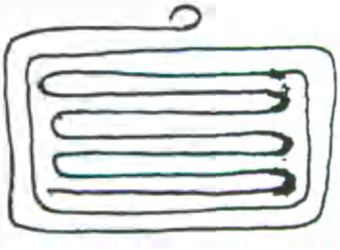
Karen Gold, MSW, and Laura Anderson, MSW, have extensive experience as clinical social workers and educators and a longstanding interest in the power of stories to shape our own lives and the lives of the clients we work with. Karen is currently a counselor and educator at Women's College Hospital in Toronto. Laura is currently in private practice in British Columbia. Comments regarding this article can be sent to: karen.gold@wchospital.ca.

(Footnotes)

[1] The name has been changed and detailed information about circumstances of Angela's own life have been left out to protect her privacy as well as to minimize describing her as a series of clinical issues.



GROWING UP WITH AN ALCOHOLIC MOTHER

Donita S. McNiel, M.S.W. Student, California State University, Long Beach

This narrative describes the author's experience as an only child raised by an alcoholic mother. The narrative explores the experience of growing up feeling ignored and unimportant, and how her experiences led to the empathy, compassion, and understanding she now feels for the clients she works with as a student of social work.

I was born into sadness in 1950. My grandfather died while my mother was pregnant with me. My mother said that he had a stroke after learning he had lost a lot of money on a bet he placed on a horse race. He was a compulsive gambler. That left my grandmother alone and my mother feeling guilty that she had not kissed him during her last visit with him just before he died in the hospital. She was still angry with him for something he had said to her many years earlier and she had vowed never to kiss him again. I came into this world with the responsibility of making everyone feel better, a big job for a little baby.

My family lived in South Central Los Angeles. Most of our neighborhood was African American and we were one of the few white families. For the most part, it was quiet and there was little crime. Our houses were small and shabby and we were poor but had food to eat, and I wore clothes sewn by my grandmother (she worked in a sweat shop when I was very young). We lived in two houses on one lot. My aunt Clarice and her two sons, Richard and Jimmy, lived in the house in the front. Her husband, Dick, died of a stroke in 1955. I lived with my mother and grandmother in the house in the back, the only child in a house of two women.

My father did not live with us but he visited occasionally, and when he did, he didn't seem interested in me. He might bring me a doll or toy but he spent most of his time with my mother. I usually felt like I was in the way, an annoying by-product of their relationship. During one visit my father made to our home when I was four or five years old, my mother and father began arguing; I have no idea what they were arguing about, but they were sitting on opposite sides of the living room and not speaking to each other. I was upset by their behavior and I wanted to help. I went to each one individually and asked if they loved the other. They each said yes and I took each of them by the hand and brought them together. I felt a great sense of accomplishment. I guess I began doing social work at a very young age.

Later, on another visit from my father when I was five or six, I asked him what his job was, and he said that he worked with electricity. When I asked what electricity was, he said, "I'll show you what electricity is," and started pulling me over to an electrical outlet. My mother was laughing. I was scared and kept pulling away from him. I wanted my mother to help me but she didn't. I finally got away from him and ran to her. She said, "He wouldn't have hurt you," but I didn't believe her. He didn't look at me with love in his eyes. I didn't trust him and I thought he was cruel. I felt betrayed by my mother. I thought she should protect me, but she didn't. I had to protect myself.

When I was older, my mother told me another story that exemplified my father's cruel and sadistic nature. She and my father were dancing at a nightclub one night, and the couple dancing next to them fell down on the dance floor. Instead of helping them up, my father started kicking them. My mother was baffled by his behavior and had no idea why he would do such a thing. I didn't understand why she would want to be with someone like that. She seemed to be in denial about what kind of a person he really was.

My mother later told me that my father had another family, his legal family. He was a bigamist. He married my mother when she became pregnant with me although he was already married to someone else with whom he had five children. My mother claimed that she didn't know he was already married, but it is hard to imagine that she was so unaware. Again, she may have needed to deny the situation.

October 12, Columbus Day, 1957, was the date that changed my life and the lives of my family forever. My world fell apart. Aunt Clarice's oldest son, Richard (my cousin), was twenty. He was in the Army and had just married a young woman named Irene. The Army transferred him to Fort Hood, Texas, and early in 1957 he and Irene had moved to Texas. Aunt Clarice missed Richard very much and arranged to take an automobile trip to visit him. My mother did not approve of my aunt driving to Texas because she thought it was too expensive, and she didn't think that Aunt Clarice should take so much time off from work. My mother was angry when my aunt decided to go anyway. During the trip it rained and the roads were slick. One evening a few days after Aunt Clarice left home, my cousin Richard called my grandmother. He said, "Grandma, you'd better sit down." He told her there had been a car accident and that my aunt had been killed. My family was consumed with sadness. I was lonely, confused, and frightened. I did not understand what had happened and nobody explained it to me. I just knew that everyone was very unhappy.

When Aunt Clarice's belongings were shipped home, her gray flannel coat was caked with mud. I wondered if she was wearing it during the accident and tried to imagine what it must have been like when the accident happened. I conjured up horrible, frightening images of the car skidding in the rain, screams coming from the car, and bodies strewn on the wet pavement. I tried to ask questions but no one wanted to talk about the accident. For a long time after, I sensed that everyone close to me was in pain and did not want to hear from me or relate to me in any way. It seemed to me that I did not exist for them. From this I learned at an early age that my feelings did not count; instead I needed to respond to everyone else's feelings. I did not want to say anything that might cause pain for my family or upset anyone, and that the best thing was not to bring up anything about my aunt or the accident. Now there were two important things that I could not talk about: my father and my aunt.

Clarice's funeral was on a Tuesday. The church was overflowing with people; some were standing in the back of the church and some outside. My father was there; I sat between my mother and father. At the end of the service, we walked past the casket and looked at my aunt lying there. My mother was ahead of us and as she walked to the back of the church, she broke down and sat on a bench with her head in her hands sobbing. I tried to run to her to comfort her, but my father held onto my hand and wouldn't let go. Unable to get away from his grip, I remember being angry and looking up at him. My glare was met with his own angry look back at me. I will never forget the way he looked at me that day; it almost seemed that he hated me; there was no love there for me. I felt powerless to help my mother or anyone else in my family.

A feeling of helplessness stayed with me for many years.

After my aunt's death, my mother was absorbed in her own grief and didn't talk about what happened. My grandmother was heartbroken about losing her oldest daughter. My mother, for the second time in her life, felt tremendous guilt about not letting go of her anger and then losing someone she loved. She was angry and bitter and had again lost someone close to her. It was around this time that my mother started drinking.

In 1957, after my aunt's death, my parents divorced. After that, I never saw my father again. He didn't contact us and he didn't provide any support. I thought it was my fault that my parents weren't together because my father didn't like me. I thought that they might be together if it wasn't for me.

* * *

It was humiliating for me not to have a father. In the 1950's it was very uncommon for people to be divorced, and I think I might have been the only child in my class at school who did not live with both parents. There was a stigma attached to divorced women. They were viewed with disdain and contempt, not approved of like the stereotypical 1950's housewife that I desperately wanted my mother to be. When other children asked me about my father, I would simply say that I didn't have a father. That usually stopped any further conversation, but I felt a lot of shame about not having both parents.

My mother's drinking began this way. One night shortly after my aunt's death, we were eating dinner and my grandmother noticed that my mother had been in the bathroom for a long time. She started calling out, but my mother didn't answer. My 17-year-old cousin Jimmy, Clarice's son, was living with us at the time. He started calling out to her and banging on the bathroom door, but there was still no answer. I was frightened and I couldn't imagine what could have happened to my mother. Jimmy began yelling that if she didn't open the door, he would break it down. When she finally opened the door, it was apparent that she had gotten drunk and vomited on the bathroom floor. She was embarrassed and didn't want anyone to see. I thought that she must be sick. This was the first time that my mother was drunk, as far as I knew.

My mother wasn't the kind of alcoholic who went to bars or who drank to the point of passing out. She went to work everyay, maintained a home for my grandmother and me, and paid her bills on time. But she came home every evening after work and drank at least half a bottle of wine and slowly sank into the couch to become emotionally unavailable, distant, and invisible. It was as if she melted into the furniture. I couldn't interact with her and if I tried to talk to her, she often became irritable and made it clear that she wanted to be left alone. As a result, my impression is that I raised myself. Thankfully, my grandmother was there, at least sometimes. She also drank wine with my mother but it didn't seem to have the same effect on her. Her mood was not affected in the same way that my mother's was. For example, once in high school when I was not accepted into a girl's club, I came home devastated. I tried to hide how I felt but my grandmother knew something was wrong. When I told her what had happened, she comforted me and said that the same thing had happened to Clarice when she was in high school. I still remember how good it felt to be comforted.

I also found comfort in television shows like *The Donna Reed Show, Father Knows Best*, and *Ozzie and Harriet*. These families always got along with each other and resolved any problems that they had within a half-hour. I wished my family was like theirs and fantasized that things would be much better if I had a different family.

I tried to be a good, responsible daughter: helping with chores around the house like cleaning and laundry, being a good student, hoping that if I was good enough my mother would give me the love and attention that I wanted. Somehow, I hoped our family would become like those that I admired on television. Of course that didn't happen. It took a long time for me to realize that no one has a family like those on television. Having two parents didn't mean that everything was good. Years later, I learned that one of my closest friends had been molested by her father, and I began to think that maybe there were some benefits to my family.

As I got older and more independent, my mother's drinking increased. Her mood became more unpredictable and she became violent. I came home from a date once when I was nineteen and my mother was waiting up for me. She was angry that I had stayed out so late and she started hitting me. At first, I endured it, as I had endured everything. Then I realized that I had done nothing wrong and did not deserve this treatment. I took a stand to defend myself, raised my arms to block her from hitting me, held her hands so that she couldn't hit me. She eventually gave up and went off to bed. I remember being so hurt and disappointed that she behaved this way. I did not want my mother to be like this. I wanted a mother that I could talk to and who cared about me. I began to realize that she was not going to change and seemed to be getting worse. However, I didn't really see her as having a drinking problem. I thought she was upset because I was becoming older and more independent and she did not have the same level of control over me that she had once had.

I finally made the connection between my mother's behavior and her drinking when I was twenty-one years old. My first boyfriend and I were lounging on the sofa watching television one Friday night. It was late and my mother came home from a work party where she had obviously been drinking. She went into a rage when she saw us and began accusing us of having sex. After a few minutes of ranting, she stumbled off to bed. I was baffled by her behavior and turned to my boyfriend and asked, "What just happened?" He simply said, "It's the alcohol." I was stunned by his assessment, but he had seen that behavior before and understood. He had grown up with an alcoholic father who regularly came home in a rage and abused his family. When he saw my mother's behavior, he understood. For me, it was an eye-opening experience.

Having a boyfriend was wonderful for me. He was the first person in my life who thought I was beautiful and wonderful. He made me feel so special. I was starved for this kind of positive attention. He was like a knight in shining armor that had come to rescue me from my evil mother.

Eventually, my boyfriend became my husband. Because I had not witnessed what a healthy relationship was, I had not learned how to choose an appropriate mate. He came from a background similar to mine and seemed to love me very much. It was time for me to get away from my mother, and getting married seemed like the perfect opportunity. My mother liked him but did not think he was good enough; she thought there must have been a better mate for out there for me. But he made me feel special and loved, and I didn't want to give that up. I felt that my mother was jealous and did not want me to be happy. Even though she did not approve, we married when I was twenty-one.

* * *

My pattern of trying to be good and responsible continued as I tried to be the perfect wife. I did things that my husband enjoyed even though he never reciprocated. My husband enjoyed fishing, bowling, golfing, and hunting, and I attempted to show interest in those things. We went fishing together a few times but I thought it was dull and boring. We purchased bowling balls and joined several bowling leagues, but I really did not like to bowl. We played golf together at courses that were short enough for me to hit the ball a reasonable distance and be within range of the green, but eventually that was not enough of a challenge for him. We did not go hunting together – I would not do that. My belief was that my husband would continue to love me if I did the things he enjoyed. Feigning interest in these activities eventually became a burden. We had different likes and interests; there was little we enjoyed together.

In addition, my husband also seemed to have a problem with alcohol. Like my mother, he went to work every day, earned a good salary, and appeared on the surface to be a good husband. Unlike my mother, he was a binge drinker. If we attended a party, he would drink so much that he would usually vomit and pass out. I never really witnessed him drinking that much but all of a sudden he would be sick and it would be time to leave the party. At the time, I wondered why he couldn't just have a few drinks like the other husbands, but it did not occur to me that he might be an alcoholic.

Things really changed for me one night about five years into our marriage. We had been out with friends during the day and on the way home we stopped for dinner, and my husband had a few drinks. When we got home, we went into the back yard to check on the dog. The dog tried to jump up on me and I dodged her so that she would not get me dirty. She fell down and my husband became enraged and knocked me into a brick planter on our patio. My mother and a friend of ours were there and they both witnessed my husband's violence. My mother stepped up to him and said, "Don't you ever touch her again." Finally I had some support from my mother! Our friend was in shock and just stood there. I was hurt and angry and wanted to leave. My husband offered to leave instead. I didn't want him to come home but he was not gone for long. When I told him I wanted him to apologize, he defended himself by saying that I had caused the dog to fall. He obviously believed that he had done nothing wrong. For me, the marriage was over. In my mind I had divorced my husband that night; however, we continued to stay married for another seven years. I didn't want our marriage to end in divorce and I kept hoping that things would improve, but they didn't. His drinking continued and I learned to dodge him when he was violent. The greatest benefit of my marriage was giving birth to my beautiful daughter in 1982, who has been my joy and the light of my life. My husband and I divorced when she was a year old because I did not want him in her life every day. By the time our divorce was officially final, I felt no love for him and was glad it was over. I was tired of sacrificing myself.

It has been a slow process, learning to love and care for myself. I have had several relationships since divorcing, always looking for something outside of me to fill the emptiness inside. I have always been afraid of being alone. For the most part, my relationship choices were unwise. In some way my partners always had aspects that resembled my mother or grandmother, and it seems that I tried to resolve the issues from my childhood through my adult relationships. It was difficult to express my real feelings fearing my partner would not love me and would abandon me. Relationships usually lasted much longer than they should have before I could summon the courage to end them. Fear was my motivation. In each relationship, there came a point when I could no longer endure the betrayal of my own needs.

After several failed relationships, I began to search for reasons why I made poor choices in relationships and for ways to make changes. I began to attend workshops and twelve step meetings for adult children of alcoholics. I became very interested in the effects of alcohol and drugs and attended classes on the subject at a local community college, saw a therapist for many years, and ultimately obtained a certificate in alcohol and drug counseling. After much self-examination, I started to see the effects of alcohol on my family and on my current life. I learned that I was not alone and that many people suffer the negative affects of alcohol on their families. I talked with other adult children from alcoholic families and found that we have many things in common. We have a difficult time trusting others; we do not talk easily to others about our lives; and it is difficult for us to have unpleasant feelings. We don't always follow the same path in life, but we usually are motivated by fear and carry a lot of guilt.

I am now able to see my family as human beings who did the best they could. My mother did not intentionally harm me; she was flawed and raised me based on what she thought was right. In her later years, she apologized for not being the best mother. I still struggle sometimes to forgive her. Forgiveness is a constant process of letting go. Sometimes I remember something about her that makes me angry or hurts me. However, holding onto old hurts and anger is only damaging to me. I try to remember that she loved me and did the best she could. I also strive to accept the effects of my upbringing and allow myself to be the best I can be without being perfect.

Despite her flaws, my mother was a strong and independent woman, and I learned to be strong and independent by the example she set. I am responsible, have held a good job with the same organization for over thirty years, and I own my own home. My daughter is beautiful, intelligent, and well adjusted. At twenty-four, she recently graduated from college and will soon attend graduate school. I am proud of her and proud of my ability to be a good parent.

I think I have always looked for mother and home, hoping that someone or something else could make me whole. I have come to realize that exterior things and people cannot fill the emptiness I feel inside. Loving and caring for me and becoming my own good parent are the only ways that I know to fill the empty place inside of me. I would like to help others discover their own loving parent inside of them. I am compassionate and understanding. I empathize with others' feelings and understand what they have been through because I have been through some of the same things. Because I have personal experience with alcohol in the family, as well as considerable knowledge about the subject, I believe that I can help other families.

Growing up in an alcoholic home was not my dream childhood, but I have learned to accept what I have been given. Sometimes I wish I had accepted it earlier in life. However, I realize that the journey of self-discovery is never ending and necessary for growth. I know that I would not be the person I am today if I had not endured the experiences that I had. Those experiences were necessary for me to see the positive and negative aspects of life and to become a truly self-aware individual.

I realized that I wanted to help others, which led to my enrollment in the Masters of Social Work (MSW) program at Cal State Long Beach, and I will soon earn my MSW. I chose social work because I have grown stronger as a result of my experiences and believe that I can help others do the same. Learning about the disease of alcoholism and its effects on the family has helped me to realize that I have something valuable to contribute to others. People with problems need someone to listen and that is one of my strengths. There are those who still struggle and need an advocate. Some are victims of discrimination and abuse; others suffer with their own demons. Their problems might be similar to mine or they might be entirely different. Whatever their problems, they can be shown kindness, compassion, and hope. I can advocate for those unable to do that for themselves. My clients' lives may be difficult, but I can help by recognizing and encouraging their strengths and showing them that change is possible. They can be helped to discover their own self-reliance and self-acceptance and work toward self-advocacy. I can help empower them and encourage them that life can be better. I understand my clients' struggles. It does not matter whether I have been through the same experiences as my clients; I feel empathy for them and their struggles and offer support and encouragement. Perhaps accepting my own limitations will serve as an example that others can accept theirs. I believe that I can be an effective social worker.

My mother used to say to me, "You always root for the underdog." Yes Mom, I did then and I'm still doing it now.

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BEGINNER'S MIND

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The following narrative discusses the Zen concept of "beginner's mind" in relationship to teaching the introductory course in social work. It is a meditative reflection on the author's application of this philosophy. Useful in both education and practice, it encourages a fresh, imaginative approach to the daily challenges of professional helpers.

"In the beginner's mind there are many possibilities, but in the expert's there are few"(Suzuki, 1989, p. 21).

Introduction

During our mid-fifties, my husband and I took a mid-life career sabbatical. I welcomed the opportunity to devote more time to writing, community action, and travel. I began to write poetry seriously and pursue this as my vocation. I can now reflect on my teaching career as a professor in a small state liberal arts college in Shepherdstown, West Virginia, from various angles. This narrative is a meditative reflection on my teaching of an introductory social work course; the thoughts are organized around the theme of the "beginner's mind," a quality important for both poets and social workers.

Teaching Philosophy and Supporting Materials

Shunryo Suzuki (1989) discusses the beginner's mind in regards to the practice of Zen. He emphasizes the importance of an "original mind" that is not dualistic, including everything within itself. He states:

> All self-centered thoughts limit our vast mind. When we have no thought of achievement, no thought of self, we are true beginners. Then we can learn something. The beginner's mind is the mind of compassion. When our mind is compassionate, it is boundless. (p.22)

He also mentions that "...the most difficult thing is always to keep your beginner's mind...This is also the real secret of the arts: always be a beginner" (p.22).

Such a philosophy applies to both teaching and practice of social work. As the saying goes, when we think we have all the answers we do not know the questions. Of course, professionals need to draw on a body of knowledge, but we do not want to get trapped in it. The task is to develop necessary knowledge and skill and yet maintain a beginner's mind to help refrain from becoming too attached to our professional roles and losing our compassionate mind.

The work *Zen in the Art of Helping* reinforces such an idea: "Helping and Zen are not separate processes. They come from the same human drive to reach out to others, to make meanings and patterns out of our experiences" (Brandon, 1976, p.14). Brandon asserts this as a way of recognizing that we are all human beings who suffer and share many of the same experiences and feelings as part of being human. Brandon presents the way of Zen as:

> ...a journey through an acceptance of full humanity not a denial of it. The height of Zen is a selfless compassion, a genuine love for both individual men and all mankind. Not man in an abstract disguise but in the distinct shape of

> the homeless man, the orphan, the lonely and the sick (p. 35).

To me, that was the most important lesson in Introduction to Social Work, because if we do not recognize our common humanity, we can be of no use to others. Many students who chose a social work major already instinctively recognized this; others were on the verge of discovery. Beginner's mind is more receptive to such genuine love.

I found compatible texts. One of my favorites was *How Can I Help?* (Dass & Gorman, 1985). It is a book of stories about the essence of helping and students loved it. More challenging was a meditation exercise. "I tried doing that in the dorm. And man, you can't do that there." Yet as professionals we need to find places in a noisy world to be still so we can hear ourselves and our clients. The text includes a discussion of "a natural compassion" that human beings have to reach out to those in trouble.

To help students grapple with various existential questions, I employed exercises in Donald Krill's *Practice Wisdom* (1990). His basic premise, with which I agreed wholeheartedly, is that "the most successful, most spontaneous and alive form of helping depends upon the integration of theory, religion/philosophy, and subjective experience" (Krill, 1990, p.15). Many social work students come to the profession with a strong religious orientation, perhaps even a desire to be missionaries. Jane Addams appreciated the importance of examining the subjective experience. Another heroine of mine, Gisela Konopka, also had a beginner's mind of compassion and encouraged us "to embrace the world like a lover."

Part of who I am is a feminist. After using Morales and Sheafor for years as a text that supported a beginner's mind, I switched to Haynes and Holmes *Invitation to Social Work*. I especially liked the feminist perspective. It initially distressed some students as the perspective is presented in the first chapter without apology. They asked, "Why are we using this feminist book?" Fair question. I explained that it was fundamental to my belief system as a social work professor who came of age during the second wave of the women's liberation movement. I used it as an example of how our time and place in history influences theoretical orientation and practice modalities. The students became more comfortable once they saw that it reflected "a global view in which everything is interconnected, and everything and everyone is ultimately interdependent" (Haynes & Holmes, 1994, p.20). For Haynes and Holmes, femininism integrates: holistic, nondichotomous thinking; analysis of power; relationship; reframing and reclaiming; the personal as political. This is a sound foundation for social work practice and the receptive beginner's mind of nondichotomous thinking.

The concept of beginner's mind combines a number of qualities that were important to me as a professor: imagination and intuition. It is crucial to imagine the impossible and to use intuition as a way of listening to the self and being aware of knowledge that is not visible, but there nonetheless. This appeals to my poetic bent. There was something of a haiku in this course—the grasp of "a larger world in a raindrop." The heart-mind connection. The introductory course was a big raindrop that lent itself to a constructivist approach that encompassed many ways of knowing.

The Introductory Course

Each time I hung a new calendar on my faculty office wall in January, I sensed the new year fresh and crisp as a Dakota winter day. This was the same exhilaration as that first day of school; each new semester on a college campus, the air is charged with the electricity of the possible. The new beginning that each semester heralded was one of the things I liked about the rhythm of the academic year. As a way of being it resonated with me.

When I entered a classroom I saw beginner's minds. Everyone was wondering "What is this class going to be like?" "Is it going to be a lot of work?" "What is social work about anyway?" "Why am I here when I could be at the beach?" All classes have such elements of wonder, fear, or concern, but none quite as much as an introductory course when students are not even sure they want to commit to the subject. This was a first date. First dates are important—a time of intense sizing up. Such questions lurked in the background as subsets of: What *is* social work and what *do* social workers do? The course addressed not simply *where* social workers worked, but the foundation for our practice beliefs.

Introduction to Social Work was a large Sunday buffet of intellectual offerings. This reflected both who I am and how the profession operates in the real world—there is always too much to do in social work and in our lives. (We could apply another Zen concept: simplify.) The first course provided students an opportunity to get a sense of the big picture—knowledge, values, and skills. Some knew immediately that they did not want to work in a place where teenagers call them "bitch" or worse. Our clients are not always voluntary or pleased with needing assistance.

This was a difficult course for both students and professor because it required an overview of the whole scope of social work. I wanted them to understand where we came from historically and also to keep an open mind about the future and their roles. At first, it was easy because they *were* beginners. Everything was new. Even if they were nontraditional students who had raised families and been in the workforce, they were on a new path.

Application of the Beginner's Mind Philosophy

I believed it necessary to use creative approaches to material to help students develop the love of learning that has served me so well. I remember the thrill of learning things for the first time in grade school. I skipped off to Irving Elementary School that first day of kindergarten with a huge beginner's mind. I wanted to learn everything: how to read, paint, draw, and sing. So many possibilities in that bright room with the bulletin boards, piano, and books to be read. My teachers read to us from Laura Ingalls Wilder *Little House on the Prairie* books. We lived across the street from Augustana College where my father was a student on the GI Bill. I thought life was all about going to school and learning. My mother read to me and the campus was my playground. It has remained so throughout my life. The campus is the ideal setting for a beginner's mind because it provides sustenance for inquiring minds and a space to explore. I wanted to create such an atmosphere in the classroom.

Teaching the course felt a bit like jazz to me—improvisation being key. A given structure with refrains from the Code of Ethics, such as respecting diversity, confidentiality, and other fundamentals, social workers often need to riff, to improvise. One dimension of professionalism involves knowing what to do in a situation where the rules do not apply. The beginner's frame of mind fosters flexibility like the music making of jazz. There is also joy and hope in the related blues tunes. Blues music makes people feel better about themselves because they sing their sorrow to others who might listen and understand. The heart of social work (and any helping profession) is listening to people's stories—many of them a form of blues. We hear and see that people feel better about sharing their suffering stories. It is not a cliché. A beginner's mind is a shield against judging and unimaginative closure. The blues singer swings to his tunes. And if we can swing with the music and poetry in the lives of clients, there are more possibilities.

No doubt I frustrated students with my improvising: classes were not entirely predictable. I knew professors who plowed predictably through the semester. To quote poet Edgar Lee Master's *Fiddler Jones:* "What do you see a harvest of clover? /Or a meadow to walk through to the river?" If there was an interesting speaker like Julian Bond on campus or a community event such as a town meeting about "town and gown" conflicts, I convened the class at the event. Social work is about the person-in-the-environment, so we need to be responsive to changes in the environment, integrate them into our classes.

Of course, there were the basics to learn, like the social work alphabet soup. Another one was the importance of Maslow's hierarchy of needs. I learned early about basic physical needs as a nurse's aide at Sioux Valley Hospital. We are all human animals. Sometimes I showed a Mother Teresa film—not because I agreed with everything she did, but because it showed her cleaning out the refrigerator of an elderly woman as well as bathing and feeding people who were skin and bones. Beginning where the client is. The scene where the nuns threw out the carpet in their housing units and insisted on living a very poor existence was a bit hard on the students. "I can't be a nun. I want comfort." I assured them that they were not expected to shun all the advantages of living in a country that affords creature comforts. Yet aside from the basics, I wanted them to know that "the poorest of the poor" need compassion and attention to needs.

A major class assignment was to write a five-page essay on the topic of "Why I Want to Be a Social Worker (or not)." It sounds trite, but I read wrenching stories of severe abuse and early losses of parents to mention just a few. Many social work students had been deeply wounded and sublimated this into wanting "to help." Often this helping impulse is derided by others as wanting to be "do-gooders." But it is larger than that. These students express an interest in using their lives and their experiences to benefit others, quite genuine, quite noble in fact. One of the characteristics of the resilient is to use their own pain as a means to understand and help others who suffer. There is a similar dynamic in many other guilds, like medicine.

We each teach from our own unique perspectives and value systems. It is useful for students to see how professionals do this without imposing it on others. My students saw me as a human being as well as a professor. One of my favorite lighter moments involved a hair dye that did not work out too well: a student asked, "Dr. Soule, did you use Kool-Aid on your hair?" It was something that students were doing at the time, but that I had not tried. Another student suggested that it might not be good form to ask professors such questions, but I thought it was hilarious. Humor is essential in both the classroom and practice. As is not taking ourselves too seriously. The introductory course was fun partly because I wanted students to see work as something they could enjoy. One way to do this was with a field trip.

On a slightly cool morning in the fall or spring, before most students were ready to be up, we met in the parking lot across from White Hall. I brought treats from the Ye Ole Sweet Shop: cream-filled donuts, crullers, chocolate éclairs. Students brought coffee or cokes and their tired bodies, dragging in at the last moment. They could sleep on the way. Washington, DC, was not far, so a trip to the Capitol was easily arranged and helped to demystify the whole world of policy, which students usually wanted to run as far away from as they could. Senator Byrd often made policy enjoyable with a fiddle tune. Or if he was not in, students were allowed to sit in his desk chair. Elected officials were usually delighted to have constituents show up. Students could also attend Congressional hearings or visit the national offices of NASW. They enjoyed field trips although there were a few who were terrified of going into the City. One student said her mother stayed home from work to be near the phone "in case anything happened." Of course, any urban environment is different from rural West Virginia, but it was hard to imagine what a mother was afraid of with a grown daughter on a bus trip with 20 other people that involved a visit to a Senator's office. The fear was, no doubt, related to the fear of people who are different. Granted, we sometimes took the metro system from the suburbs (another new experience), but part of social work is leaving your comfort zone. You are required to do it often, frequently without guides.

To foster support for leaving this comfort zone, I also used learning journals and take-home exams. I wanted learning to be an exploration that opened the mind to various ways of organizing material—not a regurgitation of presented material. I wanted students to integrate their learning— the text, the experiential, and the personal— so they could practice as whole human beings, not technicians.

Conclusion

Beginner's mind helped me maintain a fresh-eyes approach to social work as each semester I again began to guide students toward an understanding of the profession. This meant asking "who am I" on a regular basis. Who was I as a social work educator? What did social work mean in a constantly changing global practice world? How could new social workers best learn the meaning of social work for themselves? The role of the social worker expanded enormously from the time I began teaching in the 1970's. Programs, agencies, policies, and conceptual frameworks all changed. Had I not kept a beginner's mind, I would have persisted in the old and not moved forward into new thinking, new opportunities, expanded horizons. Our world is a large one and I wanted my students to see this—to keep open minds and hearts so that even when mired in a stifling bureaucracy there could be a vision of the possible with all its doubts and rewards.

We all hope that the wisdom we seek to impart takes hold. One of the advantages of teaching was that social work faculty maintained contact with students who practiced in the community where we taught. At continuing education workshops and NASW events, I encountered students who talked of challenges in the work setting and ways of looking at them other than "the way we've always done it." They talked of going to graduate school, becoming involved in their communities to bring about change, and maintaining an interest in learning. One former student now teaches Introduction to Social Work at Shepherd and sees the challenges of a new role.

Over the years we become the courses we teach—one of the well-known truths in teaching. The teacher remains a student. We teach what we need to learn. I am forever the young student who skipped off to kindergarten on that golden treasure of a day. Now, nearing sixty, I am an older student in an MFA in Writing Program at the University of Nebraska. I hope at some point to do more with combining writing and social work, which I believe are good companions. Beginner's mind.

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MENTORING AND MANIA IN QUALITATIVE RESEARCH

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While growing numbers of social work scholars have embraced and endorsed qualitative research as a viable methodology for rigorous investigative scholarship, providing doctoral students with a program of coursework that equals the curricula of quantitative research is still lacking for many schools of social work. The authors found a way to bridge this educational gap by forming a mentoring alliance founded on the constructivist concept of mutual collaboration through dialogic discussion. As such, the student voice evokes reflective recollections of the faculty mentor's own experience in learning qualitative methods. This, combined with the mentor's evolving knowledge base of qualitative inquiry, becomes the vehicle for instructive mentoring to take shape. This narrative highlights the struggles and the triumphs of grappling with the clarification and understanding of qualitative methodology.

Introduction

This narrative is about a mentor, Susan, assisting a mentee, Pam, a doctoral candidate to enhance her knowledge of qualitative methodology. For well over a year, we have been meeting to discuss the various phases of the dissertation process – the research question, proposal, Institutional Review Board proposal, thesis chapters, and nature of qualitative inquiry. Our work together has been based on what Zachary (2000) refers to as the "learner-centered mentoring paradigm" (p. 3). In part, Zachary explains, "...the learner – in this case the "mentee" – plays a more active role in the learning than in the former mentor-driven paradigm… The mentor's role has been replaced from the 'sage on the stage' to the 'guide on the side'" (p. 3).

Shelby (2001) speaks to the power of the mentoring relationship for advancing the degree of rigor in qualitative initiatives. In comparing the relationship between mentor and student to that which ensues between practitioner and client, Shelby draws upon the psychodynamic processes of "resistance," "transference," and "counter-transference" as critical elements that embody the dynamics of both relationships. In contrast, the authors of this paper propose a mentorship alliance founded on the constructivist concept of mutual collaboration (Anderson & Goolishian, 1988; Charmaz, 2000) through dialogic discussion. As such, the student voice evokes reflective recollections of the faculty mentor's own experience in learning qualitative methods, and this combined with the mentor's evolving knowledge base of qualitative inquiry, becomes the vehicle for instructive mentoring to take shape.

As a result of adhering to a collaborative teaching-learning process through our work together, we have continuously engaged in candid discussions about the strengths, challenges, and frustrations of conducting qualitative research. More specifically, we have spent an extensive amount of time discussing qualitative methodology. Initially, the learning objectives for Pam (student mentee) were about isolating and dissecting methodological procedures. In the course of responding to the student's agenda, the process for both Pam and Susan (faculty mentor) evolved into a mutually interactive learning experience that was much deeper and more elucidative than the mechanics of qualitative procedures. In telling our story we have first situated the experience contextually and then opted to use a reflective format through dialogue to share the thoughts and feelings brought forth as to how mentoring furthered the understanding of qualitative research methodology.

Forging a Place for Qualitative Research in Social Work Doctoral Education

Corresponding to the current paradigm shift in social work practice to more "client-as-expert" and collaborative practice models (Berg & De Jong, 1996; Hoffman, 1990; Laird, 1994; White & Epston, 1990), I (Susan) found myself turning to methods of inquiry that paralleled these approaches by opening up more humanistic pathways for knowledge building. The recent proliferation of qualitative methodologies has provided such avenues for investigative inquiry.

Within the constructivist perspective that Denzin and Lincoln (2000) view as a guiding force in current qualitative inquiry lie the inherent assumptions that we can never completely capture the experiences of others (Rosen, 1996), and that there are not singular, absolute truths, but rather our knowledge is relative to "multiple social realities" (Charmaz, 2000; Schwandt, 1994). In keeping with these assumptions, I have adopted the more interpretive approaches of qualitative inquiry and data analysis (Crabtree & Miller, 1992; Tesch, 1990) that call upon the scholar to use a different set of methodological skills than those applied to positivistic research. For me this shift represented the symbolic dismantling of the objectivistic parameters that define empirical study and reporting. In place of the more impersonal third-person language, pre-identified theory, measurement instruments, and statistical analysis, these qualitative approaches situate me within a new schema of methodological principles. The tenets of these qualitative traditions include turning to the researchers, themselves, "as the instruments" for collecting data (Roldan & Shelby, 2004); establishing a co-researching partnership with participants of the study; using observations in the natural setting of people's lives, narrative means, and/or visual artifacts as the raw data for analysis; and applying interpretive understanding for the analysis of data.

While growing numbers of social work scholars have embraced and endorsed qualitative research as a viable methodology for rigorous investigative scholarship, providing doctoral students with a program of coursework that equals the curricula of quantitative study is still lacking in many schools of social work. For example, in the College of Social Work where we are working together, there is just one qualitative course offered to doctoral students. Similarly, in the doctoral program from which Susan graduated four years ago, qualitative research study could be attained only by going outside of the department or by arrangement of independent studies. As an educational community we have crossed over the threshold of sanctioning the value and legitimacy of emergent qualitative traditions, yet emphasis on preparing our doctoral students for undertaking the complexities of qualitative inquiry is still lagging behind. One way to bridge this educational gap while striving to strengthen social work curricula in this area is in the formation of a mentoring relationship.

The Journey toward a Qualitative Dissertation

Pam: From the onset of the doctoral program, I was confident of two facts. First, I wanted to investigate the interface of professional boundaries and adolescents in out-of-home placements, and second, I wanted the research question to be qualitatively based. I never wavered from either of these early decisions throughout my years in the doctoral program. In fact, I was consistently reminded by my advisor and other faculty members that while some doctoral students needed to be coached to "narrow" their research ideas, I needed to work on "getting out of the box" and expanding my ideas.

When I passed my candidacy exam, I thought that I was now on my way to independent research and the freedom to creatively put together my dissertation manuscript – the way I envisioned them. I finally felt deserving of the opportunity to delve back into my proverbial comfortable box. After all, my advisor and committee members were supportive of my interest in exploring the topic of professional relationships, and equally important, my committee members genuinely believed in the significance and power of qualitative research. Naively though, what I did not realize was that my comfortable box was wider and deeper than I originally thought, due to the complexities of qualitative research methodology.

Not unlike the toils of my fellow student-cohort, I, too, struggled with formulating my research question. I had numerous conversations with committee members and kept tweaking the question until it was exactly how I wanted it to read. While the development of the broad-based research question proved to be aptly challenging, thought provoking, and frustrating at times, I had anticipated an even more grueling process in grappling with the precise wording, than what occurred. However, what actually proved to be the most problematic aspect of those early steps in developing the research design was figuring out what specific qualitative methodology I should use.

Susan: While I am an assistant professor in the graduate school of a college of social work, and looked upon by students and colleagues as a "knower of qualitative inquiry" (based on my own dissertation research, current scholarship, and intellectual immersion into the philosophical assumptions of qualitative inquiry), it has only been four years since I, too, was journeying the unknown pathways of learning qualitative methodology. Many of Pam's ongoing questions, self-doubts, and frustrations relative to undertaking a qualitative study were ones that I, too, had encountered as a doctoral student. In recalling the beginnings of that process, I think I was the most unprepared for the following set of challenges: 1) reckoning with the complex and seemingly lofty set of philosophical thinking that frames and directs methodological decision making in qualitative inquiry; 2) deciphering the generalized terminology that abounded in the literature—often overlapping the various qualitative traditions and clouding their critical distinctions; and 3) trying to hone in and conceptualize the vague descriptions of the actual processes for analyzing data and writing up results.

In first contemplating my own qualitative dissertation, "Exploring the Phenomenon of Adolescent Sons and Daughters Coming-Out to Parents as Gay and Lesbian," I turned to the qualitative scholars for guidance and direction. They unanimously concurred that there were several, coterminous factors to consider in determining which tradition in the "family" of qualitative possibilities would best fit the topic, research question, and objectives of the study. As I delved into the literature, I realized that in order to know which approach might be the "right fit" based on the literature criteria, I needed to deepen my familiarity with qualitative methodology beyond rudimentary knowledge. This entailed immersion into the complex, philosophical thinking and musings that constitute the fabric of qualitative inquiry. While enthralled with the very exciting and challenging scholarly discourse, I frequently found myself questioning if I substantively understood the highly intellectualized concepts. I felt unsure as to how to sort out and categorize these "heady" thoughts so that they might hold relevance for what I was proposing to do in my study.

Sorting through the array of paradigmatic definitions that frame qualitative inquiry such as *post-positivism*, *post-structuralism*, *relativism*, *constructivism*, *social* *constructionism,* and *post-modernism* and how they interfaced with the selection of a qualitative tradition initially left me feeling overwhelmed and perhaps a bit self-doubting at the time. Added to these, philosophical terms such as epistemology, hermeneutics, and heuristic paradigms began to take center stage in the decision making process. I questioned whether I had what it takes to absorb all of this heavily philosophic and intellectualized material. While I actively consulted with the faculty member who was supervising my qualitative independent studies, much of what I ultimately incorporated into my own thinking and research design came from the many hours poring over the literature, writing out and reflecting on my thoughts relative to the readings, and composing questions for deeper exploration. The amount of time and mental energy that this consumed was immense. Initially, it felt like diving into what looked to be a manageable body of water to navigate, only to encounter an endless web of seemingly unfathomable realms. It was not until later that I understood that finding my way out of this maize of channels was dependent upon understanding their interconnectedness.

As none of my doctoral cohort shared in my interest of qualitative study (or feared that it would not get them a faculty position post graduation), I was pretty much on my own. When we came together as a group to talk about how the dissertation process was progressing for each of us, I found that we were talking through "different" methodological languages and worldviews. The most difficult part of this was not having the opportunity to let others know how overwhelmed and self-doubting I was feeling. I was longing for an empathic listener who could understand and relate to what I was talking about, someone to sit with my vulnerability, and a tutor to coach me in the areas that were unclear and confusing. At the time I did not have a name for the type of learning relationship I was envisioning.

Pam: Fortunately for me, my research topic area has not been widely studied, which affords me the opportunity to explore the subject area from many different perspectives and approaches. However, this proved to be both a blessing and a curse when it came time to begin writing my proposal because it appeared that several qualitative approaches would work with my research question. From early on in my academic course work, I was taught that the research question guides the methodology. In my experience, it seemed that this could not have been further from the truth. For instance, based on the literature I could have opted to conduct an ethnographic study, grounded theory study, case study, or phenomenological study. With respect to the research question I had developed, each of the methodologies indicated above would have provided valuable information to enhance the knowledge base within the social work field.

To help me with this critical decision making, Susan suggested that I read an array of different qualitative studies to see how the specific methodologies corresponded with the author's research questions. I dutifully followed her advice and began to read. However, the more I read the more overwhelmed I felt. What became quickly apparent was there was no in-depth and precise roadmap that I found on how to conduct qualitative research for use with specific methodologies (the helpful literature came after my methodology was selected).

By the time I scheduled my next meeting with Susan, I felt beleaguered and disappointed, and my confidence as a researcher was tenuous at best. My previous heightened state of excitement about undertaking a qualitative study felt under assault by the lack of detail and vagueness I perceived in the literature. Frustrated by the repeated literary citations indicating that qualitative researchers have choices to make (Merriam, 1998; Stake, 1995), I remarked to Susan that qualitative researchers "making choices" without a clear understanding of the "how to" portions of the methodology was ridiculous! In an anxious state I remember saying that conducting qualitative research as a new researcher was analogous to driving at 16 years old without any driving experience. For example, "It is like saying that as soon as teens turn 16 they are ready to drive a car, based on the fact that they have been a passenger in a car and have observed the mechanics of driving!"

It is important for me to qualify my anxiousness and "interesting" analogy. Roldan and Shelby (2004) say it best when they state, "Graduate students conducting qualitative research are unusually surprised by the inadequacy of their coursework as preparation" (p. 217). In my doctoral program, students are required to take only one qualitative research course. Although the professor who taught the qualitative course was knowledgeable and thorough, there was only so much that she could cover in ten weeks (we follow a quarter-system not semester).

Susan: The inquietudes that Pam has experienced over the course of designing and implementing her dissertation study continued to draw me back into the annals of my own dissertation process, and in doing so, prompted me to think about the implications and possibilities of the learning relationship we had established. Recalling my own experiences from the past while reflecting from the perspective of the present helped me to demonstrate empathy, anticipate road blocks and frustrations, and be patient and understanding in holding Pam's feelings, while also instructing and coaching her with what needed to be accomplished. This process heightened my own self-awareness of the role I played in the life-of-Pam's dissertation. It was at this juncture that Pam and I (co-chair of her dissertation committee and advisor for her qualitative methodology) began our qualitative research "mentorship" together. Assuming a self-reflective and "other-reflective" stance provided a rich resource from which to draw on the important elements of what came to be called our "mentoring alliance." The essential nature of this learning partnership paralleled the epistemological stance of constructivist qualitative inquiry and social work practice by establishing a collaborative, co-authoring relationship.

As I listened to Pam express her frustrations over the generalized references in the literature and non-specific descriptions of methodologies, I remembered the discouraging feelings that arose when I, too, had thought to myself, "Aha! I get it"—just to realize that "what I got" was just one piece of a puzzle teaser. As I proceeded with readings beyond the philosophical treatises and delved into the literature on methodological operations, I perceived the variations that I was finding in the literature unclear and non-explicit. I have since come to reclassify that perception but only after more experience and deeper understanding; but I am getting ahead of myself–this enlightenment will come later in the reflections.

What I encountered as a student was that the phenomenon of descriptive labels being used to ground a particular branch of qualitative methodology in its own tradition of inquiry and analysis were often also broadly applied in the description of other approaches as well. For example, the term "phenomenological research" was not just used to represent the philosophical and methodological tradition of phenomenological investigation (Bullington & Karlsson, 1984; Giorgi, 1975; Moutakas, 1994; Saltzburg, 2004), but also appeared as a generic descriptor of a variety of qualitative approaches, despite not utilizing a structured format of phenomenological data analysis. A second example lies in the term "grounded theory," coined by Glaser and Strauss (1967).

While the origins of this term constitute a set of theory-building methods developed in the grounded theory tradition (Charmaz, 1995; Glaser & Strauss, 1967; Strauss & Corbin, 1990), the label itself has been employed in a more generalized way denoting knowledge-building that is "grounded in" the raw data of observation and respondent voices. However, this application of the term often fails to employ the data collection and data analysis processes derived from grounded theory methodology.

Deciphering the definitive meanings of the variations in terminology and situating them within an investigative context can be confusing and frustrating to the student-learner. These ambiguities leave the novice researcher struggling to discern the discrete features that typify one approach from another. The lack of clarity produces a sense of confusion and not-knowing which places students in a position of vulnerability. For students, it is about wanting to understand and categorize the important terminology in its relevance to the chosen research method. Getting a grasp on a definitive, unwavering plan of action seems to provide and sustain a sense of confidence, competence, and motivation.

Pam: To make matters worse I was also prematurely worrying about my dissertation defense, concerned that I had to be well-versed in all aspects of qualitative research to defend the methodology I would eventually choose. Pointedly, Roldan and Shelby (2004) remind us that "ultimately, strangers will read and evaluate the dissertation, and at some point the student will have to stand alone to defend his or her ideas" (p. 226). Susan was able to abate my fears by suggesting that first I choose a methodology and epistemological stance that I felt would best suit my question. Then, read all that I could on the selected method and strengthen my proficiency in that particular area versus trying to understand all methodologies in depth. With a plan in place I felt that I had a direction and would go with my first idea, which was to do an intrinsic case study. However, reading all that I could on case study methodology posed a new challenge for me to grapple with: different terminology is used in referring to case study methodology. Which one was the correct one to follow? Again, this new obstacle confirmed for me that a "how to" book is warranted.

Susan: As I listened to Pam recount how difficult and overwhelming it is to be expected to proceed with methodology decision making if the student has no idea what the specifics of the various methods' processes are, the relevance of a mentorship alliance began to crystallize. I, too, recalled the worry I confronted after my immersion into the intellectualization of paradigmatic and theoretical decision making left me wondering how to actually do the mechanics of the data analysis.

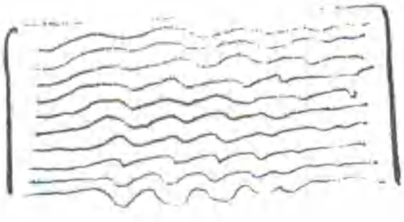
When I found books that addressed this topic, they were often difficult to digest and follow. The wordy steps and procedures at times seemed cluttered and burdened down with rhetoric. I wanted to "be there" and see what the researcher was actually doing; I wanted to witness how it translated into an actual study. I remember thinking, "After all, this aspect of the dissertation is not about philosophical thinking, it is centered on *doing*." In my fervent attempt to integrate the methods' literature with the actual process, I began to focus on the literature describing qualitative studies that had actually been carried out. I found this genre of writings to be immensely informative and insightful; they seemed like the next best thing to being there *en vivo*. These reconstructed studies gave me a first-hand opportunity to examine how research questions, philosophical investigative assumptions, theoretical perspectives, and methodology all came together – each tightly incorporated into the other in a live study. These recollections and the significance they awakened in me now, as an instructor, provided the substantive material for mentoring.

Because the very nature of qualitative methodology is inextricably tied into the theoretical framework that underlies each unique tradition of qualitative inquiry, there is not one prescriptive package (for methodological procedures, research write up, or dissertation framework) that fits all qualitative approaches. For the majority of educators and student scholars who have been indoctrinated into traditional, modernist empiricism, the shift into qualitative investigation requires learning new ways to think about and approach research. It necessitates awakening the student's exploration into the intellectual connect between the research question, epistemology, and philosophical paradigm as related to qualitative methodological choices; the latter gradually instills an understanding that the "how-to's" of the process only hold relevance in consonance with the other factors. The mentoring environment provides the space and means to accomplish this.

Pam: The last obstacle I was asked to contemplate was how I intended to use theory in my study and my dissertation manuscript. After submitting a rough draft of my first three chapters, two committee members raised the question, "Where's your theory?" Honestly, I had not given the use of theory much thought. I just assumed based on my interpretation of the readings that I would use theory in a purely inductive way to assist in explaining the findings from the interviews I was conducting. From the onset of the discussion with committee members about theory, I was adamant that I did not want the introduction of theory to detract from the valuable information I was gleaning from participants. Rather, I wanted the voices of the participants to be the highlight of the study with my writing serving as the conduit for their viewpoints.

Once again I felt that I was in a quandary: two committee members wanted a theoretical plan at the forefront (based on the traditional model of dissertation format); I did not want to detract from the voices of the participants; and once again the literature was varied in how theory should be used. For example, in referring to case studies, Creswell (1998) referenced several examples of how theory could be used, including at the beginning of the study, at the end, or not at all. Again, Susan and I had lengthy discussions on how the role of theory might be incorporated into the study and contribute to the richness of the manuscript. We arrived at a consensus in which theory would be presented in a chapter of its own as a means of framing the study. This approach seemed to make sense because Merriam (1998) describes a theoretical framework as the "structure" and "scaffolding" that assists to outline the study (p. 45). I would use the theory section to highlight adolescent development, theories of attachment, and challenges related to teens in out-of-home placements. What at first seemed an insurmountable obstacle became a "do-able" and meaningful task.

Susan: Perceived deviation from the exactitude of a methodological protocol may leave the novice researcher feeling like he or she is compromising the integrity of the methodology and the philosophy that underlies it. This was the case for Pam and her quest to stay true to what she believed to be the theoretical underpinnings of a case study. While agreeing with Pam in theory, I also was aware of the requirements and constraints of preparing and submitting a dissertation. Feeling as if she would never transcend what seemed to be an ongoing array of obstacles obstructing her path, confused as to why the dissertation needed this section prior to the results of her study, and overwhelmed at the prospect of having to go back to the drawing board to compose this piece (when she was



more than ready to move forward), Pam expressed frustration, "a sense of not being listened to," and perhaps disappointment as well. It was time to assist Pam in "climbing back out of the box,"

I viewed helping Pam to understand the decision of the committee (regarding inclusion of a theoretical section prior to data analysis) and gently prompting her in a forward direction as essential to maintaining her enthusiasm and investment in her most important, current life project. In order to do this, Pam and I met extensively to sort through her questions, debate arguments that the literature discussed relative to theory, brainstorm about the legitimate role of theory as an element in the framework for the study, and guide her with recommendations of what theory might best complement her objectives and theoretical perspective. The collaborative dialogue that ensued and emergent realization on my part that this was a monumental event at this point in time for a doctoral candidate who was working under the stressors of getting through the academic and scholarly rigors of a dissertation, completing the dissertation work in a timely fashion, and exploring potential faculty positions for the next academic year helped to guide me in my mentoring role.

It is interesting that as Pam reflects back upon the content of our mentoring conversations, she sees them as primarily focused on the "how-to's" of the methodology – the information she believes to be most important in order to do her work. I, on the other hand, view our discussions as a dialogical vehicle for situating Pam's dissertation work and corresponding critical thinking within the larger context of a philosophical, theoretical, and methodological discussion. These three aspects of the qualitative tradition cannot be separated without creating a "disconnect" from the objectives and integrity of the study. I considered this to be an essential element in our work together, and I do not believe that it could be as readily accomplished without the sense of safety (to let one's learning vulnerability be transparent) that a mentoring alliance affords the student.

Reaching a Comfort Level with Qualitative Methodology

Pam: From my reading I know that one attribute of being a good qualitative researcher is to be flexible (Marano, 2001; Merriam, 1998; Rossman & Rallis, 2003; Shank, 2002), because conducting qualitative research is not a linear process. I kept repeating to Susan (and to myself) that I would be able to go with the ebbs and flows of the research once I had a solid understanding of the direction I was headed. All that I wanted was a loose framework of "how to" so that I could then challenge which areas I wanted to tweak and which ones I did not. I was positive that the more knowledge I had about the methodology, the more relaxed I would become, which ultimately would result in my being a flexible researcher.

I am now nearing the end of my study. Without question, I am much more comfortable with the ambiguities of qualitative research. In part, I believe that my progressed astuteness in qualitative methodology transpired because I allowed myself to be exposed. Rather than trying to mask my fears, lack of confidence, and confusion about qualitative methodology, I shared these feelings with Susan. The honest communication allowed me to embrace a deeper level of learning and understanding of qualitative research.

Susan: As learners in academia, we all want to feel that we have achieved a degree of mastery over the subject matter (in this case, the subject matter is designing and implementing a qualitative research study).

Initially, the way we perceive gaining this sense of competence and confidence is through adherence to a well laid-out format (the "how-to manual"). The absence of an explicit blueprint at the beginning of the dissertation journey reinforces the students' tenuous uncertainty about their competence as researchers and the accomplished outcome and trustworthiness of the study. Through the evolving mentoring experience with Pam, I came to recognize how important it is to understand these insecurities from the perspective of the student. It allows the mentor to get in touch with her own feelings of vulnerability, which, in turn, helps her to empathically relate to the student. Once the student senses that the mentor understands, the opportunity to encourage the student to explore the uncertainties, the "not-knowing" and the vague territories become an affirming and positive process.

An important part of mentoring student-learners of qualitative research is to counter the conventional perspectives with a more subjective and humanistic view of what research can encompass. This may mean not always having strictly enforced rules to follow, being asked to make unique decisions that are determined by the nature of the particular study in consonance with ideological perspectives, and striving to learn about and understand what quantitative data may not able to capture – the multiple realities of human existence. It is part of "climbing out of the box."

Concluding Thoughts

We have found that a collaborative mentoring relationship assists with the grappling of the complexities associated with understanding qualitative methodology and moves the student onto the next level of conceptualizing, conducting, analyzing, and writing up qualitative research. Based on our collective experiences, here is a synopsis of what we have learned.

Pam: To students conducting qualitative research, I have three suggestions. First and foremost, I believe that it is important to recognize that you will acquire a deeper knowledge as you are actually doing qualitative research and, as a result, decisions will become easier to make. Second, I have found that it is critically important to put aside pride and fears of "not-knowing" so that you can talk about difficulties or confusion in grasping a concept. Ask for clarification and further discussion from others who have conducted qualitative research. Third, keep reading! To educators who are working with novice qualitative researchers, I strongly encourage you to embrace student's excitement and insecurity as a pedagogical opportunity. Rather than telling students "how to" (I cannot believe that I am at the point now to advocate this approach), guide students to have an intimate understanding of the process. Using a mentoring approach is one way in which to aid beginning researchers to internalize the concepts of qualitative research, which I have found frustrating, beneficial, and ultimately rewarding.

Susan: The mentorship we describe in this paper represents the co-evolution of a learning alliance between doctoral students interested in pursuing qualitative dissertations and faculty advisors well versed in and committed to qualitative study. The basis for this mentoring alliance is as follows: 1) to help the student attain a philosophical understanding of the shift from quantitative thinking to a qualitative paradigm; 2) to provide the student with the learning format and tutelage needed to develop, conduct, analyze, and write-up qualitative dissertations in keeping with the tenets of qualitative inquiry; and 3) to support the student through the academic, intellectual, and emotional rigors of completing a dissertation by providing a safe and empathic space.

At the same time, because such an alliance is a collaborative and mutually interactive reflective experience, the sense of professional and personal gratification that mentoring provides for the faculty mentor contributes to an enhanced sense of empathy for student learners, intellectual growth, instructional wisdom, and heightened self-awareness.

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Call for Narratives: Special Issue of Reflections

No Map for the Journey: Professionals Reflect on their Experiences with End-of-Life Caregiving

Guest Editor: Steve Wilson, Ph.D., California State University, Long Beach

Many social workers have had the opportunity to become a family caregiver when a parent or family member became seriously ill. Sometimes this is by choice, and sometimes this is by chance. Despite the knowledge we hold as professional academics or practitioners, when we are called upon to provide direct care for our own family members, particularly near the end of their life, our perception of caregiving can change dramatically. Despite our professional preparation, knowledge doesn't always ease feelings. **This Special Issue of *Reflections* will provide a forum for telling the stories of social workers and helping professionals who were called upon to provide hands-on caregiving for a family member facing death**.

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- How did your personal experiences differ from how you help clients?
- How has your empathy and compassion changed as a result of your experiences?
- What experiences transformed your perceptions of caregiving?
- Following your loss, how did your perceptions of grief and bereavement change?
- How has your caregiving and loss transformed your direct practice work with clients?
- What experiences did you have that can provide inspiration to other professionals placed in a direct caregiver role?

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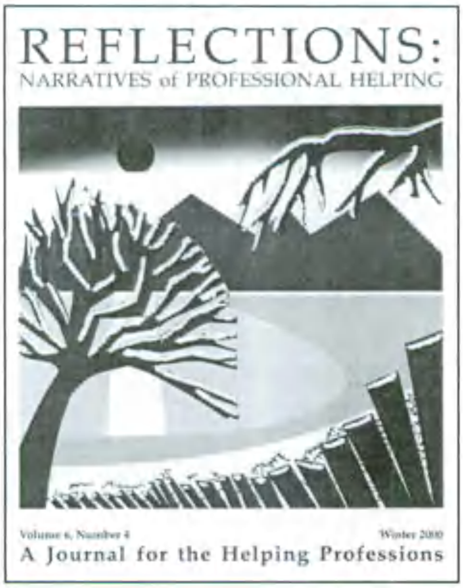

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