REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

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LETTER FROM THE EDITOR

Jillian Jimenez, PhD.

Reflections is proud to begin this issue by reprinting Ann Weick's seminal article "Issues in Overturning a Medical Model of Social Work Practice," first published in *Social Work* in 1983. The author adds a current retrospective on the article, which reaffirms how influential her thinking has been in reforming the paradigm of social work practice and challenging the reliance on the medical model and its implied loss of agency as the only basis for social work. Out of her work came the strength perspective, which has become a deeply held value about the way we approach our clients, ourselves, and our challenging world.

Professor Weick's insight into other ways of thinking about commonly accepted realities is paralleled by a similar breakthrough by the founder of *Reflections*, Sonia Leib Abels, who was able to see another way of understanding social work practice and communicating that understanding through the time honored art of the narrative. Arguing for the primacy of the oldest and most widespread form of human communication, Professor Abels conceived of the idea of *Reflections* from her unique vision of what was missing in social work practice. Social workers and other academics from across the country have joined her in the effort to create something based on the new concept of professional communication and growth through narratives. Today, the journal thrives under her original vision

Both of these women were conceptual leaders, able to see beyond what did exist to what could be created. Both created new paradigms for social work. Other social workers come to mind when thinking of visionaries: David Gil has been able to pierce the sense of inevitability about many of our oppressive social arrangements—including the market economy—and has inspired generations of students and faculty to examine their own inherited assumptions about equality and the social arrangements that promote and undermine social justice.

Many hoped that Barack Obama would be a paradigm breaker as a political leader, using government to promote social and economic justice to promote health policy reform. It is too soon to tell whether Obama can sidestep the naysayers, as Weick and Abels did, and go on to achieve his view of social justice in health care, in spite of the countervailing pull of the players in the for-profit health care system, and the political divisions that have sunk all previous efforts toward health care reform.

Paradigm shifting may not be permanent. The new search for "evidence based practice" signals a return to the reliance on logical positivism that Weick and other social work scholars sought to unbundle decades ago. Most social work journals rely on this method to present their findings, questioning the usefulness of any conclusion that does not include numerical results. And Barack Obama's health care plan is teetering on the major precipice kept in place by special interests so familiar in U.S. politics. We will have to wait and hope that deep health care reform will be the one new paradigm that does not slip away.

Call for Papers
Special Issue:

Impact of Recession on Social Workers
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This special issue will explore how professional helpers in the current times of economic crises are reinventing themselves. Specifically, we are seeking narratives that will address the impact of professional losses on lives through personal reflections that clearly tell stories of adaptability, reinvention, and survival. Narratives may include, but are not limited to, the following:

- Decision making process and strategies to get back into the game:
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- Using buyout or retirement or loan money to start a business
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- Impact on self-esteem and relationships with friends, family, and colleagues
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- Efforts and success at re-inventing yourself

Guest Editors: Brenda McGadney, Ph.D., Director Social Work Program, Siena Heights University, & Cynthia Reynolds, LMSW, Affiliate Faculty, Spring Arbor University

The deadline for submission is March 1, 2010. **Please mail three copies of your manuscript to:**

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You will be contacted within thirty days of receipt of your manuscript. If you have questions or would like to discuss ideas, you may contact Brenda McGadney at 517.264.7850 or McGadney@sienaheights.edu

REFLECTIONS ON OVERTURNING A MEDICAL MODEL OF SOCIAL WORK PRACTICE: THREADS FROM THE PAST

Ann Weick, Ph.D., University of Kansas

In the following narrative, the author reflects back on her groundbreaking article "Issues in Overturning a Medical Model of Social Work Practice," *originally published in* Social Work *back in 1983.*

Life rarely hands us the chance to come face-to-face with one of our selves from the past. In being given the opportunity to re-read and reconsider one of my earliest published articles, I have entered the precarious world of memory and history. It is a world both recognizable and mysterious. How did those ideas come to have such a powerful hold on me and become the groundwork for much of my future scholarship? How did a young woman who had been prepared as a social worker with all the rudiments of psychodynamic theory and a mostly-conventional MSW curriculum diverge from the path of professional orthodoxy and find infinitely new and challenging ways to think about a profession which had, early on, captured my heart and my head? My question to myself: who was that woman anyway?

One of the first things that must be said is that nothing about my upbringing lent itself to challenging conventional wisdom. Being a school child in the 1950's, raised as a Catholic and educated in Catholic schools, the script was strongly tied to acceptance of clearly-stated beliefs, presented by those in positions of authority. Because that orientation was generally supported not only by my family and school environment but by much of the broader society as well, the possibility of thinking differently was seen as a slightly dangerous and possibly immoral enterprise. Ironically, for those of us with a certain degree of persistent curiosity, the clarity of the rules served as a foil for raising questions. I developed a strong impulse to raise questions when the traditional answers were found wanting. For better or worse, this shaped my life as a student and as an academic.

My stint as a doctoral student occurred during the mid-1970s and benefited from the large social movements at that time. In the midst of significant societal unease, this period opened avenues that provided greater opportunity to raise fundamental questions and to seriously study and consider several seemingly divergent avenues of thought. A university setting was a particularly apt place for these mental meanderings because of its official stand on seeking knowledge in a disciplined and dispassionate way. I had the good fortune to be funded by a fellowship from the National Institutes of Alcohol Abuse and Alcoholism, and supported by a doctoral dissertation chair who gave me free rein to explore a way of thinking about the problem of alcoholism that joined together multiple areas of inquiry and research. Reading across disciplines and creating a multi-dimensional framework was exciting in itself, but, more importantly, it gave me the courage to experience and apply a strategy of intellectual probing that later served me well no matter what the topic.

As I stretched the boundaries of my questions, I also became interested in the history of science that introduced the grounds for a critique of a positivist scientific paradigm and a challenge to its orthodoxy. My introduction came by way of a book by Thomas Kuhn entitled *The Structure of Scientific Revolutions*. I can recall with a vivid and sensory memory the range of emotions I felt as I poured over his thesis. Simply put, Kuhn was calling into question the scientific paradigm that, despite its formal goal of putting nature to the test through experimental methods, was, in fact a very human endeavor, affected by the all-too human elements of power and control. At the heart of this was a deceptively simple axiom: knowledge is power. When crucial knowledge is held and controlled by a few, with narrow channels for rigorously challenging basic claims, there develops what might be called a "knowledge aristocracy," a class of people who protect the dominant theory against all others. Change in scientific theory occurs only when the anomalies and weaknesses in that dominant theory become too pervasive to be maintained.

The idea that overarching theories and belief systems were not true in and of themselves but were shaped by human beings who derived benefit from them was a captivating idea to me. What could be more radical than to have the freedom to question the assumptions underlying pervasive structures of belief, whether these were scientific or religious or other? At heart they all had political cores that gave the "knowledge-tenders" their authority and their right to silence or punish, in one way or another, those who disagreed with them. The very act of questioning dominant beliefs by raising the possibility of another way of seeing held, for me, an allure that was almost palpable. My article on "Issues in Overturning a Medical Model of Social Work Practice" was an early attempt to see the underpinnings of the social work profession in a new way and to help reclaim some of the insights and commitments that, through its history, have given social work its radical and enviable perspective.

In writing this article, I wanted to share my conviction that social work is a receptacle, perhaps a Petri-dish, for revealing a form of knowledge not generally credited as legitimate. Underneath the embrace of ideas and theories from the social and behavioral sciences, social work had a powerful and poignant grasp of the challenges and possibilities in helping people right their lives. It has been based on a belief in the practice wisdom of the profession and its elaborate, age-tested, collective experience as a powerful form of knowledge. One way of revealing this hidden treasure was to contrast the medical model with what I called a "health model" of social work practice. The nature of the traditional model for medical practice, with its assumptions about the power of professional knowledge and often the diminishment of the client's own capacities and aspirations in the face of esoteric knowledge has permeated both medical practice but also professions like social work that are inextricably linked to it.

In the 1980's there was a movement, not just in social work but in related fields as well, that has been called holistic health. It expressed itself through a burgeoning number of health practices not initially accepted by the traditional medical model. Many of these approaches were derived from indigenous cultures that maintained strong ties to the healing practices of their people. In learning more about these methods, it became clear to me that our understanding of social work practice could be strengthened by assessing the impact of theories underlying our practice and by using a critical lens to rediscover some of our core insights about professional practice. Because of the broad acceptance of science, particularly medical science, as an overarching paradigm for practice, a close examination of its underlying tenets seemed a useful way to create a heightened level of consciousness about its limiting effect on the radical nature of social work practice. Challenging the basic assumptions of the medical model as it has been applied to social work practice became the engine driving this analysis.

What the analysis uncovered are some of the principles that have been with us all along. The power of healing points to a profound human capacity for self-righting and through this window, we can begin to see that the nature of change is not at all what we believed. Rather than requiring forces outside oneself, people are more likely to change their lives when they see the possibility for achieving something they see as personally important. The role of a professional person in encouraging the process of change is both more limited and more essential than our theories would have us believe. What also seems evident is that principles that acknowledge and support personal and communal well-being are at the heart of good social work practice.

This article became a stimulus to pursue related topics. In subsequent articles, it was possible to explore other developments that have, in the past 20 years, created more generous boundaries for inquiry. The fields of medicine, physics, philosophy, ecology and gender studies all provided me with intellectual fodder for continuing to challenge and redirect my thinking about the nature of social work practice. While I hope that my writings have added to the field of social work, I also recognize that it is I who have been the most fortunate beneficiary of this process. Having, or perhaps taking the opportunity to unpeel the sometimes rough skins of accepted beliefs opened up intellectual vistas that, through all my selves that participated, has been a joyful adventure.

Ann Weick, Ph.D., is Professor Emeritus at the University of Kansas School of Social Welfare. Comments regarding this article can be sent to: annw@ku.edu.

The author, Ann Weick

Issues in Overturning a Medical Model of Social Work Practice

Ann Weick

A holistic orientation to social work practice is still emerging. Although the holistic view is compatible with the profession's most fundamental principles of practice, it challenges traditional assumptions about the nature of the relationship between social worker and client and about the nature of human change. This article examines some of the issues involved in the shift from a medical model to a health-oriented paradigm and suggests key principles for strengthening this shift.

THE EMERGENCE OF a health-oriented paradigm of human behavior is particularly felicitous for the social work profession. In its implicit emphasis on growth-enhancing possibilities for human beings, a health-oriented model strikes an affinity with the value base of the profession and stimulates reaffirmation of principles of practice that have always been present. Recent works by Germain and Gitterman, Pincus and Minahan, Meyer, and others have begun to translate the principles of a health model into practice.[1]

The promise of this new view still outstrips its application. In particular, awareness of conceptual traps, which can mute the full force of the new view, is necessary. In any process of change, the weight of old assumptions tends to color the radical possibilities in the new paradigms, leading to a diminished understanding and application of the new principles. While working toward conceptualizations of behavior that center on health, those in the profession must be equally attentive to sabotage from some of the familiar beliefs about the nature of change and particularly the profession's role in facilitating it.

In making a shift from a disease-oriented to a health-oriented model of practice, recognition must be given to some of the fundamental ways in which the disease model has shaped the view of how human beings grow and change. Becoming clearer about some of the important dynamics at work here will pave the way for a concept of change that is genuinely grounded in a health-oriented perspective of practice.

One of the striking things to consider with regard to the influence of the disease model is its emphasis on a static-mechanistic model of human behavior. In keeping with the Newtonian view of the universe, which dominated Western thinking until recent decades, human beings have been seen as organisms whose workings, albeit more complicated than in other forms of matter, could be understood through careful scientific observation. The human body was, and in many respects still is, viewed as a piece of machinery whose parts occasionally fail. Within this model of disease, the hardware of treatment is well known: a pharmacologic agent, a surgical procedure, or a therapeutic technique must be used for treatment to be effective.

A characteristic of this approach is its externality. The cause of disease is thought to be externally caused and somehow separate from the person it affects. People "get sick" and spend tremendous energy trying to identify the causes, which can range from invading agents such as viruses, bacteria, and toxins to schizophrenigenic family relationships. Built into this process of diagnosis and treatment is an analytic-linear-dualistic bias, which has at every turn reinforced a pathologic view of human troubles.

The nature of treatment within the current illness model has been largely influenced by medical conceptions of disease. As Mechanic says,

> These conceptions are derived from a model that attempts to identify clusters of symptoms causally related in some fashion and to establish the etiology, course and treatment of the particular entity. . . . The approach, however, proceeds on the assumption that disease states are entities that are definable; and a great deal of effort is devoted to more reliably identifying new disease states and searching out their various characteristics and appropriate treatments.[2]

In order to highlight the consequences of this view, it is useful to see how the role of practitioner has been skewed. Underneath the disease model of human behavior is an assumption about change that leads directly to the nature of the relationship between practitioner and client. Because so much hangs on a clear conceptualization of this role (if a move to a health-model of practice is to be achieved), it is essential to understand how deeply enmeshed professionals are in a view of professional relationships that is not health-oriented.

THE "GIVING OVER" PROCESS

One of the effects of a mechanistic view of behavior has been a reliance on professional expertise. This exper-

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tise comes from acquired, specialized knowledge, which sets practitioners apart from their clients. The literature of the professions emphasizes the power that accrues to professionals because of their specialized knowledge and the corresponding vulnerability of clients because they lack this knowledge.[3] It is worth examining in detail some of the dynamics surrounding the role of the expert and how the expert has come to be viewed as the agent of change. The central dynamic in this accession to professional knowledge is called the "giving over" process.

In order to fully understand the effect of the accession to professional knowledge, it is useful to look to history for antecedents. Foucault provides a persuasive exemplar of the way sexuality became part of the giving over process.[4] He documents in great detail the evolution by which seventeenth-century penitents consigned judgment of their sexual behavior to confessors. The reasons for what ultimately must be interpreted as a transfer of power are central to Foucault's analysis but only peripheral to ours. What is important is the act of giving over to another not merely information about oneself but also the power to create the meaning of this information. The following clarifies this concept:

> The truth did not reside solely in the subject who, by confessing, would reveal it wholly formed. It was constituted in two stages: present but incomplete, blind to itself, in the one who spoke; it could only reach completion in the one who assimilated and recorded it.[5]

As science in general (and behavioral science in particular) continued its development during the nineteenth century, new brands of priests emerged. Central to all these developments was the giving over process, whereby the patient, client, or lay person bowed before the expert knowledge of the professional. In his historical study of the development of the medical profession, Mohr shows how the processes of childbirth and birth control were transferred from women and midwives to the exclusive preserve of the emerging medical profession.[6] The genesis of psychoanalysis created yet a new breed of priests, whose "penitents" confessed all their thoughts and waited for meaning to be assigned.

It is important to understand the nature of this giving over process. It is not the expertise of the professional that needs to be challenged, although at times this may be appropriate. The process of human judgment has been radically overturned, and, as a consequence, knowledge that is naturally accessible to people because it is personal knowledge is no longer admitted or accepted by them. The result is that their knowledge about themselves becomes partially or wholly hidden. In addition, whatever information they give to the professional is without meaning until the professional confers meaning on it. What is seen, therefore, at the base of the giving over process, is a willingness to give someone else power to define one's personal reality.

The prevalence of this phenomenon does not mitigate its serious effects. It is simple to see, for example, that this dynamic accurately describes the relationship of professional and client in a pathology model of behavior. The essential condition of "getting well" is a giving over of oneself to a professional caregiver. Ever since Parson's classic depiction of the characteristics of "good" patients, it has been generally recognized that an essential attribute of such patients is their willingness to cooperate with treatment plans.[7] It is not, however, the patients who design the plans but the professionals, on whose expert knowledge the patients rely.

The acceptance of a diagnosis is the clearest reflection of an individual's consignment of judgment to a professional. Brody suggests that, in medicine, "the diagnosis is the primary mechanism for conferring meaning upon an illness event."[8] In a manner not unlike the confessional, the patient or client brings the raw material and the professional, through the diagnostic process, makes something of it. The attachment of a diagnostic label or other descriptor serves the client by providing a socially meaningful explanation for a particular condition, especially when that condition is thought to show a hidden defect.

It should be remembered that the medical model is deeply rooted in notions of individual fault and deficiency. Although people have ostensibly moved away from archaic convictions with regard to mental and physical illness as signs of divine retribution, there are still remnants of guilt when one's body or mind falls from perfection. The process of the acceptance of diagnosis partially mitigates this guilt because in this process the superior judgment of the professional is acknowledged and the psychological cost of giving over to whatever treatment another determines to be best is absorbed.

THE ROLE OF BELIEF

In looking more closely at the nature of the relationship between the professional and the client as it plays itself out within the traditional model of diagnosis and treatment, it is clear that this area of relationship moves into the more subtle aspects of the professional role, namely, the nature of the beliefs of the patient/client about getting well. An observation of Frank's helps set the stage:

> Treatment always involves a personal relationship between healer and sufferer. Certain types of therapy rely primarily on the healer's ability to mobilize healing forces in the sufferer by psychological means.[9]

As this statement is examined, three elements become clear: the presence of a relationship, the healer's ability, and healing forces in the "sufferer." The use of the word "healing" is a point that will be explored in greater depth. What must be grappled with here are the dynamics in the relationship itself that may contribute to a positive change in the patient or client. To begin examining this aspect more directly, one can draw on an observation made by Kiev:

> There exists the possibility that certain general features of therapeutic relationship in various cultures—for example, the hope, expectation, and faith of the patient in the designated healer, coupled with the healer's use of meaningful symbols and group forces—might contribute more to therapeutic results than is ordinarily recognized in contemporary theories of psychodynamic psychiatry.[10]

His sharp focus on the elements of hope and belief pinpoints an element of getting well that is as illusive as it is challenging. What is the role of these "soft" emotions in the otherwise technical armamentarium of disease eradication?

A useful approach to this question comes from the literature on placebos, those "biomedically inert substance[s] given in such a manner to produce relief."[11] The patient receiving a placebo is under the impression that it is an active drug; whatever positive effect it may have upon the patient is known as "the placebo effect." In the patient's positive response to a placebo, there is "no evidence of correlation with personality variables, age, sex, intelligence, IQ tests or presence of neurosis or psychosis."[12] This suggests a certain universality that makes the placebo effect a worthy area of investigation.

From the perspective of intervention, by taking a researchers' view of placebos, a veritable goldmine has been overlooked. In the course of scientific experiments, every precaution is taken to control for undesired and unintended effects. For example, medical researchers want to ensure that any effect of a drug is caused by its pharmacologic properties and not by the special attentions of those conducting the research. Elaborate research methodology has been constructed in order to pinpoint causal relationships.

What the research is trying to control is exactly what practitioners ought to be studying. Imagine how valuable it would be to know why placebos are effective. By looking more closely at the placebo effect, the possibility of the existence of a much wider and richer range of stimuli for change than usual would be acknowledged.

Those who have examined the efficacy of placebos largely attribute it to the patient's belief in the physician's power to effect a cure. Frank suggests that the efficacy of the placebo must lie in its "symbolic power, . . . [gaining] its potency through being a tangible symbol of the physician's role as healer."[13] Brody, in his analysis of the placebo effect, also notes that patients' "expectations are commonly cited as an important factor in producing the placebo effect."[14]

> "The medical model is deeply rooted in notions of individual fault and defiency."

Although placebos are thought of as being confined to the medical field, this effect is also present in clinical work (and in any process of change.) Applebaum calls suggestion a placebo "which silently functions in all manner of therapeutic transactions where the need to believe and to benefit is strong."[15] In seeking therapy, a person expresses an "intention to bring about change [and] thereby produces in himself an expectation and impetus toward change."[16] Brody also suggests that

> one might view psychotherapy . . . as a highly organized way of bringing the placebo effect to bear on a special class of patients who otherwise would be very resistant to it.[17]

It is not surprising that the role of the professional "healer" receives such prominence in effecting change, for the current model is devised to produce just such a result. Culture always shapes the way reality is constructed.[18] It is a commonplace that "the roles assigned to both the practitioner and the recipient of medical care represent, in large measure, socially prescribed behavior."[19] What must be asked is whether the change in a person's condition, which is evident in a placebo effect, is best accounted for through the real or imagined powers of the professional caregiver. Is the caregiver, therefore, the most salient feature in the dynamics of getting well?

It is not possible, of course, to solve that problem solely through intellectual analysis. However, it is possible to imagine a different way of looking at the dynamics, a way that establishes the assumptions of a different paradigm about health. If the effect of placebos can be seen as an anomaly in the Kuhnian[20] sense, it must be admitted that any attempts to place this odd piece of the puzzle back into the dominant illness model will fail.[21] One could argue, further, that current attempts to explain the placebo effect by focusing on the professional caregiver is essentially a tautology: To attribute the effect to the patient's belief in the power of the professional is simply to demonstrate a belief in the current medical model, which is based on the concept that professional treatment is the vehicle for change and that without it a good effect cannot be achieved.

SELF-HEALING

A different concept with regard to the placebo effect is that individuals are the source of their own healing. This assumption is central to a health model of behavior. It suggests that the capacity to "get well" is inherent in individuals and exists whether or not there is an external agent such as a professional. It implies an internal process, occurring by virtue of the individual's own physical and emotional resources. In essence, this view is based on the belief that human beings have the innate capacity to be the source of their own change and that the process of self-healing is one expression of that capacity.

Because of cultural conditioning, self-healing is generally activated only in conjunction with standard medical or therapeutic practice. The process seems to require the presence of complicated outside forces: a professional healer, a ritual, a specific physical setting. But instead of looking at outside forces and imagining them to be the key variables, one should assume that the capacity for change is inherent in people and can be self-motivated.

Focusing on healing as an innate capability forces a radically revised view of the professional expert as the central figure in the process of change. This shift places question marks on all the assumptions that undergird the disease model. It throws into a speculative arena the notions of illness being caused by identifiable entities, of pharmacological substances and therapeutic techniques holding curative powers, and of helping professionals holding the expert knowledge that activates the cure.

In order to put some flesh on this skeletal conception of health and the nature of healing, the author would like to derive some principles of the health paradigm from Norman Cousins's well-known description of his experience in moving from illness to health.[22] In many ways, his story exemplifies the principles that constitute a new model of health.

Cousins fell seriously ill after a stress-filled trip abroad and was diagnosed as having a serious collagen disease, which affects connective tissues in the body and results in severe physical weakness and impairment. The chances for full recovery were thought to be one in five hundred. The medication for pain and inflammation was not expected to cure the condition but only make the symptoms tolerable.

If one looks quickly at the general process Cousins went through to act upon his illness and eventually reverse its course, several principles emerge. First, he decided that "if I was to be that one case in five hundred, I had better be something more than a passive observer."[23] Then he began to consider various reasons for the cause of his illness, something his physician was not able to ascertain. Based on his prior extensive reading of medical and scientific journals, he began to put together some guesses: the presence of physical and emotional stress during the trip, the likely impairment of his system because of the stress, and the greater susceptibility in this weakened state for environmental stresses. He then began to consider ways to reverse this state of susceptibility. His plan contained two interlocking strategies: First, he decided to remove himself from the hospital and from prescription drugs, both of which he viewed as negative contributors to his well being; second, he decided to replace this standard treatment with vitamin therapy and laughter. He had deduced from his reading that ascorbic acid (vitamin C) could be helpful in combating collagen breakdown. The introduction of humor via old movies was his approach to replacing negative emotions with positive ones. It is important to add the final variable: the close cooperation provided by his physician, who supported his decision and oversaw the medical aspects of his self-selected treatment.

As these various steps are looked at, the key elements in Cousins's complete recovery from his illness can easily be abstracted:

1. He took an active role in determining the course of his treatment.
2. He relied on past knowledge and his own intuitive-rational processes to understand what was happening to him.
3. He decided on a course of action based on his guesses.
4. He sought and received cooperation from his physician.
5. His physician acted as a consultant, not as the "prime mover."
6. He chose a healing process that allowed mind and body to interact and be mutually reinforcing.

In each step of the process, what Cousins chose to do is diametrically opposed to the current conceptions of how change occurs. His approach challenges current perceptions of figure and ground, for what people perceive to be the central feature (the professional paraphernalia) is, in fact, the background. The professional person's role, in the new paradigm, is as a supporter of the naturally occurring processes already within the client's repertoire. As Watson suggests:

> Healers heal . . . by getting their patient[s] to sit up and take notice. They prod them into the natural business of healing themselves.[24]

This role is crucial in the process of reframing that often needs to occur before a person sees or can respond to the choices available. Its import comes from professionals' capacity to elicit and strengthen clients' inherent ability to heal or change themselves. In turning briefly to Cousins's experience, his acceptance of his own knowledge can be seen as a pivotal dynamic. True, it was not naive knowledge based on isolated mental stirrings; he used information gained from professional sources. However, the attribute that characterized his search was his belief that he could put this information together in a way that would be helpful to him and that he could confer his own meaning on it.

It is worth spending a moment with this notion. The radical element in Cousins's action was that he allowed himself to know what he knew. He did not dismiss this self-knowledge, as most people are taught to do from their earliest years. He believed implicitly that he knew himself and his condition better than anyone. Perhaps it was the prospect of death that gave him this conviction. He acted in a holistic way on this conviction, by allowing himself to discover what his body and mind needed in order to regain health.

This must be at the heart of what is called healing. The root meaning of the word "heal" is "to make whole or sound." The insight that Cousins's experience gives us is that individuals heal themselves and have the power to make themselves whole. This is the radical stream that flows under the new paradigm.

HOLISTIC PRINCIPLES FOR SOCIAL WORK

What, then, are the crucial principles in moving social work more surely toward a holistic view of practice? Most important, a reenergized conception of the principle of self-determination must be a linchpin in the new model. In its least complicated version, the new model must assume that people do know what is best for them. This requires a deep respect for people's innate wisdom about themselves and their lives. There is a tendency to overturn too quickly this radical value by appealing to arguments of socialization or social conditions. It is true that neither socialization nor social conditions are irrelevant. Clearly, these factors shape us individually and collectively and often disguise new possibilities or prevent them from emerging. However, our willingness as social workers to denude the power inherent in the principle of self-determination has the effect of leaving us the determiners of what is best for clients.[25]

A close corollary to this principle is the right of individuals to establish meaning for their life events. The giving over process, both as it is reinforced by the social worker and sought by the client, establishes outside authority as the interpreter of events. By acceding to others' definitions of one's life events, the most fundamental piece of personal power is lost. Empowering a client is dependent upon the social worker's willingness to relinquish his or her power to create the client's context of meaning.

The next principle cuts into the profession's heavy tendency toward overemphasis of technique: Whatever techniques are employed in the helping process must always be used in service to the central goal of creating an environment where clients have at their disposal the resources necessary for accomplishing what they want. The cues come from the client. The talent of social workers is expressed in the versatility with which they are able to provide multiple levels of resources. The resources are linked with their understanding of the multiple environments that affect people: the physical and social environments that are both internal and external to individuals."[25] In order to effectively present these possibilities to the client, the social worker must go far beyond one or two favored techniques or therapies.

As a quick test of a favored technique, one must ask whether that technique in any way undermines the principles discussed above. For example, is it a technique that puts control of the situation in the hands of the social worker instead of the client? Does it present a way of interpreting reality that the client has to "buy"? Does the technique assume that human problems are caused or affected by one major dynamic, for example, communication patterns or family relations? One can argue that to the extent any therapeutic technique or approach subverts basic social work principles, it is primarily serving a function other than client growth and development. The fact that some clients may experience positive growth through enforced technique says more about the flexibility and growth-potential of human beings than it does about the efficacy of the technique involved.

Last, there must be a commitment to process. Knowing that oppressive forces serve to hide people from themselves, it is understandable why people are wrapped in disguises. The unveiling does not occur quickly or easily. As social workers engage in a process of change with their clients, they share with their clients, through the medium of the relationship, their belief in the clients' strength and power. The profession's true expertise comes from understanding the delicacy of this change process and the knowledge of the conditions that best support human growth. Focusing this considerable talent and wisdom on the process of empowering is a crucial factor in helping people gain full possession of what they have always possessed.

CONCLUSION

There is much to be clarified as a new paradigm of health continues to emerge. Understanding the nature of healing in all its complexity will take years of study and research. So, too, the accompanying reconceptualizations of the role of the professional will require careful thought. It is impossible to ignore the tremendous weight of the current model of illness on the profession's view of sickness and health. As in all world views, willing collusion among individuals keeps this view in place. The passivity, the lack of control, and the indignity of the "giving over" process may not be liked, but at the same time, workers find relief in the way this process shields them from responsibility for the shape of their lives. For workers to imagine that they (much less their clients) should take the risk of this new kind of power radically reverses their ingrained views of the way things are.

And yet, one of the captivating forces of the social work heritage is the profession's persistent willingness to look to the edge of the way things are. The ethical commitment of workers to self-determination suggests, better than they know, their search for conceptions of human behavior and human change that can lead to greater health and wholeness for people. The new paradigm of health is not alien to social work principles and values. On the contrary, it is a natural reflection of those values. By focusing on health as a significant expression of behavior, social workers' view of change and of their roles in facilitating change can be reconstructed and strengthened. And the honorable effort of developing and refining a holistic view of practice that gives expression to some of the keenest insights about the needs and capacities of human beings for growth and change can be continued.

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RECONCILIATION WITH MY PAST: GROWING UP IN A TROUBLED FAMILY IN JAPAN

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The following narrative describes the author's experience growing up in a troubled family in Japan and the struggles that contributed to her decision to become a social worker. The experiences that led her to relocate to the United States are described in an effort to increase awareness about the unique cultural attributes that influenced the author's behavior, and the construction of the world view she holds today.

Part One: Confusion

In 1976, I was born into an ordinary family consisting of my father, mother, and an older brother in a small suburban town in Yokohama, Japan. My earliest memories of childhood are pleasant: the beautiful mountains where my brother and I would travel to dig bamboo shoots in the spring, chasing cicadas all over the town in the summer, the rice field where tall golden rice crops hid our small, muddy bodies in the fall, and the warmth of the oil-heater in my house during the cold Japanese winters. My childhood was filled with opportunities to enjoy the wonders of the natural world, which nourished my development.

My parents believed that children should act like children; thus we were given the freedom to engage in play without expectations to mature more quickly. School was thought of as a place to develop social competency rather than pursue academic success. My parents did not encourage me to achieve high grades nor discipline me for poor grades, as was prevalent in other families. I enjoyed my childhood; however the freedom and innocence I enjoyed were short-lived, as my parents began to argue on a daily basis.

My happy childhood ended when I was ten years old. My house became a place of anger and sorrow; laughter completely disappeared. My stomach felt sick every time I heard my parents yelling at each other. As a child, I could not understand why they were arguing. My bedroom became my refuge; my sanctuary where I would go to be quiet. Their arguments usually ended with the sound of my father slamming the door as he left the house. My mother would then come to check on me and my brother with a sorry expression on her face.

One such fight occurred during a family dinner. My mother nervously asked my father to spend less money on gambling and alcohol. He responded with degrading verbal abuse. Their argument continued to escalate, and my father swept all the dishes of food from the table as if he was entitled to do anything he wished. My mother was crying, picking up shattered plates from the floor, and repeatedly apologizing to me and my brother. Although I felt the urge to help her, I was so unsure of what to do or say that I simply sat still in my chair. She started to cook for us again, but by then I had no appetite.

My father went out drinking and gambling nearly every night during that time. He owned a small air-conditioning company, and our family was considered an upper-middle class household at the time. However the business did not succeed as my father planned, and he would not modify his lifestyle to fit his income: he spent more than he earned. It did not take long for my father to run up a large amount of debt. My mother tried everything she could to save money, but her tireless efforts could not catch up with my father's spending.

One night, I was awakened by the sound of a thud. I heard my father yelling on the first floor. I quietly crept downstairs to see why they were arguing. I opened the door to the living room to see my mother crying, lying on the floor: I knew that my father had struck her. My father commanded me to go back upstairs, but I ignored him and tried to help my mother sit up. My father grabbed my arm and threw me aside. My mother tried to protect me, but he hit her again in the face. A whirlwind of emotions overcame me. I was furious, scared, sad, and confused as to why he chose to do this to us. I took my mother upstairs after he left the house, hoping he would never return. That night, I went to bed crying, mourning the loss of the joy and love in my family. The next morning I went searching for my mother, but she was nowhere to be found. The house was quiet, which only served to heighten my anxiety. I checked my parents' bedroom and found my father still in bed looking exhausted from his late night. I asked him where she was, but he did not know. Panic set in. I thought she left us and was not coming back. I was angry at my father for hitting my mother, but I was also angry at my mother for leaving me alone.

When she finally returned later that day, the relief I felt could not displace the anger that had taken root in my heart. I could not speak to either of my parents, choosing instead to isolate myself in my room and wait for the anger to dissipate. I became very insecure due to the unpredictability of day-to-day life with my father. The uncertainty of what would happen next made me anxious, and I felt like I was walking on eggshells whenever my father was home. I tried to make sure everything was perfect to avoid upsetting him. I felt a great sense of accomplishment whenever I was able to make everyone laugh at the dinner table, and hoped it was a sign that my family could regain a sense of normality. However, soon after my eleventh birthday, I realized that my efforts were useless. My parents finalized their divorce, and on a cold winter night, my father finally left our house.

Due to the chaotic year prior to my parents' divorce, I was too emotionally drained to feel much turmoil during the divorce. I was somewhat relieved that I did not have to witness any more hatred and sadness in my house. No one felt the need to yell or cry anymore, and the nights became very quiet. Soon after my father left, my mother started working day and night to make ends meet. My father did not provide any financial support for our family, so my mother took on the responsibility of being the provider. In order to pay the mortgage and put food on the table, she worked a minimum wage job during the day. After she came home and prepared dinner for me, she would leave for work at a bar serving alcohol until 3 a.m. I saw my mother only in the morning and before dinner; I spent most of time by myself watching television. It was a lonely time, but I could never tell my mother how I felt because I knew she was trying to give me the best life she could.

Sunday was her day of rest, so I got into the routine of preparing Sunday breakfast. I loved this routine because it gave me the opportunity to feel important helping my mother. My cooking was, of course, not as good as hers, but I felt so fulfilled when my mother smiled and said, "It is good, thank you." Sunday breakfast also provided me with a sense of security and closeness with my mother: my bright spot in my week of loneliness and uncertainty.

My fifteen year old brother attended high school during this time but dropped out shortly after my parents' divorce, choosing to work at a landscape company rather than finish his education. The company provided him lodging, and he seemed to enjoy the taste of freedom for the first time in his life. I was only twelve and had no choice but to stay with my mother in an increasingly empty house.

The first year following my parents' divorce was one of solitude. I struggled against feelings of abandonment and seclusion. However, when I enrolled in junior high school, I began to find companionship among other children of divorced parents. Most of my friends were from single-mother households, which meant plenty of unsupervised time in the after school hours. At first I felt guilty for leaving my house at midnight to see my friends, then hurrying back right before my mother returned from her night shift. My friends and I spent our time together talking and laughing. I felt a great sense of belonging when I was with them, as they could relate to my family situation.

Late one night, just for fun, we decided to visit our school. The idea of entering our empty school at night filled us with excitement. The feeling quickly turned to anxiety, however, when we arrived and discovered several senior students were there as well. They welcomed us, and in their hospitality shared their cigarettes. I did not want to smoke, but felt obligated to accept the offer as it came from a person older than me and I did not want to offend them. My friends and I quickly learned this was one way to appease our acquaintances, both during school and at our late-night *rendezvous*. On other occasions, we were introduced to students from neighboring districts and new activities besides smoking: sniffing thinner (volatile solvent).

The smell of thinner was so disgusting that I thought I could not keep inhaling when I first tried it. However, my sense of smell was overridden by the effect of thinner on my brain, and I quickly became "high." Thinner became the love of my life, my new obsession. I tried to sniff it as often as I could with my friends, and sometimes by myself. I liked the sensation of becoming gradually detached from my cognition as if I was sinking into deep water away from any awareness of self or environment. I would lose my memory and sense of time: three to four hours passed in a flash. I was hesitant at the beginning about sniffing thinner, but the fear of losing my friends was greater than my mortality. I was desperate for companionship and I was strongly attached to my friends. Thus, my addiction to thinner was compounded with my desire to feel connected to my circle of friends.

I kept my addiction secret from my mother, until she received a phone call from the local police station to let her know that I had been arrested for abusing a controlled substance. When I saw my mother's face filled with sadness and anger, I was consumed with guilt. She did not say a word to me, but rather made a deep bow to the officers, took my arm, and led me to her car. I wanted to apologize for my actions, but words evaded me. Shortly after we left the police station, my mother suddenly ran the car onto the sidewalk, sobbing hysterically, and yelling, "Why? Why did you have to do that? Why?" I felt scared and ashamed of making my mother cry uncontrollably. As I watched her from the passenger seat, the memory of our old Sunday breakfasts flashed into my mind. The realization that my actions had wounded my mother, whom I loved so dearly, made a deep impression on me. It had been almost three years since my mother had taken on the role of financial provider, and we had grown apart, though unaware of how much our relationship had been damaged until now.

Though my arrest alerted my mother to my addiction to thinner and other problems, she could not leave her night job to stay home and supervise me, and there was no one to help her. My mother had no living relatives: her sister committed suicide when I was four years old, her brother died from alcoholism when I was eight, and she never even knew her biological mother. We did not keep in contact with relatives on my father's side either, which meant that my mother, my brother, and I were our only support system. My father would visit me sporadically whenever he felt lonely, but offered no help in terms of child support. The weight of supporting a family rested on my mother's shoulders, and her only daughter's newly found self-destructive tendencies only added to her worries. Yet after the arrest, I still sniffed thinner occasionally and hung out with my precious friends constantly.

Japan has a unique educational system compared to the United States. When a student decides to attend a high school, a "high-school entrance exam" has to be taken and passed with an acceptable score for the desired school. Each school determines potential candidates for continuing their secondary education by their T-score and academic report during their junior high school years. Students who meet these criteria may then sit for the exam. If a student's T-score falls below the standard set by their choice school, the student must choose a school from the lower ranked pool which can affect their available choices for attending universities in the future. Thus, parents felt the need to encourage their children to succeed academically in junior high school so that their chances for attending a "superior" high school increased.

Given this educational system and my own foolish decisions to sniff thinner and pay little attention to my studies, I had no choice of selecting a high school because my T-score and school report had too many F's. At first, I thought of not attending a high school and getting a job. But my mother insisted on the importance of education in providing for my future. Even though I had no plans or dreams for my future, my mother put me into a private high school for girls where strict rules were imposed. She paid a large enrollment fee in hopes that this new placement would cure me of my behavioral problems, and remake me into the "good" daughter she'd lost. I felt frustrated for being unable to decide my own future, thinking that I was ready for the real world as an independent individual. The school became a reason to hate everything: I hated the train ride every morning, I hated the uniform that killed my individuality, and I hated the rigid rules that suppressed my will. I kept these feelings bottled inside, unable to tell my mother how much I hated everything because I knew that she was doing everything she could to send me to a private high school, a privilege that even a two-income household had difficulty affording. I did not know how my mother managed to pay for everything; however, her efforts did not last for too long.

When the summer vacation of my freshman year was coming to a close, I found a job at a coffee shop and applied for a full-time position to wait tables, determined to drop out of high school. I was fifteen years old at the time. When I heard from the shop that I was hired, I felt a great sense of relief as if it was a ticket to the freedom I longed for. This feeling of elation was mixed with anxiety as I wondered how to tell my mother the news. I decided not to tell my mother right away. When school started back up, I put on my school uniform every day pretending I was going to school. Then I changed my clothes in the bathroom of the nearest station. My lie was uncovered when the school called my mother after hearing nothing from her about my absences for two weeks. One day, when I came home from the coffee shop, my mother was in the living room waiting for me. She blankly told me to sit down and asked, "Why haven't you gone to school for the last two weeks?" My mind worked very fast to look for words that might calm my mother down, and I explained that I decided to drop out of high school to work full-time at the coffee shop. The effort was useless; I could not help my mother comprehend my decisions. "Please, please go to high school, at least," my mother sobbed, just like the night I was arrested. My only recourse was to sit still, feeling guilty for becoming a bad person that made her sad all the time. In my eyes, my mother and I had become too different and did not understand each other like we used to do. She did not speak a word to me that night, and I cried myself to sleep.

My mother insisted that I return to high school and continued to pay tuition until the end of my freshman year. However, I ignored her wish and retained my job at the coffee shop, working long hours there to show my mother my determination. I enjoyed my job and the freedom that came with earning a steady paycheck. Even though my meager salary hardly compared with the average Japanese income, it was quite a fortune for a high school dropout. My mother made me contribute one-third of my monthly income towards my living expenses. I was unhappy with this decision, but in order to prove to her that I was ready to take on adult responsibilities, I agreed.

Everything seemed to go as planned except my relationship with my mother. I did not care for her treating me like a child; likewise, she disliked how I conducted myself as an independent young woman. Even though we saw little of each other due to our conflicting schedules, whenever we were in each others' company we would argue. One particular argument escalated to the point where I exclaimed, "I am paying YOU, so don't mind my business!" I regretted my words immediately, but the damage had already been done. My mother quietly told me, "Okay, I don't need your money anymore, so leave my house right now." I wanted to apologize, but my stubborn pride would not let me. I left my mother's house without another word. I knew that I had nowhere to go, but I was weary of feeling like I could not meet my mother's expectations; I was tired of the guilt that overcame me every time I let her down and watched her cry. I wandered by a river for hours, musing over our troubled relationship. As it grew dark, I headed to the train station to visit my father, hoping he would somehow help me from the devastation which threatened to overwhelm me.

After the divorce, my father moved in with his mother who suffered from Alzheimer's disease. Due to his intemperate life, he became ill, lost his job, and was living on welfare. Yet my father could not accept responsibility for his actions. He often spoke of his hatred for life and for those who were culpable for his current situation. He blamed everyone except himself. My father continued his gambling habits, visiting the local casino everyday. The money he received from his welfare check every month could not satisfy his addiction, which just added to his anger and frustration with his life. In my eyes, my father's life was miserable. Learning of his present circumstances added to my own misery. I began to blame myself for all the difficult situations that had arisen in my family. I questioned myself, "What if I had tried to save their marriage? What if I tried to intervene more when they were arguing?" The questions swirled around in my head with little hope of an acceptable answer. My wishful thinking of being saved from my own devastation died and was replaced by the conviction that my father could not reach beyond his own weakness to help me.

In the beginning, my father seemed to enjoy my presence and the help that I offered him in acting as the caregiver for my grandmother and my father. Yet, I became weary of listening to his constant complaints. I felt pity for him, yet felt anger at his selfishness. Because I loved and despised him simultaneously, I became insecure of my father's love for me. I wanted to ask him why he left us, but I could never bring up the question because I was scared to hear the truth. I did learn that nothing in his life ever brought him true happiness or fulfillment, not even his children. After living with my father for a month, I decided to go back to my mother's house. Even though I was unsure of my welcome in her home, I could not stay with my father any longer. His misery compounded my own, and I needed to be free from that bondage and guilt.

My mother accepted my return under the conditions that I show her respect and modify my behavior. I did my best to adhere to her request, which improved our relationship dramatically. By the time I was 16 years old, my mother quit her second job and decided to sell the house she had tried so hard to keep for six years. The sale of the house paid the debt my father left, and gave her the luxury of spending time with me. My mother had been obsessed with owning a house in an effort to reclaim her poverty-stricken childhood, growing up in a dark, tiny apartment with an alcoholic father. She spoke of her dream for my brother and me: a warm, bright, comfortable home where we could happily reside. However, this dream house became empty and full of sorrow after the pain of my parents' strife-filled marriage and bitter divorce; it lost the meaning of home. After my mother gave up the house, our life became calm; a feeling that hadn't been present for the past six years. We could now rebuild our relationship.

While I enjoyed my mother's presence, I had difficulty finding the words to express this to her. The past six years consisted of days filled with frustration and confusion. I wanted to place the blame on someone, but I knew that there was no one to blame. Our circumstances were inevitable. Although I was rational, my emotional status was very insecure and I was fearful about being hurt again. I sought solace in romantic relationships, trying to forget my negative feelings by focusing my attention on my boyfriend. He became a source of normalcy in my life. He gave me the love and attention I longed for, which fueled my addiction for his affection. We met nearly everyday, and I became obsessed with him. I succumbed to feelings of panic and fear when I was unable to reach him by phone, or when we argued over trivial matters. My days quickly became an emotional rollercoaster; one day I felt secure in our relationship and my life, and the very next day I was preoccupied with fears of my boyfriend abandoning me like my father did. I had unfairly placed my hope of safety and protection onto this young man's shoulders, which was more than he could handle. We broke up after two stormy years. Once again, I was devastated at being abandoned.

My late teenage years and early twenties were consumed with romantic relationships. I was continually searching for that one person who could fill my inner void and wipe away my panic of being alone. Even though I was blessed with supportive family and friends, I could not satisfy my inner longing for emotional fulfillment. My mother no longer instructed me in how to live my life, but cautioned me to make wise decisions and find happiness within myself. Friends were my shelter from loneliness and my healing salve for my more destructive relationships. I appreciated their love and support, yet I longed for something more.

My romantic relationships during my teens and early twenties always ended on a bitter note as I realized time and time again that no one could save me from being alone. After each relationship ended, I felt emotionally devastated. As my search for emotional fulfillment showed itself to be futile, I blamed myself. I reasoned if I were somehow a better person, no one would want to leave me.

My relationship with my father during this period in my life was estranged. Although I saw him on a regular basis, my feelings toward him were a mixture of anger and sadness, observing how he chose to live his life. I had been working as a full time employee, and he became financially dependent on me. My father's welfare money did not support his lifestyle and he would ask for a little allowance whenever we met. He always promised to pay me back, but that only happened when he won his gambling bets. While it was difficult to hand over money knowing it would go straight towards his gambling addiction instead of providing for necessary things, I said nothing about it.

I knew he would never listen to my concerns, and I could not make him change. It also hurt me to watch him leave our lunch meetings hurriedly, anxious to get to the casino. I wondered if the sole purpose for our get-togethers was for money. Did my father even care about having a relationship with me? I wished for the latter idea, but whenever he stopped calling me for a little while after winning at a casino, I was pretty sure he did not need me for anything else.

In my late teens, I felt an obligation to see my father only when he needed me. I felt little affection for his behavior and his bad decisions. But he inspired me to look for a different way of life, one that was not bound up in the chains of addiction and selfish living. I felt guilty for feeling this way about him, and for watching him as a passive observer instead of actively trying to help him change. This just added to my emotional wounds.

I never told anyone about the complicated relationship I had with my father. I wanted to vent my frustrations, but I was scared of being judged and labeled an ungrateful daughter. Occasionally, my mother asked how our relationship was progressing, but I refused to confide in her because I did not want to complain about it. Through my experiences with my father, I became more aware of what my mother endured during her marriage. I knew that my mother had felt a great sense of guilt that she had put her children in a difficult situation after the divorce. Wanting to lessen her emotional load, I kept my feelings to myself. It seemed the only compensation to make up for my early adolescent problems.

When I was twenty one years old, I became involved with a man I was sure I would be with for rest of my life. There was an instant attraction between us, and I fully believed that his existence completed my happiness. As the honeymoon period waned, I started to see the incompatible nature of our personalities and visions for life. However, my longing for companionship triumphed over my reason. I ignored the red flags and instead hoped that if I molded myself to his expectations, everything would turn out fine. I tried everything I could to make him happy, while at the same time looking for any sign that my efforts were futile. I became a woman consumed with fear, someone distantly related to the person I was before.

About a year into our relationship, we got engaged and decided to live together. I believed things were finally going in the right direction: the security of marriage. However, my efforts to change my personality began to take their toll. My unstable emotional state ignited arguments, and as the fights became more intense, I would become hysterical. My insecurity could not be hidden any longer and threatened to uproot my happiness. This emotional rollercoaster ceased after one particularly violent fight when he hit me and left, leaving me behind with a bruised face and a wounded spirit.

Injured both physically and emotionally, I returned to my mother's house. She asked few questions of what had happened between us, and I was thankful that she refrained from touching my deep wounds. Depression engulfed me, and I became a recluse. I quit my job, avoided all contact with friends, and rarely left the house. When the fog lifted, I tried to regain a sense of everyday life. When I looked for a job that offered a living wage, reality hit home. There were no such jobs available for a high school dropout. I worried that I would have to work minimum wage jobs for the rest of my life. Panicked and unsure of what steps to take, I forged a false academic background on my resume listing me as a high school graduate. I finally realized my decision to drop out of high school was unwise.

My deception seemed to pay off, and I was hired at a computer company as a temp staff member. I had no prior experience working in an office, but co-workers kindly taught me everything I did not know. In return, I worked very hard to learn new skills and performed tasks as quickly as possible to supplement my lack of education. While I enjoyed my new responsibilities, the shame of padding my resume grew, as well as fear that someone would discover my lie.

About a year into my job, I met an older woman who had worked for the company for almost ten years. I was surprised to hear that she was working in the same position for so long without getting promoted. Usually men who work for a company for ten years receive promotions for management positions. Women do not receive the same recognition, and I wondered why.

The answer was embedded in Japanese culture in which woman's ultimate happiness is thought to come from being a good wife and mother. Within this male dominant society, women entering the workforce were believed to be temporary employees, as they were meant to find husbands and settle down into their new roles as housewives and mothers. This limitation did nothing to alleviate my anxiety and fear. However, instead of rushing headlong into another disastrous dating relationship, I chose to be by myself and endure the loneliness.

While working for this company, I met several co-workers who had studied abroad. Their experiences sounded very foreign to me, but the educational system in America interested me very much, mainly the freedom that allows students to return to school whenever they wished. In Japan, I needed to obtain a high school equivalent diploma in order for me to enroll in a college, which would take three to four years as a part time student. After completing high school, I would have to pass a competitive entrance exam to even begin my college education. Completing a Bachelor's program in Japan would take seven to eight years for me. This was too daunting for me to even contemplate. I started to research the U.S. educational system to determine if this road was a viable option for me. Since I had learned very little English at the time, researching on the internet in English was very challenging. With the help of co-workers, I found out that there were several community colleges in America that accepted foreign students without a high school diploma if the person was eighteen years or older. In addition, that student would be eligible for transferring to a university after the completion of General Equivalency Diploma (GED) and Associate of Arts degree. The whole process would only take two years. I saw a dim, but strong light of hope in my future.

The prospect of receiving an American education, however, proved to be expensive. My meager savings could not begin to foot the bill. The average tuition for an international student costs about ten times more money than it does for U.S. citizens. I was faced with finding $40,000 to pay for four years of higher education. Since my current job could not provide these necessary funds, I decided to work a second job at a bar serving drinks just like my mother did when she divorced my father. My days became a whirlwind of work and exhaustion. I was driven to achieve my dreams and to take control of my future instead of waiting for someone else to come and fill my voids. Although I was exhausted all the time, I felt fulfillment for the first time in my life.

My mother seemed happy about my decision to continue my education in America and told me to live my life as fully as I wished. My father however, was not supportive at all. He questioned my reasons for going while encouraging me to marry instead, saying it would solve all my problems. He asked, "Why do you have to leave me alone?" with a puzzled expression on his face as if my decision was beyond his comprehension. While I desired to defend myself and my decisions, I left our meeting feeling guilty for embarking on this new journey to improve my life. Again, I learned that my father could not see beyond his own needs for my well-being. I realized that I had never forgiven him since that winter night when he walked out on our family.

As time progressed, I received added insight into my relationship with my mother. After a small argument, my mother broke down in hysterics. She told me about her anxiety and depression due to severe stressors at work. My mother had started working for a company part-time, but, due to her work performance, she received promotions and became a director in the company. It was rare for a middle-aged divorced woman to be able to climb the corporate ladder, even in small companies. She had co-workers who were resentful of her success and would not acknowledge her role as their supervisor. They treated my mother with disrespect and attempted to usurp her position. My mother tried to ignore the spiteful acts of the other employees, but it reached the point where it affected her well-being. The managers in her company did not offer much support, due to their fear of losing other workers.

Enraged by this information, I was faced with the knowledge that my mother was tired and beaten by the world. She had attempted to deal with this situation all alone, like every other hardship she had experienced. I finally realized how self-centered I had been, focusing solely on my own life without acknowledging her struggles and pain.

My mother stopped going to work and was consumed with depression. I took her to see a psychiatrist, as the idea of actually dealing with depression was something entirely foreign to me. At first, my mother showed resistance due to the stigma that Japanese culture attached to psychiatrists and mental health. In fact, the very concept that she suffered from depression added to her distress. With a fair amount of coaxing, she finally agreed to go. She was diagnosed with depression, and her recovery started with medication and bi-weekly therapy with a psychiatrist. She resigned from the company and focused on the treatment. We thought about suing the company for the unfair treatment, but even if she could gain monetary compensation for her pain, going through the emotional trauma once again was not worthwhile. Fortunately, the medication and treatment were effective, and my mother gradually regained a balanced emotional state. Watching my mother work through her issues caused me to think twice before leaving for America, but she sensed my hesitation and insisted that I carry out my plan. She said, "You could never imagine how happy I was when you told me you wished to continue your education, even if it means you will be away from me." She then gave me $20,000 that she had saved little by little for my wedding since I was a kid. She told me to use the money for my education instead of a big wedding, since that was what I wanted. Her unconditional love and support was so apparent; I wondered how I had never appreciated it before that moment.

The day for my departure finally arrived. I was twenty seven years old at the time. I had been accepted to a community college in San Jose, California. I made all the necessary preparations and said all the goodbyes. The last goodbye was to my father. The expression on his face told me not to go, but I pretended I did not see it. I wanted no more guilt from him. My mother came to the airport to send me off, which made leaving much more difficult. I could not say anything, and just cried when it was time for me to go through the gate. Walking away, I looked back to see my mother for one last time. Her figure gradually became smaller and smaller in the distance until she disappeared from my sight. My new adventure had begun. All I could do then was to try to believe that this decision had been necessary to make my life brighter and better.

Part Two: Realization

After a nine hour flight, I arrived at the San Francisco airport. The picture of my new ideal life had faded during the journey. Even though I had self-studied English for the two years prior to my departure, I still struggled with even simple conversations in this unfamiliar language. My one comfort was my living situation. I had arranged to room with an American family experienced in housing foreign students. I connected with them immediately upon my arrival, which helped ease me into my new home.

The first quarter at the community college proved to be challenging as well. I found myself to be behind the other students, particularly in English and math. I could not write a single sentence without making a mistake, and fractions were a mystery to me. To help me catch up with the curriculum, I was provided with tutors. The amount of work I was given was overwhelming; the idea of going back to Japan entered my mind at least three times a week. To ease my homesickness, I told myself over and over: "I can go back anytime I want, so try one more day." When I called my mother in Japan, I pretended as if everything was going smoothly to keep her from worrying about me.

With the help from my tutors and classmates, I passed the classes I was taking that first quarter. While I was elated at this first taste of success, the hardest part had just begun. There were numerous classes I needed to take in order to obtain a GED while also fulfilling the requirements for an Associate degree. My course load had to include six classes each quarter in order to transfer to a university within two years. This plan seemed insurmountable to me, but I was unwilling to give up. I had started my journey of self-discovery and I could not turn back.

My academic plan was to obtain an Associate degree in human behavior from the community college, then transfer to a university to major in psychology. I chose psychology because the course work fascinated me. I could not get enough of the theories and concepts that analyze and explain human behaviors in various social contexts. Beyond finding the subject matter interesting, I felt that the knowledge I was gaining also filled my empty void. I spent everyday writing papers and reading hundreds of pages, and I enjoyed being excessively occupied with tasks. For the first time, I felt that my life had a purpose. One year into my studies, I was offered a job as a teacher's assistant for General Psychology. Even though I felt momentary hesitation about my qualifications for the position, I did not let fear stand in my way. I facilitated three groups per week, assisting eight students per group with understanding the material. It was exhilarating to be able to help students who were facing challenges similar to my own, and helped build my self-esteem as I realized I had an inner strength I'd never known before.

While I enjoyed my new experiences in America, I still missed my family and friends. The summer break of my second year afforded me the opportunity to return to Japan for a few months. Returning to my homeland was refreshing. I had grown accustomed to my new life and had forgotten how easy it was to converse with others in my native language and live once more among familiar surroundings and customs. Growing up in a homogeneous society in which I had no difficulty communicating with others, I had never questioned this basic ability to verbally communicate. I wondered what other areas in my life I had taken for granted.

During that summer, I spent as much time as possible with my mother and visited my father on a weekly basis. After my mother was diagnosed with depression, our relationship matured as we pledged to have open communication with each other. She consistently took her antidepressant, which seemed to stabilize her moods. I spent quality time with her, making the most of my opportunity to be home with her again. My father, however, was still unhappy with my ambitions, and explicitly suggested that I remain in Japan instead of returning to school in California. "There must be a school that you can go in Japan. Don't you want to get married and have a kid?" I gently ignored his comments, hoping that someday he would understand.

Life at community college gradually settled into a routine. I met many people and even dated a few, but my main focus was my education and achieving my goals. It was the first time in my life that I had applied so much energy into improving myself. As I prepared to transfer to a university, it became necessary to narrow down my emphasis in my field of study. While psychology still intrigued me, I did not find the research aspect attractive. Instead, I wanted to use my new-found knowledge to actually work with individuals instead of merely analyzing their behavior. My professor recommended that I investigate social work as a possible career. In my research, I discovered that the social work profession utilizes multidisciplinary information to promote the well-being of individuals in society, with great consideration given to culture and environment. This corresponded with my own vision for life. After my childhood experiences of watching my family suffer, I often thought that if we had had support, our circumstances would have been different. However, the Japanese culture does not allow for such a support system. Because we were not able to deal with our problems solely within the family, we were segregated from the rest of society as if we were second class citizens. There was no advocacy for families like ours in Japan at that time. When I discovered advanced social work in America and learned that it existed to help individuals strive for their welfare despite their adverse life experiences, I found the direction for my life. It was extremely clear: I was to become a social worker.

Because of my tight budget, my university choice had to come from the pool of the California State University (CSU) system. My two main options were San Diego State or Long Beach. After careful consideration, I chose staying close to a big city where the demand for social workers was high. CSU Long Beach became the next step in my academic journey. While I still felt anxiety with each new change, fear did not take over my heart as it once did. During my graduation from the community college, I reflected on my personal growth over the past few years. Life had challenged me both personally and academically, but with the support of my family, friends, and professors, I had overcome them. I was confident for the first time in my life that change was possible. A sense of accomplishment added more light to my hope for the future. A day after the graduation, I packed everything in my car and headed to Los Angeles.

Living in Southern California was much more comfortable compared to San Jose, due to a larger Japanese population. The information I was learning through my studies began to shed light on my own family's experiences, and through the process of analyzing and understanding my parents' behavior, old wounds started to heal. I realized how society, culture, family, and individuals interacted with each other to create circumstances similar to the situations we had experienced. They could not be separated one from another. As I progressed in the course, I was able to assign meaning to my past events. My confusion and insecurity during my adolescence appeared to be rooted in the emotional instability in my childhood; my primary needs in childhood were not met due to my parents' divorce. Throughout my life, I had been searching for someone or something to fill the void created by the lack of attention and instability I experienced. My social work education made me aware of myself and how my past had shaped my present.

This new found understanding of "self" made it possible for me to finally accept my personality and flaws. I was a product of my unalterable past; however, my future was wide open. I was not destined to follow in my parents' footsteps—I could choose my own path. In order for me to do this, I had to take care of the wounds I had neglected for years, starting with forgiving my father for abandoning me. My anger towards him had hardened my heart. I had despised myself as someone unworthy of love and denied myself the dignity of grieving for the relationship I had lost. As long as I held onto this grievance, I could never be set free and experience true peace. To begin this healing process, I verbally walked through past hurts with my mother and close friends. It was painful to relive memories and the emotional turmoil that accompanied them.

During this self-recovery, I received a phone call from my brother telling me that my father had been diagnosed with cancer. Due to a pre-existing illness, he was not strong enough to go through chemotherapy, which left him few options to beat the disease. The doctor predicted he would live a year at the most. It didn't leave us very much time.

I flew back to Japan to see my father during the winter break of my junior year at CSU Long Beach. He was thinner than the last time we met, and he knew his time on earth was limited. He thanked me for coming back and was happy to see me; a first in our relationship. While some of my anger towards him had dissipated, it was still difficult to accept him as he was. Too much water had gone under the bridge. When the time came to return to school, I chose to go back to America despite his entreaties for me to stay. While I worried about my father's welfare and felt guilty for leaving him in his physical state, it was not enough to make me quit everything I had established in America. I had worked hard at establishing my life away from his influences, and I needed to preserve my independence. But to ease my guilt, I resolved to spend my school breaks with him until he succumbed to his disease.

For my summer break at the end of junior year, I spent two months in Japan. My father was in a hospital waiting for death. I saw him on a daily basis, and brought him small comforts to ease his last days. During my visits with him we did not talk much, but our time together soothed the confusion that I had experienced. I hope it was the same for him. The last time we saw each other, he wished me good luck and told me to take care of myself, smiling at me in his familiar way. I wanted to say something, but I could not stop crying. After I pulled myself together, I told him, "I will see you again when I come back this winter." However, I knew in my heart this was our final goodbye.

Two weeks later I received the call from my brother in Japan to let me know that my father had passed on. Even though his death was expected, grief still hit me hard. I arrived back in Japan an hour before his funeral. It was a quiet ceremony with few mourners, just family. I was able to keep my composure until the cremation, but when his coffin was pushed into the flames all the tears I'd held back for so long came forth in a flood. I grieved for my father's life and mine, and for the relationship we would never fully share. I had written my father off as a selfish individual who could not give his family what they desperately needed. As I watched his remains go up in smoke, I wondered if it might have been the best he could give me as a father. My father did not love me in the way I wanted, but he taught me a valuable lesson on forgiveness and releasing past hurts when it is needed. I believe it added resilience to my personality, this last gift from him.

Epilogue

In May 2007, I graduated with my Bachelor's degree in social work. It had been a rough road with many obstacles to overcome, but when I reflect back on my past trials and triumphs, I'm proud of myself for achieving my dream. The past had shaped me: my parents' divorce, my unwise adolescent choices, the feelings of hopelessness and fear, and finally the forgiveness I experienced contributed to my inner strength. My studies helped me find my true self, and my life began to have hope and meaning.

My mother traveled to America for the first time for the big event: my graduation. Even though she did not understand any English, she seemed to enjoy meeting the faculty and my friends. Each time I introduced my mother to someone she expressed her appreciation (in Japanese) and bowed to everyone for helping me in their various ways, urging me to translate everything. She shared my thankfulness for the second chance I had been given and the support from others to help me succeed. Her visit was wonderful, and when she left she told me, "I was proud of you at the graduation." That one comment erased years of guilt that I had still carried for my past mistakes, and for making her worry. I could accept her unconditional love for me, as I could now love and accept myself. My mother's life became an example for me: always strive for happiness despite adverse consequences that may hinder the quest.

My academic journey continues on towards a Master's degree in social work, with the goal of one day serving the mentally ill population. Because I watched my mother suffer from depression for so many years, I have become intimately acquainted with the lack of understanding in society about mental illness. Mental illness is truly devastating, yet recovery is possible with adequate support and treatment. I have compassion for those who may be temporarily lost and overwhelmed by their circumstances; I can relate to their situations. The experience of loss of hope and the inability to plan for the future allows me to empathize with the feelings of devastation and confusion that follow. This has given me the skill to understand the suffering that people experience, as well as see their potential for change. It has given me a clear understanding of the change process and the time, courage, and self awareness necessary for change to take place

My mother is visited America once again when I graduated with my Master's degree. Even though we have lived thousands of miles apart for years, our relationship has never been closer. Working through our issues has strengthened our bond; it is the orchid growing up from the ashes. Reconciliation with my past continues on. It is a long and winding road towards healing, yet each step along the way grows just a little bit easier. The past cannot be changed, though I am learning from my mistakes to choose the direction of my future. Hardships and challenges will come and go, but I am hopeful for my life and excited about what each new day will bring.

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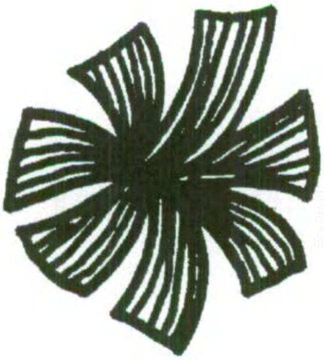

A JOURNEY TO CHINA: EMBARKING ON A PROFESSIONAL AND PERSONAL EXPERIENCE OF GROWTH

Julie Anne Laser, Ph.D., University of Denver, and
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The following narrative describes a social work exchange program between an American university and a Chinese university. The instructor and one of the students share their thoughts about this unique experience.

Introduction

For the past sixteen years, our university (University of Denver) has had an amicable relationship with China Youth University, which is considered to be one of the pioneers in social work education in China. Over the years there had been a number of faculty exchanges and collaborations, as well as individual student exchanges. But there had never been a class that taught American students about Chinese social work that culminated in a trip to China. This was a new endeavor for our university and was unique to social work education in the United States. The faculty from the Chinese university was eager to teach our students about their understanding of social work, and hopeful that this would be the first step in creating a real exchange of students between the two universities. The following recollections describe the rewards and challenges of our experience.

Professor Julie Anne Laser - Instructor

I had been to China several times already. I was familiar with the world that we would be visiting and many of the people who would be greeting us twenty two hours later. I had been studying the Chinese language for three years, but as I waited at the airport for the others to arrive, I was filled with trepidation. "Why are you feeling this way?" I thought to myself. "You wanted this to happen. This was your idea. You worked hard to make it a reality. You've already thought through a million possible scenarios of unfortunate events and how they might be resolved. You are prepared. Why are you so scared and having an almost surreal out of body experience?" Because this was different, different than anything I had done before, different than any experience I had known. This was all new and I was feeling the burgeoning weight of responsibility and a sinking feeling that I should have just followed a more Taoist philosophy of going with the flow of the river rather than trying to bridge the river with a group of students. I could be peacefully going to China with my own family right now. But instead I had decided to have twelve students accompany me. Why would I do this to myself?

What was my motivation to travel half way around the world with a group of individuals, many of whom I did not know well, but who would be looking to me to keep them safe, healthy, intellectually stimulated, and have an experience of a lifetime? How could I put it cogently in words? I believe it comes from my own experiences with the family I was raised in and the experiences I had as an exchange student myself. Since I was a child, my parents and my Nana—an immigrant herself—emphasized the fact that we were all members of a worldwide community of understanding and caring. Global peace and harmony could only be achieved if we understood and respected each other. To work towards this lofty goal, I was taught that we needed to be citizens of the world by going out in the world; to live with and learn from others. This has been the guiding principle of my education, practice, teaching, service, and research. As a child, my parents took us to rural Mexico and small villages in the Caribbean to interact with people who lived there. Foreign language study was emphasized. When I was 17, I was an exchange student to Japan. At that time, Japan was not an economic power, nor was it a tourist destination. Japan made an enormous impression on my development and who I would become.

To better understand the complex world we live in, I pursued a double major in political science, with an emphasis on international relations, and comparative religion. During my junior year in college, I studied at the University of Geneva in Switzerland. While studying in Geneva, I was an intern at the United Nations High Commissioner for Refugees and the International Institute of Humanitarian Law. Up until that time, it was my life's ambition to have a career in an international organization. Even though I was given the opportunity to do ongoing work at the Institute, I realized that my interest was much more related to direct service. So I returned to the United States to pursue studies in social work. Social work's emphasis on understanding the person in the environment was perfectly consistent with my experiences of living, learning, and working abroad. Since then I have lived and worked in Mexico, China, and Japan, and worked with many immigrants from a variety of countries here in the United States.

So now, many years later as a social work professor and feeling the effects of Erikson's middle aged struggle of generativity over stagnation, I wanted to connect my students to the greater world.

Elsa Campos Schutte - Student

From the first time I heard about the China class, I was captivated by the idea of experiencing a different part of the world. I was born in Mexico and was raised in Costa Rica, United States, and Canada. I have always considered myself to be internationalist. As a result of those varied experiences, a need to understand different cultures, perspectives, and people is ingrained deep within me. However, when considering the logistics of going to China to learn about social work from a Chinese perspective, I felt like my guts were being ripped out of my stomach. I could not sleep and was not hungry, but I still could not make a decision either way. I kept thinking: Was I really supposed to go to China? What if something happened while I was gone? Would my partner be able to be a single parent for two weeks? Would I be able to appreciate being in China while missing my son? It had been two days after the pre-China class and I knew I needed to make a decision that day in order to enroll in the class when my partner said to me: "Our son and I will be here long after you get back from China, but this opportunity may not present itself again." That was it: I realized the decision was not about going to China, but rather about leaving my partner and my son for two weeks. I enrolled that night.

I did not sleep at all the night before leaving for China. I woke up at 4am with all my luggage packed, and sat in my son's room watching him sleep. I forced myself into the car and drove to pick up another traveling student. I cried all the way to his house and kept repeating to myself that I could still back out. I did not have to go. There was still time to change my mind; but I kept driving. I was consumed with these thoughts all the way to the airport. Once there, my thoughts turned to fear. I was sure that something tragic was going to happen and started looking for "escape routes" out of the airport. Reflecting back on these thoughts, I can identify that they were out of fear. But in the moment as I sat in front of the airport kiosk, they were very real and logical. I hesitantly pushed the buttons to confirm my flight to China and realized there was no way out: I was completely committed. The memories of my departure are still the most powerful and lucid than any other part of the trip. The anticipation and fear are still palpable to me.

Professor Laser

As the students arrived, I began counting. This would become a regular activity. They came individually and small groups. Eleven were present…where was the twelfth? She finally arrived and we entered the queue of one of the many lines we would wait in until we arrived in Beijing.

There were dyads and triads of students that knew each other well; however many of the students had not been in classes with each other before and were still relatively strangers. I had taught "Social Work from a Chinese Perspective" that fall, which gave the students an overview of the social, cultural, historical, political, and economic characteristics of China and how these attributes shape social work in the country. But many students only knew the others' names and areas of social work practice: children, youth and families, child welfare, community, and gerontology.

I had heard horror stories about inappropriate student behavior from our university's international center during the mandatory afternoon workshop for faculty leading travel classes, as well as cautionary tales from veteran travel course professors. As we waited to board our first flight, I looked at the students and wondered how I would feel about them later when we were in our home airport, and how would I feel about my decision to link the two worlds that I loved so much—academic life and China—through the conduit of students.

With a deep breath, I boarded the plane that would deliver us to Beijing. The flights were uneventful other than my having to translate for a group of Chinese businessmen, who were a little startled that I spoke Mandarin. We arrived in Beijing to the waving of my Chinese friends and colleagues and a sea of weary travelers. We collected our belongings, changed our dollars to Yuan, and boarded the minibus that would ferry us all over Beijing and the surrounding provinces.

Looking haggard but happy, the group met the Dean and Assistant Dean of the School of Social Work for *jaozi*: Chinese dumplings. We went around the circle and each of us introduced ourselves to our hosts and shared with them where we grew up. The concept of "hometown" is very important for the Chinese, since most who live in Beijing grew up outside the city and are only able to travel home once a year for the New Year's celebration. To learn where we were from was the first step in the process of bridging the chasm from strangers to friends.

It was mandatory for Chinese students to participate in daily exercise. Many current and retired faculty members believed in the Maoist ideal of "strong body, strong mind" and also participated. The next morning and subsequent mornings, we awoke early to do morning exercises with the students and faculty on the athletic field. The athletic field was an area of enormous bustling social activity. People ran, walked, talked with their friends, and recited English phrases on the track. Along the edges of the field were jump ropers, weight lifters, and gymnasts. In the center of the field a large game of soccer was being played, and at one edge of the center field a group was practicing the martial arts of judo and swordsmanship. Just outside the athletic field, many retired faculty perform ancient exercise steps in unison to classical Chinese music.

The activity and energy from the athletic field was palpable. But at the stroke of 8:00, it would quickly desist. The students lined up and had their books stamped, which verified their participation, then rushed off to breakfast. We were left in an empty space where so much commotion had just been. It was time for us to eat too.

The Chinese are some of the best cooks in the world. They painstakingly combine ingredients that excite both the eye and the tongue. That being said, sometimes the food is outside the realm of a normal American palate. In the first days, I was afraid that two of the students might succumb to starvation because they refused to eat any unfamiliar foods. The kitchen staff would bring out dish after dish from the kitchen; many were recognizable, but others were not. Eating our meals together in this way contributed to the experience of cohesion and conflict resolution among group members.

Most mornings we would receive a lecture given by the faculty on the topic of their specialty: children and youth, families, child welfare, community organization, rural social work practice, city social work practice, gerontology, and policy. The majority of Chinese faculty preferred to speak through an interpreter, though all were conversant in English. Delivery strategies ran the gamut of techniques: from reading academic papers to PowerPoint lectures and video diaries. The interpreters had varying levels of English ability and comfortability with social work terms. On occasion, there was a great deal of active discussion between lecturer and interpreter to emphasize the point that s/he was making, and that particular words should be chosen.

It became apparent from the morning lectures that these faculty members were not only teaching and researching social work, but were creating and working on the ground level of many of the social programs that were most needed in modern China. Many of the programs were pilot programs for the government, which were run on shoestring budgets and staffed by themselves and social work interns. It was social work education into social work action.

The American students asked many questions of their hosts. At times it was apparent that the answers did not fulfill the students' wishes for a definitive answer. The student would then repeat their question; sometimes with the same words, and other times with a variation on their phrasing. In some instances, the rephrasing of the question made the question easier to respond to. However, at other times the responses were no more understandable than the initial answer.

Another component of the class included nightly discussion groups to help process and digest the information and experiences of the day. Frequently, the questions that had not been fully answered (from the student's point of view) were asked again during the group discussion for comment and interpretation. It was here that I noticed the differences in culture and reminded them of our earlier discussions in the U.S. regarding the concept of "saving face." It seemed the students were moving toward a new level of understanding Chinese culture through their experiences. In this particular situation, it was the experience of "saving face" that had challenged them into stepping outside their cultural paradigm. In China, one continually communicates in a style that minimizes the chance of oneself "losing face" (behaving or speaking inappropriately to others) and by maximizing efforts at "saving face" (communicating in a manner that will not bring shame or embarrassment to others). Even though this concept of saving or losing face for Westerners may sound negative, it is a cultural value and a normative behavior in communication. Therefore, Chinese children are taught from an early age to communicate in a style that conceals one's own thoughts and feelings so as not to embarrass oneself, one's family, or one's country, nor to embarrass those with whom one is interacting, as well as to be able to better anticipate the feelings of others. Because of this, communication is often indirect and may not reflect the speaker's true feelings or desires about a given situation.

Even though we were often exhausted by the 8:00 pm meeting, the evening discussions were very significant in the development of each student's understanding of themselves and for the process of group development. The evening sessions were a sounding board for each student to interpret what had been said or seen earlier and to discuss conflicting ideas and emotions; in Piagetian terms, it was an opportunity to assimilate or accommodate new information. The students on occasion used the evening meeting as a forum for calling out each other's behavior if they believed one of the other students had not treated our hosts with respect or had missed an important issue. Each group has its growing pains, and sometimes the evening forum was the place to voice both contentment and disenchantment. It served as a vehicle to move the class from a group of individuals to a cohesive community. Frequently in the evening sessions, revelations about one's own privilege and the multitude of individual choices each student possessed was elucidated. The transformation for some of the students was very visible and moving as they came to better understand themselves and the many options they had for the future. They had a hard time coming to grips with the fact that many of the people we'd met had far fewer choices than they did in their lives. Some of our students had little to no experience living abroad before being part of this class, but this experience caused their worldview to expand so that they better understood themselves and their place in it.

Elsa Campos Schutte

The first couple of days in Beijing were dedicated to learning about social work in China. We had been prepared by Professor Laser to expect some vague responses to questions, the importance of "saving face," and the relationship between the two, so our questions were carefully constructed to be polite and respectful to potential weakness in the system. We were given statistics that were meant to describe the need for social work practice in China, while also trying to "save face" about the extent in which social work is needed. Our process as students was to find where the balance between the two concepts was, even when the numbers did not match up. After our day classes (with a break for lunch and instant coffee), we had nightly meetings to discuss our experiences and the information that had been imparted to us throughout the day. During the meetings we discussed how China is growing both socially and economically, how social work fits into Chinese culture, the privilege that we hold as U.S citizens, and our own biases. My experience with these groups was that they were intense and powerful in shifting all of our previous beliefs about social work and politics in China. We asked questions that we were not comfortable asking earlier in the day; however, the answers were not always available to us. At times there was tension between group members as we all had our own perceptions, experiences, and biases, but somehow we worked through the tension and were able to become more cohesive and grow both individually and as a group.

What amazed me the most about the people, history, and social work in China was how change over a short period of time can shift a whole country into a completely different social, economic, and political system. The "one child" and "open door" policies were created out of necessity and good intent, but opened the need for social services not otherwise available. It is still unclear to me how social problems in China were dealt with (other than through force and regulation) prior to the open door policy. However, it does not seem to matter because the China of today appears to have an openness and willingness to deal with such problems by using methods implemented in other countries and tailoring it to their needs. The one consensus we had as a group was that social work in China was much different from social work in the United States, as it should be.

Professor Laser

Another component of the class included discussion groups with students at China University. Since many Chinese students had never seen anyone outside their own racial group, the students from the U.S were an anomaly to them, and there was intense curiosity surrounding these discussions. Discussions with social work students were very meaningful and moving for both the students and myself. When we broke into small groups, the Chinese students were very candid about their feelings related to social work and the great benefit it could provide to Chinese society. Because social work had only been recognized as a profession in China for sixteen years, the students shared their hopes for the future as well as their fears at finding gainful employment in their field after completing their studies.

The Chinese students are truly pioneers in the profession of social work. Their mandate is to provide social work services to an enormous population—1.3 billion people—a population that is on an uncharted path of meteoric modernization and urbanization. The needs of the Chinese people are great as they cope with a vast migration of people from rural villages to cities to participate in the transformation of China. However, the infrastructure to provide the needed services for so many people entering the cities and those remaining in rural villages has not yet been fully created. So even though progress is being made in social work policy, and funding has increased for social programs, the advancement of social work services has been unsteady. Paid full-time social work positions are difficult to find. Many social work positions are part-time or consist of working with non-governmental organizations.

We also participated in large question and answer forums open to all students attending the university. Most of the questions asked were about the American students' perceptions of China and their thoughts about China hosting the Olympics, intermingled with questions about American pop culture. The perceptions of the Chinese students about American culture and everyday living were highlighted as the students from the U.S., prepared to answer questions about social justice and policy, were instead asked pop culture questions about "Sex in the City" and "Prison Break."

Interspersed with lectures and discussions were site visits to local social work venues. We visited an after-school and weekend program that taught Chinese calligraphy, swimming, ballet, martial arts, vocal music, and jazz dancing to the children of Beijing. We toured a prestigious high school for gifted students which had technology and academic support that would make most American universities envious. We visited a state run orphanage that was extremely tidy and boasted a 1:3 staff to child ratio with infants, and a 1:5 staff ratio with toddlers. The children were well provided for, but, like children throughout the world who are lacking that important parental bond, many were somewhat sullen. We visited a home for the elderly that incorporated both traditional and modern Chinese medicine in its health care regimen. Some of the American students played pool with the senior citizens, which both groups thoroughly enjoyed. We also met with faculty at Beijing University who were amongst the initial creators of social work in China.

Elsa Campos Shutte

After the first three days of intense classroom instruction, we were given the opportunity to wander around a Chinese market and learn the skills of negotiating with vendors. As we wandered the crowded aisles armed with a calculator, each group of students was able to come out with some little gift or souvenir to take back as a reminder of our experiences. On another occasion, we were guided to a small town where we had lunch and experienced the true Chinese tradition of birthday celebration as one of our professors turned fifty. Our tour guide, an elder of the town, gave us a tour of the hospital, school, and playground, then dropped us off on the side of the road. After hiking up a hill we reached the entrance to The Great Wall of China not seen by many people. We were told it was a short hike to a neighboring town, where we would be able to speak with some of the townspeople. A "short walk" turned out to be a steep two-and-a-half-hour climb on slippery, worn down stones from the 16th century, with donkeys crossing our path. Once we entered the town, we spoke through a translator with an old man who owned a house he rented to travelers. He showed us the room he rented out: there was a picture of Mao hanging on the wall, and an eight foot long wooden bed heated from the inside out. This was not the first picture of Mao we had encountered, and were very aware of the present-day influence he has on the people of China. We continued our walk, noticing the drastic difference in architecture between Beijing and this small town. Once reunited with our group, we traveled back to convene for our nightly meeting. During our meeting, we exchanged stories of the people we encountered and our own perceptions of the differences between small town China and big city Beijing. Over and over we were told stories of people moving from rural areas to urban areas to keep up with the economic growth of China. It is a policy that is supported by the government and encouraged by success stories that circulate through the small towns. We struggled not to judge this forced exodus, but to understand the need for such a move, and how it relates to some of the social problems and need for social work.

Professor Laser

We traveled outside the city to a rural community, where we first visited a school that had few (if any) of the "bells and whistles" that the gifted school in Beijing had available to its students. Even though the school was much more modest—a simple single-storied adobe brick structure and a black wall where students and teachers could write in chalk—the students were dedicated to their studies. Among the children and youth of China, there is a well-formulated belief that education is the key to future success for themselves and their country. With an enormous population, entry into elite Chinese universities is difficult; only the best and brightest are chosen. The competition centers on the student's performance on their university entrance examination. Depending on their score, their options for the future will either be very great or very limited. The stress and pressure is extreme, and was explained to us as one of the social problems faced by the youth of China.

After we concluded our visit to the school we visited a modest rural health center. It was extremely clean and smelled of antiseptic. The hospital business accounts were being reckoned with an abacus, not a calculator. A number of older men sat in the waiting room talking quietly amongst themselves. One individual commented that in the Korean War he had fought "on the other side," but now wished he could be friends with the Americans. It was sobering to think that our two countries had been in combat against each other in the not-too-distant past. It was common knowledge that American-Sino relations ebbed and flowed with current economic and human rights issues, but outright war seemed incomprehensible.

Our guide explained to us that we could make home visits if we wanted to travel by foot to the next village. Little did we know that travel by foot was an operative term. It meant quite a hike using a portion of the Great Wall that had fallen into disrepair, but was still widely used as a thoroughfare by the villagers. We followed the Wall up and over a mountain, forded a stream by jumping from boulder to boulder, negotiated our way around disgruntled livestock, and finally appeared at a small village. We separated into groups of three and four and set about visiting the villagers in their homes. The villagers shared their lives with us, explaining that because they had implemented mechanized crop techniques and had planted fruit instead of staple crops, they had ensured greater prosperity for themselves and the village. We left with a deeper understanding of the demands of rural life and the tenacity of the Chinese people.

In addition to our educational activities, we visited important cultural landmarks: Tiananmen Square, Forbidden City, Summer Palace, Ming Tombs, and the Great Wall. Having been to each of these venues multiple times, I still was in awe of the grandeur of these locations and the extraordinary burden that was placed on the Chinese workers to create such spectacles. It was easily conceivable how the emperor could be so revered and reviled in contemporary Chinese culture.

One of the great challenges of going on this trip was the Dean's request to leave my children at home. I was jolted back into the reality of this challenge after receiving a phone call that, while we were visiting the Summer Palace, my son had collided with a park bench on his sled and had a severe concussion. I felt incredibly powerless to comfort my son or advocate for his best care from eighteen time zones away. My love and comfort could only be transferred through the phone; not through hugs, or supportive and caring looks.

I felt very guilty. If I had pushed for their inclusion on the trip, my son would not be having an MRI of his brain. I felt helpless to do anything for my son. In reality, what is more important than your child's well-being? I was unable to be there for him when he needed me most and I was wracked with guilt. Why had I decided to take these students with me instead of my own children? I knew the answer; I have stated it already. But I had not imagined that my son would be hurt when I was so far away. As I looked out on the frozen lake that was the centerpiece of the Summer

Palace, I wondered how my son was feeling. Was he in pain? Was he scared? Would his MRI be clean? I said a silent prayer, shed some tears, and rejoined the group to board the bus home. On the bus, my satellite phone rang again. He had received a good report from the MRI and was being discharged home. We were on our way home for dinner and our evening meeting. My son was on his way home from the hospital. I reminded myself that women the world over faced challenges daily between their maternal desire to be involved and their need to work.

Elsa Campos Schutte

One of the experiences that impacted me the most while we were in China was building relationships with new people that had genuine curiosity about our culture as well as an urge to build a better China. Learning about social work practice in China helped me grow into a more conscientious person and social worker. I became more aware of myself and my biases as they relate to other people, and developed a better understanding of the Chinese culture. It is impossible to get a deep understanding for China and its people in ten days (or one class for that matter), but what I learned from going to China was that social workers in the United States have a lot to learn about community and being of service to others.

Aside from learning about the current social situation of the Chinese people in China, we also gained a greater understanding of China's vision for the future through our lectures and conversations with the Chinese students. In order to understand the culture and people of China and how social work intertwines with these two systems it's important to understand the idea of collectivism. Although innovation and capitalism may be idealized by the Chinese people, the real value of this culture comes from the sense of responsibility for each other and taking care of the people in need. It amazed me to learn that the Chinese government had made considerations for the values of social work and social responsibility, something we can learn a lot about.

Professor Laser

On our last night in Beijing, the Chinese social work students and faculty put on a talent show and banquet. They showcased their musical abilities by singing excerpts from classical Beijing opera arias, juxtaposed with singing Chinese rap songs. Classical Mongolian dances were performed as well as hip-hop dancing. The Chinese students and faculty both embraced their past and reveled in their present. We were struck by their lack of shyness in sharing themselves with us; their kindness, generosity, and warmth at making us feel like friends. We had moved from the position of being "the others" to being part of their community. Certainly, we were different than they were, coming from a different culture, a different past, and different upbringings; but we had found common ground. Our hopes and desires for the future were much the same. We all wanted to see our countrymen and women live to their greatest potential, as well as see the citizens of the world live to their greatest potential. Though it might sound trite, all of us were committed to making the world a better place. We saw that each individual had many obstacles, many challenges, but we were all on the same path of growth. Perhaps we would travel on different roads and cross different topography, but we recognized in each other the desire to stay the course and do what we could for the betterment of our people and those around the world. We wished them the best for their fledgling social work profession and admired their pluck and determination at being on the forefront of such a great endeavor.

The next morning, we boarded our plane back to the U.S. We weren't all seated together, but we congregated in the back of the plane to laugh with each other and reflect on the experiences we had just shared, and the changes that had occurred in our own hearts. Even though this was not a mandated evening group, we shared openly with each other over the hum of the engines and the gentle movement under our feet. Many students had come to a much deeper understanding of what it meant to be a social worker; what options they could pursue in their future and how their own worldview had opened considerably. Many stated that their experiences were the most profound changing experiences since they entered the MSW program.

I was feeling exhaustion from the continual activity and overseeing the needs of the group; but I was extremely satisfied with the experience that we had created for the students. They had gained information from what they had heard and seen from the faculty and students, what they had experienced by living on campus, and what they had witnessed by seeing social work from a Chinese perspective. They had connected to a group of people that they would never have met or became friends with had it not been for the trip. They had gained a certain worldliness and a deepening understanding of what it truly means to be a "person in the environment," and mindful that as the environment changes, so do the tools, techniques and emphasis of social work service. The students who allowed themselves to be fully open to the experience gained the most of all. Some who had little foreign travel experience were transformed by the entire experience and transformed into much more mature people than they were when they boarded the plane to China. I was filled with a sense of satisfaction at having created something that would live on in the hearts of these students. It was the finest experience of teaching I had ever known.

We had come to know each other very well. I thoroughly enjoyed getting to know them as people, not just as students in my class. I was extremely proud of them and how they carried themselves as representatives of our school and what they had to offer the profession of social work. Because of our time together, the boundary between faculty and student had blurred. I had come to see each of my students as incredible individuals full of pluck, enthusiasm, and tenacity. Over long bus and airplane trips, I had learned about their personal and professional struggles. I counted them as friends and fellow explorers. We had moved from separate and distinct roles to lives that had been intertwined for at least a short period of time.

The following year when I was about to embark with my second student group to China, almost everyone from the first student group wished me good luck and reminded me of anecdotes from the previous year. Most importantly, the first student group shared with me how the experience in China had changed their lives, both personally and professionally.

The trip had changed my life too. I was not the same person as when I left. I loved seeing China through the students' eyes. Through the students' questions, I learned new ways of understanding China. I also learned that, although it had been both a physically and emotionally draining experience—due to the long hours and the constant questions and needs of the group—I was able to persevere and even shine in some moments. I felt as though I had found "my calling," though this may sound trite. I believe my Nana would be very proud of me; I was really connecting people from two worlds and supporting the concept of emphasizing worldwide understanding and caring. I was proud of myself to be able to make a contribution to social work education in the United States and China.

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THE DEEP SOUTH: A BLACK MAN'S EXPERIENCE IN BLACK BELT ALABAMA

Hubert Brandon, Executive Director, Excellenterprise, and
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This narrative is a reflection on the life experiences of a southern Black man residing in the Black Belt region of Alabama. Through this process of sharing his experiences, the authors make visible the oppression and marginality experienced by many Alabamians. Possible survival strategies are explored and proposed. The authors believe these proposed strategies will enable southern Black Americans the opportunity to engage in community action.

Hubert Brandon and Coretta Scott King, Selma, Alabama

Introduction

This narrative arose out of a great need for the first author, Hubert Brandon, to articulate and share his reflections working and residing in the Black Belt region of Alabama. By reflecting on and giving voice to his experiences, he is able to shed light on the persistent issues that southern Black Americans continue to face today. His experiences with challenges and struggles come at a time when the overall health profile of southern Black Americans presents a striking socioeconomic disparity.

We share these insights to create awareness of the critical issues facing southern Black Americans. Social justice perspectives are used to analyze these contextual settings. Sharing Mr. Brandon's story has provided an opportunity to identify strategies needed to address the plight of poor southern Black Americans in Alabama. Our aim is to give voice so we can engage the process of community action and challenge systemic oppressive conditions of poverty which threaten the survival of southern Black Americans.

Profiling Alabama

Rural areas frequently pose different and, in some instances, greater challenges than urban areas in addressing a number of health issues (Lipscomb, Argue, McDonald, Dement, et al., 2005). The long-term economic struggles, the critical shortage of health care practitioners, and the inadequate number of rural emergency medical services are just a few documented challenges (Zuniga, Buchanan, & Chakravorty, 2005). Agricultural and recreational accidents occur with much greater frequency in rural areas where such activity abounds. The time required in transporting rural residents needing medical attention from their residences or from the scenes of accidents to adequate medical services is increased because of greater distance to be covered, greater reliance upon volunteers, and inadequate medical equipment.

Of Alabama's sixty-seven counties, twenty-two comprise the Metropolitan Statistical Area region, as designated by the U.S. Office of Management and Budget, and the remaining forty-five are rural. One of the rural regions of Alabama being studied in various ways nationally and locally is the Black Belt. The Black Belt is a vast stretch of farmland extending from Georgia through Alabama and Mississippi. The specific counties in Alabama that make up the Black Belt is dependent upon who is defining the term. For this article, the Black Belt is defined as Bullock, Choctaw, Dallas, Greene, Hale, Lowndes, Macon, Marengo, Perry, Pickens, Sumter, and Wilcox Counties. This designation, historically equated with Dr. Booker T. Washington, maintains the integrity of the classical definitions based on the vast stretch of fertile, dark soil farmland conducive to cotton farming. While the soil color gave the region its name, historically, Black Americans have predominantly populated the counties that make up this area. The Alabama Black Belt is noted for the central role it played during the period in history when the economy of the south was based on cotton production by slaves, and later for its pivotal role in the civil rights movement of the 1960s. The Black Belt is contiguous with the Mississippi Delta, and this region is generally regarded as a "Third World Nation" in the heartland of America.

For decades, the Black Belt region of Alabama has been an area of paradoxes. The Cretaceous Period oceans that lapped over the area millions of years ago deposited some of the richest soil on Earth. But sadly for the region's residents, geological riches do not translate to economic wealth. Recent Census Bureau poverty statistics show no improvement. The numbers show that Alabama's statewide average of persons living in poverty (as defined by the federal government, an annual income of $18,850 for a four-person family) is 15.4%; Lowndes County's average was 24%; Dallas County came in at 25%, and Perry County, a disheartening 32.3 %.

Selma is located in the heart of the Alabama Black Belt. Selma is generally regarded as the capitol of the Black Belt and is known to the world for its role in the civil rights struggle of the 1960s. Located in Dallas County, which has a median income of $12,000. The population of Selma has a Black American population approaching 70%, approximately 50% of which live below the federal poverty level. Wilcox County, the state's poorest Black Belt County, reports nearly 40% of the county's residents living below the poverty level, with 47% of the county's children living in poverty. In comparison, Selby County has a poverty rate of 6.3%. The U.S. Census Bureau (2000) state Alabama's poverty rate was the eighth highest in the nation with more than 754,000 Alabamians in poverty.

With regards to HIV and AIDS infection cases in Alabama, since February 2006, 5,982 HIV infections and 8,225 AIDS cases have been reported to the Alabama Department of Public Health, for a combined total of 14,207 reported HIV/AIDS cases in Alabama (Alabama Department of Public Health, 2006). Although Black Americans represent one-fourth (26%) of the state's population they account for two-thirds (62.9%) of its reported cases of HIV/AIDS. Black men represent 43.9% of all HIV/AIDS cases reported and Black women represent 19.1% of all HIV/AIDS cases reported (Alabama Department of Public Health, 2006). HIV/AIDS cases among Black Americans in Alabama are reported in the following risk factor categories: men who have sex with men (MSM) (32.5%), heterosexual (25.6%), injecting drug use-IDU (13.1%), MSM/IDU (5.0%), maternal transmission (0.9%), transfusion (0.5%), hemophilia (0.2%), and undetermined (22.0%). Age groups represented by HIV/AIDS in Black Americans in Alabama are staggering; with 31.1% between the ages of 20-29, 34.9% between 30-39, and 19.7 between the ages of 40-49. In addition, 10 of America's 100 poorest counties are in Alabama (Alabama Department of Public Health, 2006). These counties include: Wilcox, Perry, Green, Sumter, Macon, Lowndes, Bullock, Dallas, Conecuh, and Hale.

Other than its largest city (Birmingham), the area most affected by HIV/AIDS in the state of Alabama is its rural region. More specifically, the rural region with the highest HIV/AIDS rates is the Alabama Black Belt. Following Birmingham, the next highest concentration of Black American cases of HIV/AIDS in Alabama, is located in the Public Health Area (PHA) that encompasses the Black Belt region (20% of the population in PHA 8). In fact, almost 30% of the African

American cases of HIV/AIDS in Alabama are located in the Black Belt counties (Alabama Department of Public Health, 2006; Center for Disease Control and Prevention, 2004a). In addition, most ethnic minorities in Alabama and beyond are unaware of their risk for HIV/AIDS, high blood pressure, heart disease, stroke, cancer, diabetes, and infant mortality (Fullilove, 2006; Anderson & Smith, 2005; McKinney, 2002).

These issues have relegated southern Black people to live in the margins. As a resident, advocate and a community practitioner in Alabama, the first author is placed at the very core of this marginality. As a Black man working to actively advocate and challenge systemic oppression with his community, he is engaged in a process that challenges his own marginality.

Drawing on Relevant Social Justice Perspectives

Our analyses have been informed by social justice perspectives (Rawls, 1971, Friere, 1972; Biko, 1978; hooks, 1984; West, 1993). These scholars have advocated the importance of understanding systemic oppression by examining the personal, contextual and structural factors of power and lived experiences. It is the perspective of social justice that helps to examine power, life events and how these events interact within the social environment. These ideas and theoretical underpinnings are informed by disciplines of psychology, sociology, feminism, political science, history, and African studies.

The concept of power is a useful framework to make sense of the social environment and to understand how power is used in every day interaction (Foucault, 1980). Power is everywhere; it is either real or perceived, but it has the ability to change people's lives (Foucault, 1980). Understanding how power is gained, received, and lost is central to our personal lives and how social identities are created.

The personal and social identity framework highlights the strong link between physical experience and psychological consciousness that shape the lives of Black Americans (Biko, 1978). For many Black Americans, their personal narratives must be placed within a wider social context. Black Americans are not gifted the luxury to separate their life events from wider social problems because these two domains are intricately connected (Biko, 1978; Burke, Cropper, & Philomena, 2000).

Solidarity is a process where Black Americans begin to lead the movement for Black liberation (Biko, 1978). It is the process where Black Americans participate in the struggle by fighting for structural changes. Solidarity is joining together and uniting power that captures the essence that Blackness matters and must be valued.

Personal Reflections: The Author Comes to Terms with his Social Identity

For many Black Americans, their personal narratives are shaped by the social environment. These experiences take into consideration the nature of the power imbalance and the opportunity for solidarity within southern Black Americans. Given that this is Mr. Brandon's personal history, the remainder of this narrative will be told in his voice.

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I was born and raised in a small town equidistant between Cleveland and Akron, Ohio. I grew up in a completely Black and segregated neighborhood, and attended an integrated school. My parents were both from Alabama and relocated to Ohio in the late 1940s to work in the steel industry. My family would always come to Selma to visit relatives during summer vacation until the year 1965 because of the civil rights unrest. I was twelve years old in 1965, and always wondered if my family had come that year what would we have seen and whether we could have made a difference.

Fast forward to the year 1989. My parents had divorced, and my father returned to Selma to take care of his aunt who had raised him from the time he was two years old, after his own mother had died in 1914. "Aunt Abbie" was born in 1889, and was a remarkable woman who had been a nurse, school teacher, and community activist for years in the community. She was the daughter of former slaves, and one of a handful of Black registered voters in Selma. She was full of vigor and vitality: even beyond the age of 100. I came to Selma to help my father because my grandfather's health was failing and I wanted to put his affairs in order. During my two-month stay, I crossed the Edmund Pettus Bridge back and forth several times a day to attend to business. This bridge is the site of the "Bloody Sunday Massacre" that led to the passage of the 1965 Voting Rights Act.

One day I decided to get out of my car and walk in the footsteps of those marchers who had been beaten and trampled by horses on their way to Montgomery. As I walked across the bridge, I was overcome by an unseen and unheard spirit that brought tears to my eyes and filled my entire being. I heard voices that seemed to be telling me to do something with my life; to make a difference in what I can best describe as my "ancestral home." I could smell the tear gas that clouded the air thirty-five years earlier, and my lungs were choking as I seemingly gasped for air. The ghosts of the monumental civil rights battle in Selma were calling me, and changed my life forever.

I returned to Ohio, ran for public office, and over the next eight years transformed my own impoverished hometown by creating Enterprise Zones, which created over 10,000 jobs and 650 million dollars in capital investments and payroll. Even after those successes, my life still seemed hollow somehow as a result of my epiphany on the Edmund Pettus Bridge. I struggled for awhile, and returned to Selma in 1997 when my father became terminally ill. I promised my father on his death bed that I would take care of Aunt Abbie, who was now 107 years old. I thought she could not last much longer, so I decided to stay until she died. I was still searching to find what it was I was being called to do and how I was to repay the debt I owed to the fallen soldiers of the civil rights movement. I became the primary caretaker for my aunt; she lived to be 112 years old, completely lucid and alert, and voted in every election until her death in 2001. It was her wisdom and knowledge of history that moved my career and life in a direction of working in the field of HIV/AIDS.

After her death I became involved in HIV/AIDS prevention, and will likely spend the rest of my life and career addressing this problem. Soon after entering this field, I was able to see clearly how the HIV/AIDS epidemic endangered poor ethnic minorities in the Deep South. Almost immediately I noticed that wherever I went in the state that I would be the only Black man in the room. This was puzzling because the overwhelming majority of the consumers of HIV/AIDS services were Black, and all of the Executive Directors of the AIDS Service organizations were White. Most of the funding not controlled by the state, but rested in the hands of people who did not live in the communities they served. When consumers would see me at meetings or presentations, they would cautiously approach me and, in hushed tones, inquire as to whether or not I was there to help them. It was an eerie feeling to have to speak with people as if we should not be discussing these very important issues. I soon discovered that there was a great deal of dissatisfaction with the services being provided, the lack of culturally competent programs, and service providers to the Black population.

My political battles back in Ohio pale in comparison to what I have witnessed in the HIV field as a result of the "old guard" organizations attempting to hold onto the funding and power, even as the epidemic has shifted regions, race, and demographics. Nothing in my background has adequately prepared me for the struggle to wrest control of funding and policy decisions. I draw upon solutions that were first used during the zenith of the civil rights movement to uncover methods of intervention that still have relevance today. The Deep South is unique, and so are the answers to a myriad of problems that exist within the bowels of rural Black America.

In my tenure as a southern Black community organizer in the field of HIV/AIDS prevention, I have learned that community participation and engagement is necessary for change to occur. The problems of adverse poverty and HIV exist in rural Black America not because there is no desire to change behavior, but these problems are due to structural forces that do not value certain ethnic and marginalized groups. I call upon service providers, activists, academics, and community residents to mobilize for social change (the way the Student Nonviolent Coordinating Committee in 1964 organized for social and economic justice), to develop an agenda that is rooted in community participation.

From my experience as a community activist, I have learned over time that the community ought to be engaged for any successful HIV intervention to occur (Minkler, 2002; McPhaul & Lipscomb, 2005). This approach is known as the "The Community Health Advisory Model," and has been cited in the community-based research literature (Israel, Checkoway, Shulz, & Zimmerman, 1994; Dennis & Neese, 2000; Minkler, 2002; O'Fallon & Deary, 2002;). It is based on a community-based health promotion model that identifies trusted individuals from the community who have a heart for helping others (hooks, 1984; West, 1993; Israel et al., 1994; Minkler, 2002). I have trained local consumers using the "Community Health Advisory Model" to increase not only their health knowledge, but also the community to prevent HIV transmission. My goal is to create forums where the community can identify barriers which prevent acceptance and adoption of HIV programs by the target population (West, 1993). Using the information obtained from the forums, I will gather a network of indigenous lay health workers to train, motivate, educate, and navigate poor ethnic minority men and women to optimally utilize programs that prevent transmission of HIV.

I have begun to see the benefits of community-based forums where doctors and community members freely exchange information, ideas and attitudes about prevention, early detection, and treatment of HIV/AIDS, as well as issues about survival and loss. These forums allow for information transfer and exchange to occur, and most importantly, it provides opportunities for collaboration and solidarity. The intention behind the creation of these forums is to impact screening and early detection rates of HIV/AIDS, thus curtailing the racial mortality disparities that presently exist. From my experience, knowledge is power - and the development of adequate resources to provide community based organizations with the ability to reach out to leadership is critical to the empowerment and social justice interventions that are needed. The survival strategies that I have described can be adapted to a larger community health intervention in Alabama to address the plight of southern and rural Black Americans.

Summary

During my lifetime there have been several issues that have commanded the attention of the American landscape, and only one where there has been a clear victory. The Vietnam War was waged for decades with an unfavorable result. The War on Poverty in the 1960s and 1970s was an abject failure: more Black families are living in poverty today than a generation ago. The continuing War on Drugs and Drug Abuse is failing and shows little promise of justifying the billions of dollars spent on the effort. The current Iraqi Freedom conflict threatens to drag on for years to come. The Civil Rights Movement of the 1960s appears to be the only conflict where a clear victory was achieved. That war was initially waged in the Deep South, and it makes sense to duplicate the efforts of small community based groups working within their own communities to address the most pressing issues. Those civil rights models can be successfully utilized in an all out assault on HIV/AIDS if the people are given the resources necessary to engage the enemies. The enemies are inadequate funding, stigma, ignorance, poverty, lack of training, apathy, and indifference. AIDS is the consequence of these factors, and they all must be addressed in any real effort to eradicate HIV/AIDS in our community (Dalton, 1989).

The battleground for this "New Civil Rights Movement" is once again centered in the Black Belt of Alabama and the Mississippi Delta region, and it is a battle that threatens the entire nation. I have seen Black Americans from all over the country returning to their roots here in the Deep South and bringing with them undiagnosed cases of HIV. Those most at-risk are afraid to submit to testing. The HIV epidemiological data discussed in this article are but a part of the whole picture of the crisis in Alabama. Our task is to come together, gather our power, and launch a new civil rights movement in the Black Belt: one which focuses on our survival in the HIV/AIDS pandemic in our midst.

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Starting with Ourselves: A Dialogue about Changing to Improve the Education Process

Jessica M. Kahn, Ph.D., and Richard Holody, D.S.W. Lehman College/CUNY

Faced with a shared dissatisfaction about their students' writing skills, two social work teachers came to realize that change needed to begin with them. This dialog presents a journey of their transformation, as it was influenced by the faculty development initiative known as Writing Across the Curriculum (WAC). *This narrative describes a journey of professional change and self-awareness that benefits both teachers and tomorrow's helpers.*

We teach social work at a diverse urban college, and, like teachers throughout the country, we encounter issues in student writing that frustrate us. This frustration is intensified because we are also social workers and we know that the ability to write well is *sine qua non* to serve clients effectively. Though we began with a shared dissatisfaction about the formal assignments our students completed, we came to realize that *we* needed to change in order for the students to have the opportunity to improve.

Our change began with our respective introductions to a faculty development initiative called Writing Across the Curriculum (WAC). Martha Townsend (1994) describes WAC as based on the "…notion that writing should be an integral part of the learning process throughout a student's education, not merely in English courses but across the entire curriculum…" (p. 1299). WAC has been supported in our college since 1999, though we are both recent converts to its approach and have become enthusiastic about its possibilities.

We use this dialog because it is a natural format to highlight our shared and different experiences and to model for other teachers—regardless of discipline—who might consider adding WAC to their repertoire of teaching approaches. The dialog implicitly reflects the dualities we encountered, which include different levels of experience, different course content, and teaching at both the undergraduate and graduate levels. Despite this, we share a common pursuit that transcends our individual growth. By talking with each other (Rutz, 2003) and bringing our peers into the discourse, we go beyond focusing on students with writing problems. Instead, we want to effect change throughout our department and throughout social work education by challenging pedagogy at the college and graduate levels. We're modeling a journey of change and self-awareness that benefits both teachers and tomorrow's helpers. What follows is a reflection on this journey wherein we found WAC, had our teaching informed by WAC, and used one strategy, called scaffolding, which is a versatile tool that can also illustrate the main tenets of WAC.

Dissatisfactions

Our different backgrounds informed our expectations. Jessica M. Kahn (JMK) is a junior faculty member teaching a second year graduate course in research. Richard Holody (RH) has been teaching for fifteen years and was concerned about the results of his undergraduate social work practice course.

RH: I had taught this course a dozen times and each time I was unhappy with the results of the term paper assignment, known as a biopsychosocial assessment. I was disheartened that the students never seemed to be able to integrate material that was being presented to them over the semester in a coherent way. No matter how I seemed to present the course content, their papers read awkwardly, were filled with grammatical errors (though many of those students wrote well enough in other assignments), and were, for lack of a better word, disappointing in thought and expression. The students seemed to save their least effort for the end of the course. And of course, there was not time left to do anything about it.

JMK: At least you had the benefit of several years that you could reflect on and were willing to examine your own role in the teaching process. Though I had very little to build upon, I, too, was disappointed by some of the written products in the first few semesters. At the time, I "blamed" it on the students and the particular course content as being particularly challenging, and did not assess my own responsibility to help them. In addition, as the newest faculty member, I simply used the syllabi and materials that had been developed by others.

RH: Even though I am more senior, I had agreed to use a program-wide term formal assignment. It is an unwieldy document, reminiscent of the joke: "A camel is a horse designed by a committee." No surprise that the students struggled with this paper; and yet I would be surprised every spring at the poor work, wondering where I went wrong and where they didn't get it.

JMK: We both inherited formal written assignments that we didn't compose, a common experience for new faculty, but for others as well. Once we agreed to use the assignments in our respective syllabi, the challenge became about how to maximize their usefulness for the students.

RH: I had a choice: I could continue to struggle by myself, or I could look for a new approach to teaching. If I didn't change, it was likely that my disappointments with my students' written work would continue.

How we came to WAC

RH: I received an email that my college was offering a three day workshop for faculty who wanted to use writing differently in their teaching. The workshop was given by something called the "Writing Across the Curriculum Committee." I didn't know what to expect from WAC, as it's called, but I knew I wanted to be a better teacher. I had been teaching for over a decade and needed a place to talk about teaching—just teaching. I began in the WAC faculty development workshop saying, "I can teach social work, but I can't teach writing. And my students' writing needs to improve." Much to my surprise everyone else said the same thing: I can teach music, anthropology, and so forth, but I can't teach writing. I wasn't alone. That formulation—teaching the content of social work but not being able to address my students' need to improve their writing—was a false but an interesting duality: setting the two as different skills rather than complementary. "Writing to learn" was my clouds-parting-sun-shining moment.

JMK: I went to WAC because you said it was informative, influential, and useful: a good thing to do. I was ignorant as to what WAC involved and knew nothing of its techniques—let alone that these techniques had names. I learned of new ideas such as "low stakes writing" and "scaffolding," which had an immediate impact on my thinking. I had always viewed writing as a means of assessment rather than a technique of thinking and learning. To have another technique to facilitate students' learning was very appealing especially since I felt I needed help in knowing how to be an effective instructor.

RH: WAC was incredibly stimulating for me. It was fun to talk about teaching with non-social work teachers. It was satisfying to read the literature about composition that had existed for so long; though until now, I had no awareness of it. Later, participating in the year-long WAC immersion program, I worked with a WAC fellow to re-think and re-design many assignments both in-class and take-home. One great lesson from WAC was the difference between low-stakes (or informal) writing assignments, and high-stakes (or formal) writing assignments, which are sometimes called term papers.

JMK: This distinction impressed me, too. The idea that some writing assignments would be informal (in-class) and not graded was new to me. I immediately saw how these content-driven assignments—that were not focused on grammar or even structure—could engage all students, even the quiet ones, in the process of learning. Understanding the term paper as a high-stakes assignment helped me to consider the purposes of such work, especially the importance of allowing students time to revise their work, which reinforces their learning.

RH: Another appealing characteristic of WAC is its adaptability. It allows flexibility, creativity, and experimentation. When I get stuck, such as with a seminar class that has a low rate of participation, I turn to writing to increase engagement. One of the standard texts in the WAC discourse is John Bean's *Engaging Ideas* (2001), a wonderful title that exactly expresses what we want students to do: to become engaged with ideas.

JMK: WAC helped me to help the students engage with ideas throughout the semester, not just in the final few weeks of the term before the high-stakes terms paper assignment was due. That awareness energized me and also made me more aware of the students' learning process throughout the term.

Right Brain, Left Brain

Part of our growth through WAC was the recognition that different courses make different demands on the students' learning processes, including on the types of writing that they must do.

JMK: Research courses challenge social work students because much of the social work curriculum is more experiential and focused on the interpersonal and transactional process of becoming a professional helper.

RH: What you're describing is how some courses within the curriculum are experienced as anomalous because they require different patterns of thinking.

JMK: For example, there's not necessarily a right answer or approach when exploring personal values, which all social work students must do. While there's not necessarily a right approach in research either, there's greater specificity in research. In a course about social work practice, you want students to show empathy with all clients. They have to generalize skills. In research, for example, we can only use a particular analytical technique if the data is structured in a particular way. Students have to be able to distinguish which strategies are appropriate, and this derives not from their preferences and intuition but from established formulations of research inquiries. To use layman's terms, research is more "left brain" oriented, while much of other social work education appears to be "right brain" oriented.

RH: This "right/left brain" duality is based on Roger Sperry's study of the relationship between the brain's two hemispheres (Dew, 1996). According to this theory, the left half of the brain processes information in an analytical, rational, logical, sequential way while the right half tends to recognize relationships, integrate and synthesize information, and arrive at intuitive insights. This is not only evident from course to course but also within one course. Typically in a social work practice course—a "right brain" course if there ever was one—the writing assignments are self-reflective, exploratory, and experiential. However the keynote assignment in this course, and one common to all social work programs, is the biopsychosoical assessment which prepares students for their work both in their internships and in the workforce. In both settings, they need to collect, organize, and analyze data for the purposes of understanding and helping the client. It is a central task of professional social work.

This is a "left brain" assignment because students need to summarize data, decide its appropriateness and relevance, analyze the information for the purpose of action, and do all of this in a way that would make a client and his/her situation understandable to a third party. When I taught the course before, the students under-performed; perhaps because they were accustomed to writing freely in prior assignments and so felt straight-jacketed by the requirements of the assessment outline.

What to do, what to do?

Understanding the differences between high and low stakes assignments prepares the instructor to employ the WAC technique known as scaffolding (D'Alessio & Riley, 2002) which in turn helps students utilize both their "right" and "left brains."

RH: It was in my WAC immersion year that I learned how to use scaffolding where low stakes assignments provide a framework and support for the students' final product - the high stakes assignment. It's probably best understood in contrast to the approach I had used: early distribution of the final assignment, which was due in its entirety at the conclusion of the term. Students had little time to do more than patch their original papers, assuming I allowed for enough time at the end of the semester for revisions. Further, prior to scaffolding, I couldn't modify course content or instruction to reflect the specific learning needs of a particular group of students.

JMK: Right. Scaffolding helped me modify the presentation and emphasis of the course content which, in turn, helped the students develop their ideas. It provided me with a quick and easy method to clarify misunderstanding and to support the students when they "got it." I learned that scaffolding generates examples from the students that help me illustrate the ideas I want to get across; including from students who don't speak in class.

RH: So, what did we learn on our journey about what scaffolding is?

JMK: First, I learned that change is possible but complicated. Changing the assignment really involved changing how I would teach the course.

RH: It's worth exploring the details of how we used scaffolding very specifically, for the details reveal how we grew as teachers.

JMK: WAC taught me to use short write-to-learn assignments, which build the formal writing assignment in a logical, integrated process across time. This process is called scaffolding, a recursive process in which the students engage with the material on an ongoing basis as the material is being presented and with my active participation.

RH: What a great description, Jessica! Okay, now let me describe what I did using scaffolding in the course that had given me so many disappointments before. In our program, the biopsychosocial assessment is in seven parts and the first five sections contain demographic and other data about the client. The sixth section is the student's professional judgment about the first five sections, and the final section is the plan of action.

This is a pre-internship class and so the students did not have "real" clients. Consequently I asked them to complete the assessment using the protagonist of a movie (the New Zealand film, *Once Were Warriors*) as the client. I began by showing the first forty-five minutes of the film and asked the students to prepare a draft of the first five parts of the assignment. This assignment was the first piece of scaffolding and was done at the beginning of class as were all of the in-class writing assignments. After they wrote their individual answers they met in small groups to compare what they had written, made corrections if they chose (the second stage of scaffolding) and submitted the writing to me. I read these papers to see how well they understood the questions: did they get it? While the questions in these sections are pretty straightforward, past students often displayed some difficulty organizing their answers in smooth, coherent sentences and paragraphs. They tended to use very short sentences, resulting in paragraphs that plodded along. This time, I marked the papers only if there were egregious errors of understanding, such as not identifying the ages of the children. (It makes a big difference in understanding the client, for example, if her five children are in their teens or are pre-school!) As you said before about taking the temperature of the class, I used what the students wrote as a basis for later review of the course material.

The following week, I showed the remainder of the film, wherein considerable changes occurred to the protagonist and her family. Thus, the work that the students did for the first sections needed to be re-done in light of the new information they had discovered, so I asked them to do this third stage of scaffolding at home. We moved on to the next piece of scaffolding, Sections VI and VII, which I thought were harder conceptually. We wrote these sections in class, and I gave students feedback in the next class. The students then submitted a complete version of the assessment. If they submitted it by the due date and were dissatisfied with their grades, they had an opportunity to rewrite their papers for enhanced grades. This opportunity to revise can be thought of as the final scaffold.

JMK: Before I talk about how I used scaffolding in my course, let me put the assignment in context. As with the biopsychosocial assessment, a research proposal is a common assignment in social work education at the graduate level. It teaches students how to write for funding, how to structure an inquiry, and how to make their thinking more rigorous. In my course, the students proposed a research study based on prior published research, and developed a detailed plan of action based on the research concepts they learned in class.

When I inherited the assignment for the research proposal in the second year research course, it was structured as one long paper. I realized that there would be no opportunity to evaluate the students' understanding of the concepts prior to the submission of the finished product. The structure of the course would have inhibited both the students' learning and my teaching because I wouldn't have been able to give feedback until it would have been too late for the students to incorporate it usefully. So, my first step was to scaffold three complementary assignments that built on each other. As a result, there was no final paper in the traditional sense, and each of the three stages was graded separately. However, the content and instructor feedback from the first section informed the second and third sections, and the second section contributed to the third section. I explicitly encouraged students to incorporate their evolving understanding into the subsequent sections. In these ways, the latter two assignments were scaffolded out of their predecessors.

In turn, each of these formal writing assignments was supported or scaffolded by in-class, low stakes writing tasks. These writing exercises flowed directly from the class material on the given day. So, on the day that we discussed independent versus dependent variables, I asked the students to identify an independent variable and a dependent variable that would be relevant to a research project of interest. We used the examples the students generated for class discussion. I didn't collect the students' writings each time; sometimes I had students write their answers on the board or voluntarily share what they had written. We took the time to evaluate the accuracy of what they had written, focusing on the positives and the potential.

I was very encouraged by students' willingness to share the examples that they generated in the low stakes scaffolding. Students appeared very eager to ensure that they "had it right," and this made for rich class discussions that covered a variety of topics and yielded many useful examples. Also, I was able to identify common misunderstandings, and individual students seemed to feel better when others in class shared the same learning struggles.

Evaluation of our Scaffolding Efforts

As any good helping professional should, we ask: "How well did our efforts work?"

RH: Talking about how well we did raises the question of measurement. First, let's talk about measuring our students' performance.

JMK: This can't be scientific. We don't have a baseline, we don't have comparison groups, and we don't have any structured, established measurement instrument. We're relying on our perceptions, and our perceptions are informed by our desire to show improvement.

With that said, here's my evaluation of the students' performance. I had twenty-six students, and I had serious concerns about four. They passed, but with grades low enough that their standing in this graduate program was jeopardized. More importantly, they will be representing my profession and that bothers me. The question is, "Does this statistic reflect on the efficacy of scaffolding?" Probably not. Those students might have had more struggles without the scaffolding. Even if I had used multiple techniques apart from WAC approaches that fit their learning styles better and had tailored the course to fit the learning needs of those four students, would they have learned more? And, if I had done that, would the others have learned less?

As it was, the other twenty-two students can be evaluated in terms of the process and their final products. Indeed, they seemed to be much more engaged when I used writing tasks in class. They bought in to the process of scaffolding even though they were rushing from work and internships to make a 5:00 class. By the third formal assignment, the students did demonstrate a more secure and accurate use of research terminology, principles, and so forth, and they improved their critical thinking and analysis skills.

RH: I had two ways to evaluate the students' output. First, my years of experience teaching this course, and second, a feedback design that I added late in the semester. From prior years I knew that the final product had often been unsatisfying, and the grades for the assignment often lowered the students' overall course grade. That didn't happen this year, again, like you, with a couple of exceptions. One example is interesting. The student who by far did the poorest final assessment also had a severe lateness problem, and therefore often missed the opening writing assignments or did them in a hurry. I still think it's best to begin the class with writing—certainly the other students got accustomed to this process—and I don't think I should have changed it for this one student. My first standard of evaluation, informal comparison with prior years, supports the notion that scaffolding helped the students with their final products.

In terms of feedback, I devised two feedback forms: one to be completed in the last (pre-final exam) class, the other an informal take home assignment. In both, the students were asked to evaluate their growth, identify assignments that worked for them, and make suggestions. The in-class assignment was conceptualized as a snapshot: only 10 minutes to complete. The take home allowed the students to be more contemplative. So I do have feedback in terms of student self-evaluation.

JMK: And what did they say?

RH: They felt very confident about their beginning level of work and, much to my surprise that they understood the significance of the assessment and how it helped them to think about their work and their client. That's an important point because in the past this assignment was seen as the-last-piece-of-work-we-have-to-do; a burden, not an organizing framework for the content of the semester. These in-class and at-home feedback assignments provided enough evidence of positive change in students to continue to use WAC strategies.

JMK: And how about that student who did the worst? What was her perception of the writing exercises?

RH: After noting that "no class is perfect," the student said very little in evaluation of the writing exercises and instead wished that there had been more role-plays, saying "...a hands-on experience is the best preparation." I have several thoughts about this response. Obviously it is true that some students learn better by doing, and others by reading or writing or watching someone model for them. It's also true that this student did poorly in her writing and so she arguably needed to participate in more, not fewer, writing exercises. One reason why "no class is perfect" is that no class can be perfectly attuned to the learning styles of every student in a class of twenty-five.

JMK: In addition to having evidence that most students benefited, we changed as teachers. We began with our dissatisfaction and went to WAC to address this dissatisfaction, so we can't evaluate the success of WAC without reflecting on our own growth. I have the greater challenge of self-evaluation because I have very limited comparative material. Still, I believe that the three months of WAC faculty development workshops better prepared me to create the conditions to maximize student learning. I didn't want the burden to be on the students to adjust to a course that could be distinctly challenging because it emphasized a different kind of thinking.

Scaffolding helped me to concentrate on the important issues of the course, to identify the take-home messages, to approach the material from the students' perspectives, and to see the course from their eyes. Composing the students' writing tasks was a fundamentally different process of preparation. This is teaching: structured writing tasks supplement the lectures, class discussions, and textbook reading assignment.

Without scaffolding, I might have assumed that my students understood content based on their classroom response and not discovered common areas of confusion until their final papers were submitted at the end of the semester. In terms of week-to-week work, the students' scaffolded assignments isolated what I needed to reinforce from classroom lectures and discussions. In one particular instance, I did not use scaffolding and now realize that I should have. The students were expected to do a critical evaluation of empirical articles relating to their research proposal topics. Naively, I thought the students would have had experiences with this type of assignment in some undergraduate course, even if in a different discipline. Therefore we did not do any low stakes assignments in which the students were required to critique empirical articles. And what they ended up providing were superficial summaries without the critique. Even the disappointing results on this assignment provide me with the opportunity for future growth.

RH: My self-evaluation begins with satisfaction about how I was able to improvise throughout the semester. My planning was always subject to revision based on what I was learning from the students, and I had to work fairly creatively to get the full scaffolding done in class. As always, time went by so fast. This ongoing process helped me to rethink how the assessment outline really worked, and also how I wanted the students to structure their answers. It's important to teach in a way that reflects my expectations of student performance and really, of student thinking. This year, I was more successful in conveying more specifically what I wanted them to do.

Final thoughts

JMK: So what did *we* learn in this journey that might benefit other teachers in their professional growth?

RH: We've learned that the journey is one worth taking. Think of the alternative: being stuck with our continuing dissatisfactions with both our students and our teaching - a recipe for cynicism.

JMK: In other words, we should take our dissatisfactions seriously and act on them, whether the opportunity presents itself via email, or the urgings of a colleague, or is self-created. It doesn't matter whether the helper has been doing the job for fifteen years or is new to the field; for both, the possibility of change and growth exists.

RH: We definitely benefited from WAC in no small part because the characteristics of WAC—openness, partnership, and transparency—parallel those of the helping professions. Using WAC involves the simultaneous evaluation of us and the students. Clearly, we want to continue to use what works, and the flexibility of WAC allows us to adapt to the idiosyncrasies of the particular class. We need to think through more what we want our students to learn and how they are going to learn it and our openness to WAC allows us to do just that.

JMK & RH: The payoff of WAC is greater student engagement with the material. More importantly, WAC enlivened us and made us better helping professionals.

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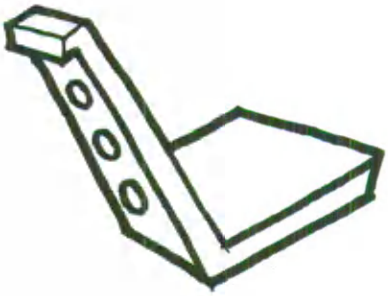

An Overview of WAC

Writing Across the Curriculum, or WAC, is based on an agreement that writing should be an integral part of the learning process throughout a student's education, rather than be isolated to specific courses or departments. A pedagogical movement that has become entrenched in many educational settings over the past three decades, it views writing as a habit acquired during lifelong practice. As Townsend (1994) notes in her history of the WAC movement, "...learning to write and think is a vastly more complex process than is usually acknowledged."

Perhaps ironically, while WAC programs typically begin when a critical mass of faculty come together and share their many concerns about their students' ability to spell correctly, write in complete sentences and other similar grammatical concerns, WAC's main purpose is not to address what are called "surface errors" of writing. Rather, given the complexities required for students to master academic discourse, WAC views the teaching process as iterative in which the teachers are coaches and students discover and create their understanding of course material.

While there is no one "WAC way" embraced by all, some common themes emerge in instructors' approach to learning, assignments, and use of class time. The process of thinking, synthesizing, analyzing, and applying course material is paramount, and writing is central to this process. In short, students use "writing to learn." "Learning to write" becomes a by-product of student writing through focused instructor feedback and repetition of student work. In addition to using multiple drafts to scaffold an assignment, WAC encourages free-writing assignments, double-entry journals, collaborative writing, and in-class "write to learn" assignments (for example: asking students to summarize the lecture they just heard).

WAC facilitates the students' intellectual growth and simultaneously allows faculty to identify where students need additional support. Thus, students and instructors adapt, change, and grow together.

An excellent introduction and overview of WAC can be found at wac.colostate.edu/intro. Two journals (both available on-line) are especially good sources for information about how teachers are using WAC. *The WAC Journal* (published by Plymouth State University) and *Across the Disciplines* (Colorado State University). Many colleges and universities that have started WAC programs have websites where their goals and approaches are explained. Our college WAC site, for example, can be found at: www.lehman.edu/lehman/wac/about.html.

GRASSROOTS COMMUNITY PRACTICE: APPLYING ALINSKY'S RULES IN THE 21ST CENTURY

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Community organizing is a core knowledge area in which social work educators often lack practical experience. This narrative traces the author's involvement in a grassroots action in his own neighborhood, where single-family homes were being excessively converted into rental units by property developers. By helping to mobilize the homeowners, the author studied how theoretical and practical knowledge from community organizing can be combined to help facilitate social change. Specifically, community organizing techniques proposed by Saul Alinsky were applied to assist the neighborhood in their campaign. As a result, the community gained a greater sense of place within the larger system, the author successfully tested theoretical concepts in a real-world setting and gained confidence as an instructor, and his students made connections between academics and practice.

Introduction

The purpose of this narrative is two-fold. The first is to address a concern often experienced by community practice social work instructors: as a group, we often do not have the same bank of personal and professional experiences to draw upon for classroom examples as our micro practice colleagues. I have observed over time that many of us who have worked in micro or mezzo environments prior to entering the ranks of the professoriate can carry these experiences into the classroom. However when we teach macro social work, specifically community organization, we are less likely to have the same level of practice or real world experiences to enrich and inform our teaching. While this does not negate our ability to teach effectively, it does limit our capacity to convey information in a core knowledge area.

The second purpose is to provide a case study of a successful community organizing activity led by a social work faculty member, which was guided by Saul Alinsky's techniques (1969, 1971). This community action project emerged from a grassroots effort to empower, support, and lead a body of people forward to resolve a neighborhood-based social problem. The result of this activity was a successful outcome for the community of focus, for me as a social work professor, and for my students of community organization and practice. The community gained a new sense of power, pride, and place within the larger system. As one of the co-leaders of the project, I successfully applied Alinsky's (1971) rules and techniques and showed that propositions and suppositions presented by Alinsky thirty to sixty years ago remain effective today. In addition, my students of community practice learned how to successfully apply Alinsky's techniques in a real-world, real-time event.

Saul Alinsky's Rules for Radicals (Abbreviated)

Rule 1: Power is not only what you have, but what an opponent thinks you have.
Rule 2: Never go outside the experience of your people.
Rule 3: Whenever possible, go outside the experience of the enemy.
Rule 4: Make the enemy live up to their own book of rules.
Rule 5: Ridicule is your most potent weapon.
Rule 6: A good tactic is one your people enjoy.
Rule 7: A tactic that drags on for too long becomes a drag.
Rule 8: Keep the pressure on.
Rule 9: The threat is usually more terrifying than the thing itself.
Rule 10: The major premise for tactics is the development of operations that will maintain a constant pressure on the opposition.

Rule 11: If you push a negative hard and deep enough it will break through into its counterside.

Rule 12: The price of a successful attack is a constructive alternative.

Rule 13: Pick the target, freeze it, personalize it, and polarize it.

Adapted from Alinsky, S. (1971). *Rules for Radicals*. New York: Random House.

Personal Statement

I am a social work educator employed in a mid-sized, Midwestern university. Like many in our profession, I am familiar with the broad concepts of community organizing from a social work perspective, having focused on it academically throughout my social work education. Professionally, I have the practice experience required to teach "practice" courses as prescribed by Council on Social Work Education (CSWE) accreditation standards (CSWE, 2007), but these employment experiences were largely grounded in micro and mezzo practice environments. What about macro practice, specifically, community organization and development? Had I ever actually participated in a "real" community change activity? Had I organized people in such a way that improves living conditions or place in society, or did I only sufficiently study it to be able to teach these concepts and knowledge to my students with some level of confidence and competency? In one sense, I had "experienced" community organization by participating in activities via classroom and natural laboratory environments, but I had not been a community leader, advocate, or grassroots organizer—I had only learned how to "become" these things if the opportunity presented itself. Discussing this dilemma, Saul Alinsky (1971) differentiated between the "rhetorical radical" and the "realistic radical." As the terms imply, the rhetorical radical is largely consumed with talking about the problems; the realistic radical works to fix the problems. Whether I liked it or not, according to Alinsky, I would be defined as rhetorical.

I struggled with this as an educator. Looking upon colleagues teaching micro and mezzo practice, I observe the connectedness between them, their students, and the subject matter. They are able to teach how to facilitate positive changes as caseworkers, counselors, or advocates augmented with personal knowledge and experiences. I, on the other hand, was limited to describing and disseminating theories, assigning readings and case studies, showing videos, and citing examples of works from social pioneers such as Jane Addams (1893; 1902), Saul Alinsky (1971), Russell Means and M. J. Wolf (1995), or Upton Sinclair (1906). I was aware that access to journal articles related to social welfare is limited due to the near absence of up-to-date, peer-reviewed, published information outlining effective techniques of community organizing. Supporting this statement, Pippard & Bjorklund (2003) conducted a literature review of several social welfare-focused journals between 1995 and 2003 and failed to locate *any* articles devoted to identifying community organization practice techniques. That said, some empirical works do exist concerning the role social workers play as community organizers (Arches, 1999; Hardina, 2003), but these are discussions about how social workers *can* or *may* evaluate outcomes, encourage empowerment, *or* identify key concepts. They lack the concreteness of describing the details, processes, and struggles of being a "front line" organizer. This is not to say that published works do not exist to assist in teaching community practice. For example, Johnson and Grant (2005) provide a casebook displaying several community practice case studies. However, this particular text is limited in that it offers only a few "real world" examples of community social work. Therefore, I was not only unable to share my personal experiences in the realm of community organizing (I had none), but was also largely unable to expose students to a body of works describing techniques of community organizing from a uniquely social work perspective. Using Saul Alinsky's terminology, I felt that I was preparing more rhetorical instead of realistic social workers for community organizing practice.

In defense of these shortcomings, I was reminded of the writings of Patton (1990) when he stated that too often these types of activities are not published because they do not immediately lend themselves to the parameters of scholarly writing. I was also consoled with the knowledge of what Saul Alinsky (1971) wrote:

> *"...a man of action does not have the sedentary frame of mind that is part of the personality of a research scholar. He finds it very difficult to sit quietly and write. Even when provided with a voluntary situation of that kind of writing he will react by trying to escape the job of thinking and writing..."* (p. 157)

While I am not in full agreement with Alinsky on this statement, I appreciate his perspective. The nature and works of the community organizer do not necessarily fit well with the expectations of the research realm or ivory tower. Reporting community action techniques or outcomes can be cumbersome, even awkward. Typically those engaged with the action are not members of academe, meaning they are less likely to pursue publication in a traditional refereed journal. As organizers working on the behalf of others, they will report outcomes to those affected, and move on to the next project. Thus, the outcomes of the community activist often never arrive in the empirical literature. Here is where we in academe can make a difference—we can become engaged in community organizing as well as report back to the discipline on both process and product.

The Educator Becomes an Organizer: An Opportunity to Engage

My struggle with the aforementioned questions changed when I found myself facing an issue in my community that called for the expertise of a community organizer who could bring together a neighborhood to confront a shared problem. Given my rhetorical knowledge and background, I volunteered.

For years, property developers (increasingly absentee landlords) bought older, often turn-of-the-century-built houses and converted them into high-occupancy rental properties in the Washington Park neighborhood of Mankato, Minnesota, a city with a population of about thirty thousand residents and fifteen thousand college and university students. The aforementioned property conversions were almost exclusively developed to house multiple individuals who were either college students or young adults, as this type of housing is often preferred by these groups to apartment complex living. All too often, houses were converted with little or no concern for esthetics, and the norm was to maintain the properties at minimal standards. Many of these stately, pleasant structures would soon devolve into eyesores with overgrown lawns, peeling paint, broken windows, and refuse scattered about.

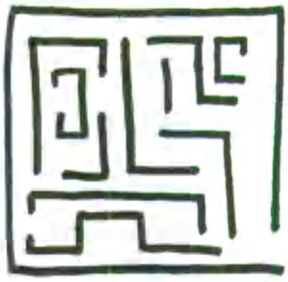
Ethnically, the Washington Park neighborhood is quite heterogeneous, with European American (White) accounting for 93.9% of the population, African American residents representing 3.6%, and Hispanic or Latino individuals representing 2.2%. The remaining residents identify as Asian Americans or members of two or more races (U.S. Census, 2000a). Economically, this neighborhood is largely inhabited by families with modest incomes as well as younger, college-aged individuals. While the average age of neighborhood residents is 25.5 years old, 11.5% of the residents are elderly (U.S. Census, 2000b). Monthly rental prices of converted houses are high and typically based on the number of bedrooms available. For example, a five bedroom house would rent from $300 to $350 per room, or $1,500 to $1,750 per month. This is considered "affordable" to multiple single individuals living in a house where each pays their share from their own resources. However, the affordability factor drops for families who may have at best two incomes but need the larger living space.

Families, regardless of size or income, would be charged the same price.

Over time, conflicts between renters and homeowners had grown strained, cantankerous, and even confrontational. Homeowners complained of noise curfew violations, poorly maintained rental properties, garbage problems, street congestion, and harassment (including vandalism) from renters who had retaliated against neighbors for filing complaints with city officials. In return, renters, landlords, and developers complained that neighbors were unfairly targeting their properties. For example, landlords claimed that they were unfairly blamed for problems in the neighborhood, and were not responsible for the ill-acts of a few "problem" tenants.

While negative relationships between rental and private property owners existed, positive aspects abound in the Washington Park neighborhood. The remaining single-family homes are affordable, selling within a price range sought after by first-time homebuyers in lower- to middle-income brackets. This is a neighborhood where many purchase their first homes, especially among those who could not otherwise afford to buy in more affluent neighborhoods. Many of the homes are of sufficient size to meet the needs of families—three-to-five-bedroom homes with yard space large enough to encourage outside activities and play areas. In addition, the neighborhood boundary includes a city park with a playground area for children and a large, open green space.

Negatively, the rate of development had advanced to such a point that the high-density rentals were reaching a saturation point. In 2006, new rental license applications accounted for 2.3% of all properties in the Washington Park neighborhood, the highest rental property conversion rate of any neighborhood in the city (Linehan, 2006). Some streets in the Washington Park neighborhood were almost exclusively lined with rental units, whereas others were not yet so saturated but considered to be at risk. The conversion of these homes from single-family housing into rentals was a concern among residents and city officials alike. The goal of city leaders to have affordable housing options available for lower- and middle-income residents was being compromised. One city council member complained that there was a shortage of affordable housing for home buyers, yet at the same time an excess of affordable rental opportunities across the city, and questioned the long-term impact of these conversions on the social and economic health of the greater community (Mankato City Council, 2006). However, the Washington Park neighborhood was being targeted by property developers because the homes were affordable, easily convertible, and sought after by a select group of individuals who preferred to live in a house instead of an apartment.



The Neighborhood: A Brief Historical Overview

The history of Washington Park neighborhood dates back to the turn of the twentieth century. Homes in this area were largely built between the 1890s and 1930s, and represented some of the largest residences per lot size within the city (Mankato City Council, 2006). Young families are well represented in the neighborhood, but there are also a number of long-time residents. Several community members boasted living in the Washington Park area for twenty-five to forty years. While this was considered a primarily residential area, it was zoned to allow up to five unrelated people to live together in a rental unit, locally known as "R-3." Over time, many single-family homes had been converted into multiple-living units, and typically housed between five and ten individuals. This was problematic in many ways. The neighborhood was originally designed under the assumptions of single-family density. The increase of individual residents was placing strain on parking space, streets, and public utilities. After considering the strengths (and weaknesses) of the neighborhood, it was concluded that above all else, this area was experiencing a zoning problem and needed to be rezoned.

Across the city, other neighborhoods had confronted similar problems and successfully lobbied the city for rezoning classifications. For example, in 1992 the nearby Lincoln Park neighborhood fought for and received a rezoning classification, where the community was "down-zoned" to discourage the continued conversion of homes into rental units. Community members later pursued and were granted the distinction of becoming the Lincoln Park Historic District and the neighborhood was placed on the National Register of Historic places (National Park Service, 2006). Over time, the Lincoln Park neighborhood began to return to its historic identity and façade, while at the same time maintaining a blend of single-family homes and rental properties. The hope among many Washington Park residents was that this could also occur in their neighborhood, but only if rezoning could be realized.

Processes to Facilitate Change: Getting Organized

Before beginning the process of organizing, I needed to decide what approach or strategy I would use. I chose to apply Alinsky's *Rules for Radicals* (Alinsky, 1971) for two reasons. First, Alinsky's ideology centered on grassroots development, and as an organizer, his techniques were considered effective (Horwitt, 1989; Jamison, 1994). Second, I used Alinsky's works in my classes, and testing Alinsky's rules in a "real-world" situation, regardless of the outcome, would provide me personal experience and knowledge I could incorporate into the classroom.

Getting Started

The true starting point of the rezoning issue in the Washington Park neighborhood is difficult to identify. Long before any formal discussions were held with city officials, neighborhood residents shared with me that concerns about the rental conversion problems had been discussed often. According to long-time residents, community members began talking about the property conversions as early as the mid 1980s, around the same time the Lincoln Park neighborhood began their pursuit to rezone. However, for reasons not fully understood, the goal of rezoning in the Washington Park neighborhood never gained the momentum needed to move the process forward. This is where the goal to rezone stood until 2006. For the purposes of this narrative, I identify the starting point as February 2006 because this is when I first met with neighbors to discuss the problem of property conversions and began to develop strategies to address neighborhood concerns.

Getting Politically Involved

Around the time Washington Park neighbors had renewed their interest in rezoning and were expressing concerns about the conversions, the city's mayor stepped down, leaving the position open and requiring a special election. The city council member for the political ward encompassing Washington Park was elected to that position, leaving this council seat open. To encourage political support, I reviewed the platforms of the several candidates running for the position and met with the one that appeared likely to be the most sympathetic to our neighborhood concerns, including drug dealing, noise, refuse, parking, traffic, and the state of disrepair of many rental properties. As a long time resident, he was aware of the problems and would support efforts to improve the neighborhood. Convinced that this candidate would represent our concerns, I wrote a letter to the editor (Mackie, 2006), which outlined his qualities and asked for Washington Park residents' support. I assisted with his campaign and rallied support for him in my neighborhood. The candidate won the position, and the neighborhood had a new ally on the city council.

After the election, neighbors met and agreed that we needed to start a grassroots effort and develop a plan to pursue rezoning. The first step would be to meet with the city's Community Development Director (CDD), the point person for city development efforts. He was also recognized as a supporter and ally of our goal, and very knowledgeable about the politics of the city. During our meeting, the

CDD expressed his support, but cautioned that the current city council would be more receptive to the request for rezoning if it came directly from the community. He encouraged us to start a petition requesting that the city council down-zone the neighborhood from the current status of R-3 to R-2, which would result in reducing the continuation of high-occupancy rental conversions. We recognized that the political theme was emerging. Residents had support from the city staff and elected officials but needed to do the work.

Zoning and Down-Zoning Defined

In this community, R-3 zoning refers to a zoning tolerance allowing up to five unrelated people to live together in a single rental unit. Based on size of property, this often meant that smaller houses could have up to five unrelated individuals living in them as one unit, and larger houses could have two or more units (duplex or triplex) with multiples of five or a combination. Under R-3 zoning, homes originally designed to house a moderate-sized family were now often housing between five and ten adults within the same space. In contrast, R-2 zoned areas allow for up to two unrelated people to reside within a rental unit. It is largely understood that R-2 zoning reduces density of population; therefore reducing the multitude of problems associated with high-density properties.

It is important to note that rental properties developed under R-3 zoning rules would remain so (grandfathered) after down-zoning. Additionally, conversion to an R-2 zone would not disallow future development of rental properties. Mankato city code states that under R-2 limits, no more than two unrelated people can live in the same domicile. Rental properties could continue to be developed, but would be limited to the lower density limits. However, there is no upper occupancy limit under R-2 zoning restrictions for related residents; meaning families of any size comply with the R-2 code.

Developing a Petition for Change

The informal nature of a few neighbors discussing problems needed to be more formalized to obtain volunteers to educate residents about the benefits of down-zoning and obtain signatures for the petition. The critical first step of identifying the players at the governmental level had been accomplished. We knew we had support from at least one council member, as well as the Community Development Director. Based on the information we obtained, we felt we also had support from at least one other council member, the city manager, and the police chief - but these were not confirmed. However, this optimistic information provided the group with the energy needed to move toward the next step: circulating a petition requesting that the neighborhood be rezoned.

The petition turned out to be one of the most important elements of the process; but at the same time, the most difficult and frustrating to complete. One neighbor and I offered to gather signatures, while the rest of the core group would spread the word about what we were doing. We soon realized an error in our plan. Two people—especially two busy people with families, jobs, and personal lives—were not enough to successfully canvas approximately twenty six city blocks of homes. We learned that going door-to-door with petitions consumes considerable time and energy.

During the evenings after work, my colleague and I would map out where we would go to collect signatures in an effort to avoid wasting time and energy with overlap. With great intentions, we anticipated being able to gather several signatures from neighbors on any given night. However, we quickly learned that because people were excited about the down-zoning proposal, they wanted to discuss it further with us. We were not meeting resistance, but progress was slowed as we worked our way through the neighborhood. In the end we learned a great deal about our community, but at the cost of not meeting our goal to get to all of the homes.

Regardless of the arduous process of collecting signatures, a timeline to complete the petition needed to be established in order to get our request on the city Planning Commission schedule as well as in a public forum. Timing was important because city code and state law required that letters be sent to all residents that would be affected by the rezoning. Upon receiving the petitions, city officials mailed letters to all property owners in the Washington Park neighborhood informing them of the public hearing scheduled two weeks later. This letter explained the proposed zoning change and invited interested parties to attend the public hearing before the Planning Commission.

After the property owners received their letters, the group of homeowners who had initiated this process regrouped to discuss strategies for the public hearing. We had been tipped off by a sympathetic outsider that landlords (especially absentee and property developers) were also organizing their forces and planning to attend the public hearing. This information helped us strategize on how to best approach the meeting: who would participate, and how they would do so. I felt Alinsky's Rules (1971) would be a useful guide for our pursuit, and we applied them when appropriate. I also employed my knowledge of social and community development theory (Payne, 1997), and empowerment theory (Solomon, 1976; Miller, 1983; Rappaport, 1987). However, I was cautious to not allow these theoretical influences to overpower the use of the more concrete approaches proposed by Alinsky (1971). My concern was that while theory is important, practice techniques were what community members wanted to see and learn.

Applying Alinsky's Rules

The core group's first strategy was to get as many supporting homeowners to attend the meeting as we could; we needed as many bodies in the council room as possible as a show of force and unity. Our plan was that whenever a landlord spoke *against* the proposed change, we would have someone on our side ready to stand and speak *for* the change, as well as refute the statements of the opposition if their statements were inaccurate or otherwise challengeable. We went one step further by "seeding" the room, having members of our group sit in different areas to make it look as though we were not all together. We also addressed the need to be concise in our rebuttals: take verbal aim at a specific statement made and counter it, which would show confidence in the cause. Finally, we utilized Alinsky's third rule to go outside our opponent's experiences whenever possible to cause disruption and confusion. As community members, we could talk about problems clearly and use specific examples, whereas the opposition would likely offer little more than opinion and speculation. We felt this could be an especially effective strategy as the landlords and developers almost exclusively did not live in the neighborhood. We knew that most of those who did live in the community were sympathetic toward our cause. In fact, two landlords who both owned rentals and lived in the neighborhood were members of our core group, and were prepared to speak in support of the rezoning.

The Planning Commission Meeting: Conflict

About sixty community members attended the Planning Commission public hearing. Attendees included a broad spectrum of interests: including homeowners, renters, property developers, and landlords. Of those, over twenty people spoke during the public testimony segment of the meeting. An analysis of the meeting minutes showed (predictably) that homeowners were in favor of the rezoning, and the property developers against. Renters also expressed support for the rezoning. Many were concerned that their housing was often substandard, and supported shedding light on and exposing these problems.

Landlord and Developer Testimony

One landlord stated that he and his financial partners owned several rental properties in the rezoning district, had invested over nine million dollars in the community through property development, and continued to develop properties. He told the commission that if the rezoning passed, his company could not afford to buy and convert new properties. This developer further stated that, in his opinion, young families did not buy homes in this area, preferring to live in the suburbs instead of buying a home in the city to "fix up." He threatened that he and his partners would no longer invest in the community and possibly pull their business from it. This sentiment was also expressed by another developer who stated that he would no longer invest in his properties if the rezoning were to pass. These developers argued that the conversion of these properties was actually good, as they were often better maintained and made more visually attractive than the single family homes. Both were clearly attempting to exert power by threatening to pull their investments if the Planning Commission did not vote in their best interests.

Another developer told the Planning Commission that his company bought foreclosed homes and renovated them into high density rentals, doing the neighborhood a service because nobody else would buy these homes in the condition they were in. He stated that he was frustrated with the attempt to rezone, because he stood to lose money on a proposed building project to raze an older home and replace it with a four-plex building. He said he felt that the neighborhood was "stabbing him in the back," because he'd been told elsewhere that they approved of what he was doing. However this was an individual whose previous work on another property had been halted by the city officials due to serious zoning and code violations; clearly he had credibility problems with his neighbors. It was also obvious that the developers were aligned and exerting power by throwing their wealth and influence around the community. They further attempted to reduce the residents' power by marginalizing their right to organize, challenge, and ask questions of the developers. Sometimes, they just lied.

Homeowner Testimony

Homeowners represented the remainder of those who spoke. Several described how they live near high density properties and experience noise, refuse, and parking problems. Others argued that the developers' statements that rental properties were maintained better than single family homes were simply untrue. Some homeowners stated that they were unable to find affordable housing for purchase elsewhere in the city similar to the size of the homes and lots in the Washington Park neighborhood. In response to the developer who stated that people didn't buy rental properties and convert them into single family homes, one resident shared that she and her husband did just that, and now had a beautiful home to show for it. Another homeowner challenged the statement that people do not buy foreclosed-upon homes, stating that he had done that in recent years and was now raising his family in the renovated home. He shared that this was the only way he could afford to own a home with his income. Single-family homeowners were not the only people speaking in support of the rezoning - one member of the community said that he is both a resident and a landlord in the neighborhood. He understood both sides of the debate, but supported the rezoning as there was a need for balance between rental units and single family homes to have a quality community, which had become skewed toward rentals.

Finally it was my time to speak. Recognizing the need to maintain momentum, I followed Alinsky's thirteenth rule: pick the target, freeze it, personalize it, and polarize it (1971), which I combined with reiterating what had already been said so as to keep the discussion going. I stated that street parking was problematic because landlords had often not provided adequate parking for their properties. Even among those properties that had off-street parking, many occupants did not use it and took up limited available space in the street. I argued that while landlords provided sufficient minimum off-street parking slots required by zoning rules, they did not always fit the actual number of cars owned by residents. Refuting the statements that many single-family homes were in disrepair, I stated that visually distressed properties typically were in fact rental properties, and the statements made by some of the landlords were false. While families had bought and improved properties in the neighborhood, these conversions from rental properties were not keeping pace with conversions to rentals. I reiterated the importance of maintaining affordable housing stock for purchase. My goal was to further deflate the arguments presented by the developers and landlords.

A final blow to the opposition occurred when one angry homeowner stated that he was sick and tired of absentee landlords collecting rent, allowing their properties to fall into a state of disrepair, then leaving the neighbors to battle with the problems of parking, garbage, and noise. He felt that absentee landlords had little to offer in the discussion as they did not work to preserve the community, but in fact compromised the livability of it. His statements were met with applause.

After the public forum was closed, the Planning Commission members held a brief discussion. One member shared his concern that landlords and investors could lose money as a result of the rezoning action. He was especially concerned about the developer who stated that he planned to remove a house and replace it with a four-plex but was now likely stuck with the property. Other commission members stated that, while this was a concern, public policy could not be written to favor a select few. Another commission member reminded the attendees that even if the request passed, it would take several years to see significant changes in the neighborhood and a return of balance between rental and single-family homes. Overall, the commission expressed support for the rezoning, noting that this was a community out of balance between rentals and homeowners. In the end, when the vote was called, the motion to rezone the neighborhood passed unanimously.

There was a sense of elation in the room among the residents, and (by the looks on their faces) anger among the developers. We had crossed the first hurdle and won, but we were only halfway to the goal. While the Planning Commission would recommend that the rezoning be passed by the city council, the council would make the final decision. We had six weeks before the council meeting to reorganize, plan, and prepare for the final vote, but then so did the developers. They still had two things we did not have at our disposal: time and money.

The City Council Meeting

Six weeks later, the city council was scheduled to hear the rezoning request. Again, a letter was sent out to all property owners in the Washington Park neighborhood inviting the community to attend the public hearing in front of the city council. Unlike the Planning Commission meeting, no landlords or property developers attended. Similarly, fewer community members were in attendance. We had lost some of the energy we had in the first meeting, but then so had the opposition. It appeared that the challengers we met in the Planning Commission meeting had given up. Alinsky's ninth rule was accurate: the threat is often more terrifying than the thing itself. As a result, the council meeting was largely quiet. A few of us stood and spoke in support of the rezoning, but all we were doing was reaffirming our predictable positions.

At the end of the meeting, two council members and the mayor openly commented on how impressed and excited they were about the community organization efforts of the Washington Park neighborhood. The council member representing the neighborhood stated that he was particularly impressed to see such effective and successful grassroots community action. He mentioned how surprised he was to see this come in front of the council so quickly. I was pleased to see that Alinsky's seventh rule was also valuable: we didn't let the tactics or process drag on too long. Speed was essential to win, and we did not have the financial resources to battle the developers in a long, drawn-out fight. I am not sure if we had the human power either. Regardless, the city council voted and unanimously passed the motion.

The Big Question: What Would Alinsky Say?

Saul Alinsky was committed to fighting for those who were oppressed, marginalized, underrepresented: the very poor. Did Washington Park homeowners fit this description, or were they little more than a well-intentioned but otherwise naïve group whose primary focus was to preserve their own property values? Worse, were the truly poor pushed to the margins and further isolated by being shut out from access to affordable rental properties? Because Alinsky is no longer with us, we cannot know for certain what he might have said. However, from the writings and legacy he left us, we can speculate.

This is not a neighborhood that is known for its affluence or political power. It is a place where most residents are working lower to middle class, and most live here because this is where they can afford to live. The Washington Park neighborhood is in the urban core of Mankato, a city that has for years been growing out and away from its center, with little growth within. That said, most other neighborhoods in the city are more affluent, and the homes are subsequently more expensive. The very reason property developers found it attractive are the same reasons homeowners found it attractive - homes are large and affordable. The two groups were at odds with each other; homeowners were working to protect their property values as well as care for their neighborhood, and many property developers were seeking to maximize profits with little regard for the greater community. The intent of the homeowners was not to deny the poor affordable housing (recall the discussion about actual rent prices), but to maintain a balance of socioeconomic diversity and sustainability. Neither the intent nor the outcome of the developers' conversions was to create affordable housing that would benefit the poor; they focused on a select group and charged them relatively high rents.

By Alinsky's own writing (1971) and from an interview by Norden (1972), we know where he planned to move next with his campaign for social change: America's middle-class. Alinsky readily agreed that mobilizing the middle-class seemed to deviate from his previous work among the poverty-stricken. However, he argued that the potential for real change lies within this very group. These are the people who stand between the rich and the poor. They possess some of the power, yet are simultaneously exploited within the economy. They see themselves both as "making it," yet they're also at the economic edge. Alinsky was deeply concerned that when one counted all of the poor, they represented only a fraction of the total population— and lacking raw numbers, would struggle to gain real social power regardless of their actions. Conversely, the middle class represented a majority and, according to Alinsky, with majority comes power. That said, he argued that "…the only hope for genuine minority progress is to seek out allies within the majority itself as part of a national movement for change." (Norden, 1972, p. 60). At the time, Alinsky felt that the middle class was apathetic and going nowhere; either moving toward "native American fascism" or "radical social change." Sadly, not long after sharing these thoughts Saul Alinsky died and was unable to carry out this campaign, leaving us to carry it forward. Three decades later the debate over which direction the middle class ultimately went is another discussion and outside the scope of this article, but it's likely that many of us have developed serious ideas about it.

Regardless of the direction, I kept Alinsky's forecasts in mind and worked hard to interpret what he meant by organizing the middle class. When the Washington Park residents began isolating and classifying the renters as "bad," I educated them and insisted that they understand the real issues—not slip into the abyss of the blame game. I encouraged participation among renters who, like us, shared concerns about poor quality housing but, unlike us, did not have the same power. Like the poor described by Alinsky, they were simply too few and lacked the power that comes with majority. Homeowners were the ones who could effectively fight for grassroots change. I tapped into that power, organized it, then worked to educate the majority about their responsibility to meet the needs of the greater community, which included both their concerns and the concerns of others.

So what would Alinsky say? I would hope that he would make at least two observations. First, I would like to think he would applaud the application of his notion that the middle class majority can be more than socially apathetic and interested in working for positive social change. Remember that the Washington Park residents are not, as a group, wealthy. They are the middle class Alinsky identified. They sat by for years and watched their neighborhood change, not knowing what to do, often hoping that their local government would somehow rescue them. In turn the city, tied to outdated zoning laws they could not or would not change without community support, was unable or unwilling to proactively pursue change in Washington Park. By applying Alinsky's rules, the neighborhood was able to empower themselves individually and collectively. Affordable homes were saved, and people learned how to work together as a unified group.

My second hope would be that Alinsky would see me as more than a rhetorical radical. He was not shy about his impression of social work's approach to community organizing, saying "the difference between [social workers'] goals and ours is that they organize to get rid of four-legged rats and stop there; we organize to get rid of four-legged rats so we can move on to removing two-legged rats" (Alinsky, 1971, p. 68). By my own admission, I entered into this project as a rhetorical radical: well versed in both printed knowledge and the specialized vocabulary attached to what we call indirect practice. I emerged, I think, beyond that point. Whether that means I evolved into a realistic radical is ultimately for others to define. Maybe most importantly, I learned the difference and can now share this insight with my students, colleagues, and fellow social workers.

Implications for Social Work

The first implication is not necessarily to the discipline of social work, but to fellow social work educators wanting to be more active as educators (Stoecker, 1999). Do I believe that we lack relevance or activism? Of course not, but I do believe that we can become more engaged in our chosen fields of teaching by occasionally injecting ourselves into the practice arena. By doing this, I personally feel more confident as an instructor communicating both content and process to students learning about community social work.

The second implication is the usefulness of a case study showing the techniques of an effective community organization event. Readers may take from this a deeper understanding of how community social work can be applied in a real world setting to create positive social change. In addition, this case study shows that while Alinsky's rules were developed in the mid-20th Century, they are not outdated. In fact, I found that Alinsky's methods were highly effective and an efficient method to facilitate real change. My hope is that we as educators continue to make an effort to find the time to remain relevant and active in our chosen areas of expertise. After having some time to step back and contemplate the process, I feel obligated to offer one simple piece of advice: you may be able to keep what you teach fresh and updated by practicing the skills you worked hard to develop.

Conclusion

From this experience I gained a deeper understanding of how community social work can still be applied in everyday society, how to communicate its value more effectively to social work students, and how at least one grassroots community action was successful. In class, I now feel more competent and confident in my knowledge about how to actively organize a community of people into people of action. Students find the local nature of the work interesting, and have stated that they find the connectedness between academe and the "real world" refreshing and motivational. Because of this work, I now have a sense of connectedness between the academic world I work in and the community I live in. I continue to work on community livability concerns with the city and the neighborhood, having been appointed to different committees and task forces. More importantly, I played a role in empowering community members who are now involved in ways they did not envision previously. In the end there is now a more active, engaged, and invested community in place of the fragmented, disconnected structure that existed before. Pride in the neighborhood is growing. People in other neighborhoods are calling and asking how they can follow our lead. A neighborhood organization aimed at addressing long-term concerns has been developed. A community is revived. Alinsky's techniques of community organization and social change appear as relevant as ever.

Postscript

After the rezoning project concluded, several neighbors and I started the Washington Park Association; not as a covenant of exclusivity but as a social and political entity focused on addressing the needs of all residents—living in the neighborhood automatically made you a member. Volunteers canvassed the neighborhood with door hangers inviting all residents (homeowners and renters alike) to come together and discuss ways we could address problems and improve our community. I insisted that the meetings be held in a school located in what is considered the roughest part of Washington Park. I wanted invited city officials as well as neighbors to be forced to see where we needed to begin our work. I moved the power accumulated by the rezoning effort and converted it into a mechanism for long-term social change. Today, the Washington Park Neighborhood Association is growing. Members represent a broad array of backgrounds, ages, and socioeconomic statuses. Committees and sub-committees have been developed to focus on concerns and suggest improvements. The American democratic tradition Alinsky insisted we embrace is alive and well here.

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WORKING TOGETHER FOR CHANGE FOR CHILDREN OF PARENTS WITH MENTAL ILLNESS AND THEIR FAMILIES

Vicki Cowling, MSW, Ph.D. Candidate, University of Newcastle, New South Wales, Australia

This narrative weaves the author's twenty-three-year social work journey with her involvement in research, projects, publications, and policy development in Australia concerning children of parents with mental illness and their families—a group described previously as "invisible." The author acknowledges the part that advocates worldwide have played in achieving significant increases in knowledge and understanding, as well as commitment from governments, to fund state and national initiatives in Australia.

(Case studies are based on actual events, with names changed and identifying information removed.)

> "Never doubt that a small group of thoughtful, committed people can change the world. It is the only thing that ever has." TM 1
>
> ~ Margaret Mead

First Social Work Years

My social work career began in December, 1985, in a suburb in the inner south of Melbourne, Australia. My first position was with a small state funded family support agency; the Family Support Unit (FSU). The FSU was a unit of the local office of the state Department of Human Services, which made it unusual as most services of this kind were managed by non-government agencies. The unit had been established in the mid-seventies as a pilot project, under "alternatives to residential care" legislation.

The FSU office had been converted from a small residential house set close to the street near a busy shopping strip. Clients and their children came in for meetings or to say hello and have coffee. Former clients and staff also visited periodically, as did local residents who came by to leave clothing and household items for the families.

My first two client families consisted of a mother who had two very young children, and a father who also had three young children[1]. "Kath" had been hospitalized and treated for symptoms of schizophrenia, while her two young children were placed in what then was defined as a "reception centre" (a setting that provided institutional care for children who had been taken from home by welfare authorities). The reception centre was about an hour away from where the family lived, making it almost impossible for Kath (using public transport) to visit her children. When the children returned home, we provided family support for several months until our services were no longer required.

Working with Kath gave me cause for personal reflection and learning. Despite recurring episodes of mental illness, Kath maintained her commitment to her children. With effective support for herself and her children in place, such as regular meetings and attendance at pre-school for the children, she was well able to care for them.

"Brian," my second client, had moved to the city with his three children. His alcohol abuse led them to be evicted from several homes. In the early stages of working with the family, we had to find emergency accommodations for them five times in three weeks. The warm and loving relationship between Brian and his children was evident, but he was unable to adequately provide for them due to his alcohol addiction. The Children's Court ordered custody and guardianship to the State, but we were able to find a placement for the children that allowed them to stay together.

Both families had significant struggles to manage in addition to the mental illness and alcohol abuse of the parents. They were isolated or totally distant from their families, friends, and community. They experienced poverty, and in Brian's case, the instability of short term housing. What I still remember is that both parents maintained their children's needs as their primary commitment.

From these and other families I encountered during those first years, I learned that as professionals we need to make judgements about the behaviour—not the person. Working alongside a parent as they reclaim their role (which has been undermined by circumstance) may be the factor that enables them to have restored confidence and renewed capability to meet the needs of their children. However, despite a parent's good intentions, there are times when we are still obligated to call child protection services. I became attuned to seeing the depths, strengths, and generosity of spirit in families and individuals that sometimes lie behind chaotic presenting issues.

As a caseworker assessing families and planning interventions, the emphasis at the FSU was on working with the family and diverse agencies in the community. Home visits were a routine part of the work, as were visits to residential care settings and child care centres, finding emergency accommodation for families and, on occasion, driving children across the city so they could spend weekends with their parents while living short or long term in a family group home setting. We worked together with child protection services, schools, day care, maternal and child health, mental health services, doctors, emergency services, public housing, social security, community police, juvenile justice, and the office of the local Member of the Federal Parliament who allowed us to use his photocopier.

Within the agency we worked as a team. We had two social workers: one as coordinator, one as a fulltime administrative worker. Our part-time staff served as family support workers. The coordinator received referrals and allocated new clients. We discussed which of the family support workers was available and would best match the client family based on their experience and particular skills. Our agency was located in a poor part of the city where activities such as drug use and prostitution were highly visible. The families we worked with were socially and economically disadvantaged and experienced health issues, developmental delays for children, domestic violence, and child abuse or neglect. Mental illness was prevalent among our client group; sometimes it was necessary to make referrals to the child protection service. Working with these families led to the restoration of stability and safety for the children, which increased the confidence of parents in their parenting roles. Their newfound capacity to protect and provide for their children led to the discharge of the family from our service.

After two-and-a-half years, I chose to move onto new challenges and opportunities and was appointed as coordinator of a foster care agency. (The provision of foster care services for children was managed by non-government agencies in the state of Victoria and, in the example I give, by local government). This agency was sponsored by Local Government Authorities (LGA). I worked with an Interim Committee of Management, and was located in the Family and Children's Services Department of one of these LGA's. The establishment of this service had come about through local advocacy and activism as workers felt that families were not receiving adequate services. These two municipalities contained a substantial proportion of public housing, and many of the families needing foster care lived in this housing. I took the position two years after my predecessor had established the service. My role was to recruit, provide ongoing training, match and review placements, and support foster caregivers as well as promote the program and attract new caregivers. In the early stages of development, I asked local merchants to display posters about the foster care program in their places of business, and approached local volunteer groups based in a nearby suburb adjacent to the port of Melbourne. One such group was the support committee for a local football club. I arranged to attend one of their regular meetings, and walked through a maze of rooms underneath the stands to meet with them. All the women were involved in creating handmade items for the fundraising stall that accompanied each football game, and were representative of many generations of residents from the area. Although that meeting occurred nearly twenty years ago, I still hold in mind a clear image of this small community of women, including three generations from one family, working together to support the football club. This institution had been founded in 1874 and was, and still is, important to the suburb, giving the women, their families, and the community a shared interest and purpose.

These early years were truly community based and gave me a sound understanding and appreciation of the diverse range of services we provided. The values of trust, respect, social justice, and integrity were present in the professional community with whom we worked. I used and developed my skills in building and sustaining relationships, and learned more clearly the value of networking—of talking *with* people—and learning from them about resources and services for clients. This takes time, as with developing any relationship.

For several years I had wanted to further my studies in psychology, so I enrolled in a graduate course which required completion of a research project. While working on this project, I discovered that research was my "calling." In early 1993, I began looking for a position with a focus in research. I was drawn to a small advertisement in the employment pages for a research assistant to help develop a project concerning parents with mental illness and their families. As I read the description of the position, I knew I had the passion and commitment to take up the role. It involved research, concerned families, and even offered the opportunity to conduct a research project of my own.

I had total conviction that I would be able to make a difference for the families concerned. The injustice of the discrimination experienced by people with mental illness is compounded for their children. My research experience was limited, but I was determined to get the job. I took up my new position in 1993.

Policy and Funding Initiatives in the Mental Health Field in Australia in the 1990s

The research project I implemented with my colleague David Hay began at a time when significant mental health initiatives were occurring at the national level in Australia. Prior to 1993, the recognition of the needs of parents with mental illness and their children was only acknowledged in the state of Victoria. This included initiatives such as a peer support program for parents and professional education for mental health workers. These activities were initiated by concerned individuals and did not arise from government policy or program decisions. In 1993 the publication of a landmark report highlighted the needs of the children, together with the needs of consumers of mental health services, and carers: *The Report of the National Enquiry into the Human Rights of People with Mental Illness* was presented to the Australian Parliament in 1993.

Following the publication of this report and as part of a National Mental Health Strategy, the Australian government invited submissions for the development of new projects that would benefit mental health services. Three projects received short term funding. Concurrently, a national Mental Health Policy document was published with an accompanying First National Mental Health Plan. While neither of these documents specifically referred to children of parents with a mental illness and their families, a subsequent national plan and practice standards document did make this specific reference.

This early research was exploratory, and occurred in three stages between 1993 and 1995. The purpose of the first stage was to establish how many clients in adult mental health services had dependent children, and then determine the approximate number of children involved. The second stage aimed to identify the needs of children and their parents. Parents were approached through mental health and other services, and invited to complete a questionnaire or participate in a focus group. A survey of service providers was also conducted as part of Stage 2, asking them to identify areas of greatest difficulty experienced by children, and the most effective interventions that could be provided. Service providers were also asked to list their needs in relation to professional development and skills training. In Stage 3, face-to-face interviews with thirteen parents were conducted in order to document the extent and type of disruption occurring for families due to a parent's mental illness, and to understand how that may affect children (Cowling, 1996).

Beginning the Change Process

The research pathway David Hay and I were taking was breaking new ground, and presented us with methodological and ethical challenges. A colleague with experience in action research reassured me that every step we were taking had not been taken before; and I confronted this on a regular basis. The research challenged established ways of thinking and working with clients in adult mental health services, some of whom were parents. For some clinical staff in adult mental health seeing the identified patient (IP) as a parent of dependent children was confronting. The service system was ill equipped to respond to the parental needs of psychiatric patients, and less so to the needs of their children.

In addition to the surveys and interviews with parents and service providers described above, at one point during our research we chose to conduct a one-day census of adult mental health services in the state of Victoria. The objective of the census was to gain a snapshot of the number of people in Victoria who were clients of adult mental health services and parents of dependent children on that designated day. To set up the census, I telephoned all twenty-two adult mental health service providers and explained the project to the service managers. One manager stated, "We don't have any patients who are parents." The consistent lack of data collection ensured that many area health services could not accurately report how many of their adult clients were, in fact, parents of dependent children, and this situation still prevails. Consequently, it was difficult to determine how many children there were and what proportion of families experienced social and economic disadvantage. This deficit in data collection also occurs in other countries.

Subsequent research in other states built upon aspects of this early work. As people learned about the research project, we began to receive invitations to speak at a range of forums around Australia. This process contributed to raising awareness, and encouraged participants to think about and implement changes in their workplaces. It also led to the publication of the first Australian book on the topic: *Children of Parents with Mental Illness* (Cowling, 1999). Acting on my beliefs in the value of sharing and disseminating information as well as networking, I spoke with many people and presented information at workshops, conferences, annual general meetings, and seminars, as did my colleague.

During the second year of our work we made a submission to the Commonwealth of Australia for project funding in order to develop peer support programs for children of parents with mental illness. Around the time the application was submitted, we sent a letter to the Australian Federal Ministry for Health informing them that the National Mental Health Policy and First National Mental Health Plan contained no reference to children of parents with mental illness. Some months later I was informed by a colleague that the state mental health office had recommended to the Commonwealth funding body that our submission receive one third of the funding we applied for. But, we were granted the full amount and believe that the letter was influential in that successful outcome! Rose Cuff, an Occupational Therapist, and Jonathan Pietsch, a Youth Affairs manager, were appointed to this project which they titled the *C.H.A.M.P. Project* (*CH*ildren *A*nd *M*entally ill *P*arents).

The *C.H.A.M.P. Project* initially focused on developing and providing peer support opportunities for children through camps and school holiday programs; these programs became known as *C.H.A.M.P.'s Programs* (Cuff & Pietsch, 1997). Vicky Robinson, an individual who had grown up with a parent with a mental illness, became involved as a regular participant and mentor to the children attending the camps. Vicky's personal experiences gave her insight and empathy with the children's experiences, and by sharing her story she gave the children reason to have hope for the future. Vicky also contributed to the book referred to above. A video resource with a workbook *(Hard Words)* was developed for professionals in response to a need clearly identified during the preceding research process. At the end of the *C.H.A.M.P. Project*, Rose Cuff moved on to another project: developing peer support programs for parents as well as professional education sessions which involved parents who were consumers of mental health services as co-presenters, and a range of peer support programs for children. Some time later I joined the same health service, and we collaborated with consumers of mental health services and caregivers to further develop professional education programs, a website for children, and an education program about mental health problems for year five and six students and their teachers. Momentum relating to this work continued in other parts of Australia; with a focus on developing peer support programs for children, as well as conducting research to guide service delivery for parents and families.

In February, 1995, we arranged the first conference in Australia to focus on children of parents with mental illness and their families: *Who Cares? Dependent Children of the Mentally Ill*. One hundred people attended, including a small number travelling long distances to Melbourne from other states. A further conference was arranged in February 1996: *Creative Collaboration –Who Cares? Children of Parents with Mental Illness*. Media interest led to major stories in newspapers and news items on current affairs radio and television.

During this time I began a Research Masters Degree in Psychology, which focused on understanding families who provide long-term, alternative, out-of-home care for children of parents with mental illness (Cowling, 2003). I had learned that foster and adoption agencies experienced more difficulty in finding placements for this group of children than for other groups, due to the fact that caregivers were concerned that a child of a parent with a mental illness would develop similar problems. Another troubling aspect for caregivers was the requirement, in most cases, that they facilitate regular contact visits between the child and the child's parent. My study found that parents who do provide long term care for this group of children—when compared to other caregivers, and those not at all involved in such caregiving—were more tolerant of people with a mental illness, and their families tended to be more cohesive and flexible. It is not possible to say whether their tolerance was evident before they became caregivers, or as an outcome of caring for the child of a parent with mental illness.

Funding for the first research project ended abruptly after three years. I did not have a position to go to, so I prepared a submission to continue the work. I approached an associate in the School of Social Work at The University in Melbourne asking if they could sponsor a one year project, and from there implemented a community capacity building project. The *Southern Partnership Project* was undertaken in the southeastern area of Melbourne. Four localities were targeted, and the project brought together service providers from the many organizations that worked with these families: such as child and family welfare, child protection, mental health, community police, foster care, school counsellors, community health, and others. During that one year-long project, 125 professionals from 74 agencies participated in some way. Four parents participated by either attending meetings or contributing to the preparation of the project submission. During the project, a regional forum was arranged, with the State Minister for Health opening the forum. Local networks conducted workshops, I prepared and distributed a regular newsletter to project participants, and a publishing house sponsored distribution of 10,000 copies of an informative flyer identifying the key needs of children and family members and how practitioners could respond.

Upon completion of this project, I was unemployed for two months while I awaited confirmation of an appointment to a temporary position as a mental health promotion officer in a mental health organization for children and adolescents. However, this position did *not* include working with children of parents with mental illness. After four years of intense focus on this group of children I was disoriented, as my professional identity was very closely linked to that area of work. After twelve months, I moved on to the same role in another child and adolescent mental health organization where there was also an opportunity to seek funding for and implement a research project concerning these children and their families.

Coincidentally, my colleague Rose Cuff came to work at same area health service, which was serendipitous because we collaborated on and implemented three important initiatives. First, we approached the local community health service and proposed that we obtain funds from a philanthropic trust to assist with the development of an educational program for primary school students designed to inform their teachers about the difficulties children experience when living with parents or family members who have a mental illness. We called this the SKIPS Program (*Supporting Kids in Primary Schools*). The same funding group also provided financial support so we could establish a website for children, initially called "Champsworldwide.com," which is now incorporated into another website. Another funding body supported the development of a project which prepared a professional education seminar *Getting There Together (GTT)*. This was a collaborative project between professionals, mental health consumers, and caregivers. Vrinda Edan, Paul Armitage and Dassi Herszberg worked together over a twelve-month period to develop and present the seminar on different occasions to workers in child and family welfare and the supported housing sector. These three initiatives were incorporated into a mental health promotion project in Victoria which sought to develop a model of good practice that promoted the mental health and wellbeing of children from five to twelve years old who have parents with a mental illness. This was named the *VicChamps Project* (Maybery, Reupert & Goodyear, 2006).

Expanding Horizons - A National Project Funded by the Australian Commonwealth Government, and other Initiatives

In 2001, a significant event in the evolution of the "copmi" (children of parents with a mental illness) issue in Australia was the announcement, by the Federal Minister for Health, of funding for a National COPMI project (AICAFMHA, 2004). The project was initially funded for three years, then another three years, and is now funded until 2010. The project is managed by a non-government agency, which was established to advocate for child and adolescent mental health, AICAFMHA (Australian Infant, Child, Adolescent and Family Mental Health Association). The project has prepared valuable information materials for professionals and families (including a key guidance document *Principles and Actions for Services and People working with Children of Parents with Mental Illness)*, provides an informative website from which materials can be downloaded (www.copmi.net.au), has undertaken the development and trial testing of professional education resources, advocates for children of parents with mental illness and their families, and facilitates an email discussion list.

In April 2002, the first—and, to date, only—national Australian conference was conducted on this topic in Melbourne. It was called *Holding it All Together: First National Conference for all Involved in Meeting the Challenges for Children and Families where Parents Have a Mental Illness*. Guest speakers from Australia, the U.K. and the U.S.A. attended, with significant representation and participation by consumers and carers.

In the early years of my research, it seemed that my colleague and I were the only ones making this exploration; so when I finally found a journal article in which a psychologist in the U.S., reported findings on the first stage of her research, I was compelled to write to her and make a connection. (Nicholson, et al., 200) I was also referred to associates in the U.K., with whom I made contact around the same time, and met with these colleagues and others in New Zealand, Canada, and the U.S. when I undertook a study tour in 2000. Links have since developed with colleagues in The Netherlands, Finland, Sweden, and Greece. There is now a small but enthusiastic network of people around the world committed to conducting research on and developing services for children of parents with mental illness and their families. Some are now collaborating on research projects, and sharing of resources, including the translation from English to Dutch of materials prepared by the National COPMI project.

Measuring the Growing Profile of the Issue

There are various ways in which the developing profile of children of parents with a mental illness and their families can be measured: including service development and provision, conference presentations and publications, and the participation of consumers, caregivers, and younger people or adults who live with or grew up with a parent with a mental illness.

The website of the National COPMI Project lists projects and programs state by state in Australia, and contains lists of resource materials and where to obtain them. While not every program in Australia is listed (as submitting the information is voluntary) the list is testament to the progress achieved in recent years. The profile of the issue at conferences is another measure of development. Over the last fifteen years there has been an increasing number of presentations at relevant national and international conferences, with speakers attending from several countries. Publications have also increased in number as researchers and service providers publish findings and outcomes. One of the first publications in the Australian literature was an editorial in the *Medical Journal of Australia* (Cowling, McGorry, & Hay, 1995). More recent studies have examined the personal experiences of adult people who grew up with a parent with a mental illness (Foster, 2006), and experiences of growing up specifically with a mother with a mental illness (Camden-Pratt, 2006). Parenting concerns of women who were raised by a severely mentally ill mother have also been examined (Segura, 1999).

The Role of Consumers, Caregivers, and Adult Family Members in the Change Process

My commitment to involving consumers, caregivers, and adult people who lived with a parent with a mental illness began early in this journey. More than ten years ago, I invited women who had grown up with mentally ill mothers to speak to trainee psychiatrists. The introduction of professional education in Victoria for child protection workers included presentations by parents with a mental illness. One mother came to one of the two-day sessions with her five-month-old daughter, and has continued to be involved in professional education, including participating as a presenter with the *Getting There Together* conference described above, and as a co-author of the article referred to earlier. The primary school program described earlier, SKIPS, and the GTT program included consumers, carers and family members as active participants in presenting their own lived experiences. The two books published in Australia on this topic (and one forthcoming) include chapters written by children and young people who have a parent with a mental illness, and parents themselves (Cowling, 1999, 2004; Sved Williams and Cowling, 2008).

This commitment was influenced in part by people with mental illnesses in their immediate or extended families. I was approached by people wanting to contribute to the research, or to tell me about their experiences. I remember one call from a grandparent who could only see her grandchild by helping out with reading at the child's school; such was the nature of the relationship at that time between the child's mentally ill parent and grandparent.

Parents actively contributed to a book which was prepared as a tool to guide parents through issues such as speaking with their children about their illness and managing their symptoms, in addition to practical matters such as budgeting (Nicholson, Henry, Clayfield et al., 2001).The opportunities to understand the lived experience of children and parents and other family members sit alongside the responsibilities of mental health practitioners, and of course have relevance for all who work with the families, the children, and their parents.

Advocacy by Parents, Caregivers, Adult Family Members, Children and Young People

Parents with a mental illness, their partners and caregivers, and adults who grew up with a parent with mental illness are members of both state based and national bodies, such as the Reference Group for the National COPMI project. In the city of Adelaide, South Australia, in 2000, Nerrelle Goad and Paola Mason, two women who grew up with a parent with a mental illness, launched an organisation which advocates for children of parents with a mental illness, and initiates programs providing support and recreational opportunities for children and young people, as well as educates the community and lobbies policy makers for change. *COMIC* (Children of Mentally Ill Consumers www.comic.org.au) consistently draws our attention to the needs of both young children, and adult children who have a parent with a mental illness. One of the founders had travelled to Melbourne in 1995 to attend the first conference, was inspired to locate like-minded people, and set up COMIC when she returned to Adelaide.

In Perth, Western Australia, Margaret Cook has been influential in her advocacy for the needs of children and parents; she herself is a parent, grandparent, and consumer of mental health services. Margaret and I met at a mental health conference in 1996, and she could not believe that someone was conducting and presenting research findings on the subject of children with mentally ill parents. Margaret is able to open doors to the offices of politicians and bureaucrats in a way not readily available to professionals, and utilizes this capacity effectively to expedite projects such as suitable visiting areas for children when their parents are hospital inpatients.

Young people also contribute to conference presentations, putting forth their perspectives on the needs of their group to inform planning processes at local, state, and national levels. Parents, caregivers, adult family members, and young people participate in professional education for mental health professionals, in peer support programs, and in the primary school program referred to earlier. Representatives of each of these groups have either contributed to book chapters, engaged in public speaking associated with annual mental health week activities. In one case, a twelve year old boy, Matthew Heath, was the focus of an award winning documentary in a competition about stories of hope for people with mental illness and their caregivers (the Hope Awards). Matthew described his family life after his father was diagnosed with a mental illness, and lovingly acknowledges his father and his mother, who is the primary caregiver for her partner and their four children.

My Relationships with Consumers, Caregivers, and Family Members

Early in my career I learned the rewards of working as a colleague and collaborator with consumers, caregivers, and family members. Why has this been so important? I can't be anything less than totally honest and can't act with anything less than total integrity. The consumers, caregivers, and adult family members with whom I have worked have become involved in order to make a difference. They or the person they care for may have experienced enormous difficulties negotiating the mental health and other systems, including gaining access to treatment, financial entitlements, and other supports. When they are parents caring for dependent children they may face the dilemma of managing their illness, which at times imposes limitations on their capacity to parent. Some live with the worry that welfare authorities will take their children from them.

At times I have been directly confronted by consumers and caregivers in mental health services about the research approach, or about unintentional patronising or labelling terms I have used. One uncomfortable example was during a presentation at a mental health conference. A parent who was a consumer of mental health services—and who had participated in our research prior to this conference—gave a presentation called "The Rat Speaks Back." The presentation was directed to researchers who traditionally spoke of participants as "subjects" and "administered" surveys and questionnaires to them. One section of her presentation directly and pointedly addressed her experience of participating in our research. I sat in the room full of conference delegates, many of whom were consumers of mental health services, hoping they did not realise it was me to whom her words were directed.

That experience occurred twelve years ago. Since then, there has been increased recognition internationally and in Australia of the importance of active consumer involvement in mental health research, with a statement of benefits to and rights of consumers to participate in health research (NHMRC and CHF, 2002); although the challenge of translating this principle into action is acknowledged. This recognition has since been supported through a workshop held in 2004 to consider how to promote increased consumer participation in mental health research in Australia (Griffiths, Jorm, Christensen et al., 2004), and more recently the setting up of a website for a consumer research unit concerning depression and anxiety (http://cmhr.anu.edu.au/cru). While parents, family members, and young people are actively involved in professional development through workshops, conferences, and publications, their full and direct participation in design and implementation of research is an opportunity awaiting them.

When working *with* parents and other family members, I have been prompted assertively by them to actively put myself in their shoes and to see the situation from their perspective, as much as I can. Now this is how I routinely think: what would "Parent" say or think about this; or "Partner" or "Child" or "Young Person." Also, I never assume to have the answer; I always check out my ideas and assumptions. Working with parents, partners, family members, children and young people has been incredibly valuable to me as they are generous, courageous, intelligent, humorous, and dynamic. I continue to learn from them.

What has been Gained for Children of Parents with Mental Illness and Their Families?

In 1992, there was one small peer support program for parents with mental illness in the north western suburbs of Melbourne, Australia. There may have been other programs operating at that time, but so far they have not come to light. The following decade saw the announcement of a National Mental Health Policy (1992), publication of the Human Rights Enquiry (1993) into the rights of people with a mental illness, with National Mental Health Plans being delivered periodically (1992; 1998; 2003), and the National Action Plan for Promotion, Prevention, and Early Intervention for Mental Health (2000). We have a National COPMI Project, funded by the Australian Commonwealth government for the past five and a half years, with ongoing funding for three more years. In each state and territory researchers and practitioners have been engaged in projects of enquiry and service development; in many cases publishing their findings and activities as reports, conference presentations, and refereed journal articles. There has been a burgeoning of support programs for children such as camps, after school and school holiday programs, peer support programs for young people and parents, professional education programs, a website for children, and a mental health promotion program that provides a model of practice for children ages five through twelve who have a parent or caregiver with mental illness. Many of us in Australia refer to the "copmi family," and coming together at conferences each year is warmly anticipated. Some amongst this network have been involved as paid professionals or unpaid volunteers for well over ten years. The establishment in 2001 of the national project has given focus to this cohesion and sense of affiliation with an issue that is in its infancy.

A recent initiative at a national level in Australia is the establishment of The Mental Health Community Based Program (CBP)[2]. This Program is linked to the Council of Australian Governments' National Action Plan on Mental Health outcomes and aims to contribute to community based prevention and early intervention for target groups. The thirty-two community agencies across Australia who gained funding through a competitive selection process are expected to achieve several goals during the project, including:

- empower and strengthen families through information, education and skills development;
- develop more effective parenting, relationships and communication strategies employed within families that are affected by mental illness;
- provide enhanced support for children of parents with a mental illness.

This direct acknowledgement of the children and their families in these program goals can be attributed, substantially, to the commitment, persistence, and advocacy of consumers, caregivers, adult family members, young people, and professionals over almost two decades. My Ph.D. research will examine the project implementation of one of the above community agencies in the context of related policies concerning mental health prevention and early intervention, the role of caregivers, and the role of family support agencies in providing help to families where a family member has a mental illness.

What Has Been Learned

The following is a summary of several areas of learning which could be summed up as communication, participation, persistence and sustainability. From the beginning, there has been acknowledgement, appreciation, and commitment by all involved to the sharing and dissemination of information. These exchanges can help to avoid the duplication of work already done, and effectively utilize practitioners' knowledge and experience. For example, the National COPMI Initiative email discussion list is used as a mechanism to inquire about suitable questionnaires for a project, or interventions others have found effective. Inquiries usually receive multiple responses, which may come from several English speaking countries.

From the beginning, we understood and embraced the enthusiasm of parents and family members to become advocates through their contributions to community education in various forums. They have a vital and valuable role, and contribute through conference presentations, informing service planning, and contributing chapters to books on the topic. It is important to recognise that sometimes consumers and caregivers may need support in order to participate in these activities, whether to provide support for a friend, family member, or the practitioner. In some settings funds are available to pay unwaged people for their time and travel costs, including conference attendance, but this is not a universal practice.

A third area of learning has been and continues to be the recognition of *persistence* as a key strategy, as we strive to work with mentally ill parents and their children acknowledged as core business in mental health services, through the processes of assessment, intervention, review and discharge, and work with other agencies (inter-agency collaboration). Supporting this effort, at a national and state level in Australia, is the provision and continuing development of professional education for clinicians in adult mental health and other sectors. Consumers and caregivers contribute to this education as it relates to child development, family functioning, loss and grief, and effects of mental illness on parenting and on children.

One area requiring focused effort is the development and provision of research evidence that reports the effectiveness of program outcomes for children and parents (Fraser, James, Anderson et al., 2006). Submissions for new program funding will be more positively received if they are based on valid research evidence. However, the power to set research priorities lies with committees that evaluate research—more so than with researchers—and scientific quality is very important to them (Griffiths, Jorm, Christensen et al., 2002). Achievement of research funding in this environment may be enhanced with submissions for inter-sectoral, and/or multinational "copmi" research projects.

A final area of learning has been the recognition of the loss of practitioners from this new territory known as "copmi," due to people being employed in short term projects, developing new knowledge and expertise, then to moving on - resulting in loss of the "practice wisdom" gained. On the positive side, many workers have been able to remain in their roles or move to similar roles for some years.

Personal Reflections

While writing this narrative, I have been reminded of many people with whom I have worked and studied, and counted as friends and associates in my various roles over the past twenty-three years. They all have a valued place in this tapestry that is my professional life. I started out in 1980 as a mature-age student, a single parent with two children, motivated to explore and to achieve change whenever possible. Sometimes it is not possible, so I have needed to recognise my limitations when stacked up against the environment I am in at the time, and channel my energies elsewhere. The past fifteen years of both initiating and contributing to research, projects, and publications, concerning children of parents with mental illness have been very satisfying, challenging, and gratifying, with many memorable and valued friendships and associations made during that journey. Yes, there is much to do concerning improvements to early identification strategies, and development and provision of effective, evidence-based interventions. I read again Margaret Mead's quote at the beginning of this article and think of the persistence, tenacity, and need to see social equity and justice that has brought us to this point. In Australia, the research, professional education, and service improvement activities occur in an environment rich in hope, optimism, determination, and commitment to achieving the goal of improved opportunities for all children of parents with mental illness and their families.

Notes

[1] Used with permission. Trademark for this quote is held by Sevanne Kassarjian, New York.

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EVERYDAY DRAMAS, POSSIBLE PLOTS: ON ASSESSING CULTURAL COMPETENCY IN A CHILD WELFARE AGENCY

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For more than two decades, the authors have worked separately and together as teachers, trainers, and researchers concerned with issues of culture, race, and power in social welfare policy and social work practice. Throughout the 1990s, they collaborated as an interracial (African American and White) team, consulting with agencies in developing cultural competency. Their time at Metro Children's Service in metropolitan Detroit was the most memorable. The following narrative describes the author's return to Metro after a fifteen-year absence. It is intended as a self-reflective story about their work as consultants in cultural competency. It is also an effort to contribute to an open discussion among change agents about the processes that they undertake, and the risks, successes and failures involved. The authors make a case for taking stories seriously, theoretically and politically, in a renewed struggle to develop cultural competency in social work practice.

On a beautiful summer morning in 2006, we sat together in the reception area of Metro Children's Services,[1] a nonprofit agency providing foster care and adoption services in metropolitan Detroit. As long time friends and colleagues, we convened at Metro to begin a new episode in our collaboration as consultants on cultural competence.

For more than two decades, we had worked separately and together as teachers, trainers, and researchers concerned with issues of culture, race and power in social work practice. Through the 1980s and 1990s, we frequently collaborated as an interracial (African American and White) team, consulting with a number of agencies that asked for assistance as they undertook efforts to become culturally competent organizations. We worked with senior centers, congregate meals programs, a health clinic, Area Agencies on Aging, shelters, and, mostly, with public and private child welfare agencies—about 20 different settings in all. In these programs, we assessed needs, devised dialogues, designed training sessions, organized skill-building workshops, brokered community meetings, and disseminated the results of our efforts in memos, briefings, staff discussions and reports. By 2000, we found ourselves coping with competing demands, uncertain that our efforts were really making the significant impact to which we aspired. We stopped accepting requests for consultation and focused instead on teaching and writing.

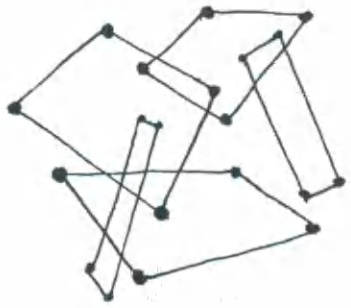
Then, in 2006, we resolved to reflect on our long period of intensive work with agencies, and the hiatus that followed. Our return to Metro after a fifteen-year absence was part of this reflective process. Of all the memorable conversations we held with people in the course of our work on cultural competence, it was the images and echoes of the faces and voices from Metro that proved most unforgettable. Staff members, managers, foster parents and Board members at Metro were remarkably generous, passionate and forthcoming in their dialogues with us. As a result, Metro was the place where we worked the hardest, learned the most and were touched the most deeply.

We planned our return to Metro at a moment when social work scholars, writers and practitioners seemed to be reassessing the progress and prospects for cultural competency (see, for example, Dean, 2001; Williams, 2006; Yan & Wong, 2005). In part, we hoped to contribute to a more reflective literature on cultural competency—one that incorporates an open discussion among change agents about the processes that we undertake, and the risks, successes and failures involved.

We wanted to revisit cultural competency in order to understand what was motivating the movement in 2006 and to think about how ideas about cultural competency have altered in a dramatically transforming social and political context. And, perhaps most personally, we returned because some of stories that we heard at Metro still reverberated through our own lives and work.

These stories were often only partial accounts of agency events. Yet, we found that we referred to these remembered stories as we reflected on Metro and planned work at other agencies. We recalled or perhaps elaborated the accounts in conversations between us. Still in suspense, we occasionally wondered if we would ever have an opportunity to learn how the stories that we had uncovered in our work at Metro had unfolded over time. And then, in the early summer of 2006, we ran into John Anthony,[2] now the associate director of Metro, who warmly invited us to return for a visit.

This account of our return to Metro is intended, first, as a personal, self-reflective story about our own work as consultants in cultural competency. It is also an argument for taking stories seriously, theoretically and politically, in a renewed struggle to develop cultural competency in social work practice.



Entering Metro

We first entered Metro in the early 1990s, after the energetic and creative director of Metro Children's Services, Ted Lawrence, reached out to us for assistance in developing a program to increase cultural competence. Metro, like many of the agencies with which we had engaged, is located in Southeastern Michigan; a seven county region that includes the metropolitan area of Detroit. Southeast Michigan is characterized by pronounced patterns of racial segregation. For example, at the outset of the 1990s, when we first entered Metro, Detroit's population was predominantly (75%) African American while the tri-county area surrounding it was predominantly white (92.9%) (Rosenstone, 1989). Time and change have not altered these stark regional disparities. The standard "index of dissimilarity" used to measure residential segregation for metropolitan Detroit is 88—ranking Detroit just behind Gary, Indiana, on a list of the most segregated metropolitan regions in the country. (Social Science Data Analysis Network, 2007).

Thus, Metro is one of many nonprofit child welfare agencies in the region where staff negotiate profound racial, cultural, and economic divides in the process of providing foster care and adoption services to children. Metro originated as a religiously affiliated residential facility, and expanded into an agency offering a full range of child welfare services; from foster care and adoption, to residential care. When we first engaged the agency in the early 1990s, the staff numbered seventy. Metro's main office is in an integrated Detroit suburb, but at that time the agency principally served African American children who resided in the city of Detroit. Like workers and managers in many other agencies, staff members at Metro have contended for decades with the geographical, social, and cultural restructuring of metropolitan Detroit. The reshaping of the region transformed the journeys of both social workers and their clients across polarizing terrains of race and class, often escalating the levels of fear and mistrust which pervade these interactions (Reisch & Rivera, 1999; Nybell & Gray, 2004; Gray & Nybell, 2007).

When Ted Lawrence invited us to become consultants in cultural competency at Metro, we were at a crossroads in our own development as teachers, trainers, and consultants. We had come to believe that efforts at developing cultural competency that focused on evaluating change in the knowledge, skills and attitudes of individual workers situated them as the objects, rather than the agents of needed change. Our experience led us to believe that workers, foster parents, clients, and administrators were not simply "recipients" of training and consultation; instead, they held important insights into the possibilities and problems that the agency faced in its journey toward cultural proficiency. In part, we were influenced by important debates in the field at the time about the "many ways of knowing" truths that might guide our practice and profession. In the early 1990s, senior scholars and journal editors like Ann Hartman (1992) were publishing provocative pieces encouraging social work researchers to attend to the sort of "subjugated knowledge" that is refined by clients and workers through daily practice, as well as to the objectivist research produced by scholars.

Our commitment to this philosophical and ethical position was bolstered by practical concerns. The assessment we were undertaking was aimed at producing an agenda for change that would propel and guide the actions of a wide range of actors at Metro as they sought to transform the agency. Assessment results that were unused were of no value; in fact, we thought, an assessment that deferred or delayed constructive action was a negative contribution to the agency. On the other hand, what if we aimed at generating an assessment that would serve as a call to action - one that we knew would require involving participants at all levels of the organization in the task of devising meaningful plans for change at Metro? We aimed to devise a process to build a group at Metro committed to action.

In summary, we found that while there was a growing consensus that agencies, as well as workers, had to struggle toward cultural competency, there was little in the formal literature about how an agency might successfully undertake this sort of journey. With the broad—and in retrospect, quite courageous—support of the director, managers, staff, and Board members, we set out to discover how we might invent a process based on creating a space for dialogue about cultural competency among a wide range of actors at the agency. Out of this dialogue, we would work with participants at Metro to forge an agenda for action and change.

Assessing Cultural Competency at Metro

To this end, we proposed an action research design to guide this process. In the course of carrying out this design, we met with the administrator and other internal sponsors of the change effort; reviewed existing relevant agency data and documents; developed a proposal for an assessment process; oriented participants to the process; and spent time visiting and observing each site of agency work. We then interviewed sixty participants over a three-month period; including caseworkers, residential staff, clerical support staff, therapists, supervisors, administrators, foster parents and Board members. In each interview, we asked: What do you hope for from this effort at building cultural competence here at Metro? What concerns you about this effort?

We collected and analyzed this data in ways that were consistent with recommendations emerging from a re-invigorated scholarship on qualitative inquiry (Miles & Huberman, 1990; Strauss & Corbin, 1990). We used a semi-structured interview format, asking questions to elicit views of what it would take to make Metro a culturally competent agency. We made careful notes of each reply, and made written records of each interview. The data were organized to illustrate main themes of what we believed to be going on at Metro.

The strengths we identified were remarkable. We especially noted the strong leadership and management staff; the agency's commitment to children; and the willingness within the agency to be innovative and to undertake new projects and efforts—including this very visible and inclusive effort to assess cultural competence. On the other hand, the challenges that members of Metro identified under the rubric of cultural competence were wide-ranging and profound. Participants responded in various ways and tones: with cautiousness, hope, conviction, frustration, impatience, urgency. Many respondents framed some of their comments in terms of a general desire for diversity; a desire that was generally connected to an urge for increasing knowledge about the cultural backgrounds of the clients that they served. Workers at Metro, like those at other Detroit-area child welfare agencies, also talked about race and raised issues related to distribution of power within the agency. As we noted in an earlier article,

> *While the cultural competency literature of that era tended to place a relatively strong emphasis on the effort to seek and understand diversity and a more modest emphasis on redistribution of power in the workplace, the majority of our interviewees spoke with considerable passion about the latter, and they talked in terms of race* (Nybell & Gray, 2004, p. 21).

Respondents argued for greater diversity among the staff, particularly at levels of supervisors, managers and therapists; detailed concerns with diversity of the board; worried about the lack of connection with the region's African American community; shared anxieties about the impact of the agency's suburban location on its clients; described needs for training; and highlighted resource shortfalls in the units that dealt most intensively with African American clients.

True to our commitment, we observed the agency's strengths, documented all in a report that was circulated within the agency, discussed with staff at all levels, and presented to the Board. We worked hard to make the dialogues about the report engaging and dynamic. In conveying the results, we experimented with formats that would not only delineate a set of themes and recommended actions, but also convey the intensity of feeling that many staff members expressed. For example, as part of our presentation, we drew a very simple pictogram that we thought illustrated the relationships between staff, administrators, and Board members that workers were describing to us. This rough, hand-drawn image displayed workers awash in small boats on a rough sea, engaged in efforts to rescue children and families at risk in the high waters. In the pictogram, administrators watched from the shore, and Board members looked down from a mountain some distance from the stormy sea. We discussed this depiction with staff, and asked for suggestions and modifications to the diagram. Based on the advice of the workers, supervisors and managers, we included the pictogram in our presentation to the Board.

Our report left behind a series of recommendations and next steps, and a variety of reactions and debate in its wake. Our official role with Metro children's services ended there.

Encountering Stories

We did not set out to collect stories in our efforts at Metro. In fact, when participants at Metro interrupted our interview to intersperse stories of how they experienced race and cultural difference in agency life, we were fascinated, if vaguely aware that the conversation was wandering from the intended interview format. Sometimes, participants told us a story that we'd heard many times—for example, about the history and chronology of Metro. This story, told by a variety of participants, always located the origins of the agency in the work of a small, religious, women's group, and traced its expansion into a present day large, bustling, corporate-like structure. Initially, we absorbed this story with what became its predictable set of protagonists, motivations, and events. We began to notice that while everyone at Metro was acquainted with this familiar story, in their retellings storytellers positioned themselves in distinctive ways in relation to the account. Some, for example, told it with a sense of pride and ownership; while others described the agency's history as though from the outside looking in.

Other times, though, workers shared narratives of their work with parents, children or co-workers. Occasionally these stories might have been original productions, but we had more often had the sense that we were listening to stories that the tellers had performed before, though not in the mainstream of agency life. We sometimes surmised—and occasionally we were directly informed—that the stories workers recounted were tales that they had discussed with others, but not in a staff meeting or other public forum.

We had little theoretical or methodological framework in which to consider the narratives that we encountered. Having abandoned positivist dreams of experimental models, when our interviewees commenced storytelling, we wondered if we were incapable of conforming to much more flexible post-positivist qualitative protocols (Guba & Lincoln, 1994). Nevertheless, we carefully persisted in our conscientious efforts to collect and analyze this qualitative data. We made detailed notes of responses. We coded them for themes. We analyzed our data, breaking our notes on longer stories into smaller codable bits. We then prepared a report based on our analysis patterns and themes of this extensive qualitative data. But what we remembered years later were the stories.

Since the years when we encountered the people and programs of Metro, the idea of studying stories or narratives has entered nearly every discipline and profession: from nursing to teaching, engineering to medicine, occupational therapy to law.[3] Narrative inquiry is truly an interdisciplinary effort, drawing on and generating work in history, anthropology, psychology, sociolinguistics, and sociology. Surprisingly, given social work's reliance on talk and interaction, the profession has embraced narrative research only to a relatively limited degree (Reissman & Quinney, 2005). Most of the seminal works applying the study of narrative to the arena of child and family welfare, for example, are directed principally at exploring its utility for direct practice (Laird, 1993, 1995; Wood & Frey, 2003; Freeman & Couchonnal, 2006), though journals like *Reflections* are expanding the applications of narrative research within the profession.

As we considered the lingering impact of stories from Metro on our own lives and work, we commenced a theoretical journey into the arena of "narrative analysis." In our exploration of narrative approaches to social phenomena, we discovered a burgeoning scholarship on the analysis of narrative in organizations. Though formal organizations are often understood as epitomes of rational action, researchers who take a narrative approach to organization recognize that "there is storytelling going on in organizations, and that some organizational stories are good stories" (Gabriel, 2000, p. 240). Researchers who attend to narrative in organization have done so with a variety of aims, generating a range of insights, often illuminating otherwise hidden organizational dramas of power and resistance, and permitting access to the emotional side of organizational life so germane to the quest for cultural competence (Boje, 2001; Czarniawska, 2004).

Storytelling is employed within organizations to various purposes: to remember, justify, persuade, teach, engage, defuse, entertain, question, or mislead (Czarniawska, 2004; Gabriel, 2000). Stories require a plot, minimally defined as an account of actions and events in "the passage from one equilibrium to another" (Todorov, 1971/1977). Czarniawska, a scholar of the ways narratives are used to shape life in organizations, offers an example of a minimal plot in a story told by a city worker in Stockholm. This worker described pervasive sickness and illness in 19th century Stockholm (the initial (dis)equilibrium), followed by efforts to build waterworks and sewers, followed by a clean city that was a revolution in hygiene (and the new equilibrium) (2004). As Czarniawska points out, the second equilibrium "may only resemble the first in that it is an equilibrium; it is not uncommon that its contents are the reverse of the first" (2004, p. 19).

Three Stories

In preparation for our visit to Metro, we sought to recall and reconsider some of the stories from our work in the early 1990s. We share our memories of three such incipient stories here—a "playroom story;" a "group home story;" and a "parking lot story"—before reconsidering how we might reinterpret them now.

The stories are recounted from our memories, sometimes aided by the coded notes that we maintained. We worked without tape recordings, from which we could generate the sort of meticulous transcript data that we now long for. While all narrative accounts are edited, shaped, and ultimately produced by the researchers who report them, these stories are now "thrice-told tales"—we have received them, told them to each other, and represented them here. These remembered stories are also co-constructed stories, emerging from the dialogue between us as we recall conversations from many years ago.

Our ability to reminisce about the stories and compare our perspectives on them is a direct result of our decision to conduct interviews together. No doubt our presence as an interracial team and the participants' knowledge of our goals and aspirations helped to shape the tales that we were told. In turn, we received the stories in the context of an interracial friendship. Beverly Daniels Tatum has pointed out in her recent essay on interracial friendships that such relationships are made rare by the context of inherited inequality in our shared history. She inquires whether friendship is possible between those who have breathed the "smog of cultural assumptions" about individual and racial superiority, and those who have endured the outrages of being labeled inferior by the dominant culture (2007).

Like Tatum, we have found that it is. Perhaps because we first met in a project that aimed to challenge patterns of racial inequity in child welfare agencies, our relationship was forged in a context where we constantly grappled with issues of cultural difference and racial injustices. We traveled across Michigan together, engaging in meetings, dialogues, and training sessions in a wide range of organizations, and spending many hours afterward talking; dissecting the way that white race privilege operated in that context, identifying the risks that a few individuals were taking to bring about change, probing the possibilities for transformation, and analyzing our own differing roles and reactions. The interviews we undertook at Metro—and the challenges of remembering and writing about them now—are part of this much longer process of interracial reflection that characterizes our friendship.

We recount these stories in written dialogue, preserving the commonalities and differences in the way that we heard and remembered these tales.

The Playroom Story

Nybell:

I can still see the face of one young woman—I will call her Pam—whose assignment was to staff the playroom. In this "bottom rung" position, she cared for the children who came to visit their parents or siblings at the agency. I thought that Pam, a young mother herself, possessed a gift for seeing events through the eyes of the children she supervised. When we interviewed Pam, she spoke with great passion about her frustration over the agency's location in a Detroit suburb, many miles and bus stops from the east side of Detroit where many birth parents of many of Metro's children made their homes. Too often a parent would miss a bus connection and be stranded between city and suburb. She described a recent time when she was supervising children in the playroom as they waited for a visit with their mother. Something happened—perhaps a missed bus connection—and the children's mother did not arrive on schedule. A caseworker came to the playroom door to announce, "No visit today." For me, the way Pam told this story summoned a child's eye view of the event...the anonymous adult figure at the playroom door; the brusque and puzzling communication about the failed visit; the child's disappointment, hurt and confusion.

Gray:

When I think about Pam, I remember how different her words and tone sounded to me from the voices in the interviews we had conducted to that point. Up to this interview, we heard such compassionate voices about what was wrong with the agency, staffing issues, social isolation of staff, location of the agency, and need for further understanding of African American culture.

Because Pam's position in the agency was on the "other side of the door" in the playroom alone with the children, she could see their frustrations and feelings as well as those of the birth parents. Other staff would come up to the door to notify Pam that a visit was not going to take place. Those staff did not see the looks on the faces of the children when the visit did not take place, nor did they ask her about a child. Pam was in the playroom with all the emotions permeating the room. She saw the child's emotional needs and provided comfort.

A story was told about how naïve the workers sometimes were about the kids' needs. Pam said that some children asked her why they were in foster care. She had to beg a worker to tell the kids why they were in foster care.

I remember wondering if Pam had ways to express what she saw on the other side of the playroom door. She said staff did not see the playroom as important. I would imagine that our arrival in the agency was a relief for Pam as she could then tell somebody what she saw. I wondered if staff distanced themselves from the playroom so they did not have to see the faces of the kids who were so affected by a therapist's or a caseworker's decisions.

The Parking Lot Story

Gray:

I remember so vividly the way that Black staff described how they met in the parking lot behind the agency to share their frustrations about their work at Metro, and how they felt they were being treated. I remember how they felt there was not a place for them in the agency…there was nowhere for them to go within the agency as they described their jobs as the most stressful they ever had. One Black staff reported how they just stood in the parking lot and cried.

Many other African American staff spoke about how so many African American staff members left, were fired, quit or laid off. There were no opportunities for good byes. This added to the fear factor as well as the tears.

I remember thinking about agency parking lots as places for more than parked cars, but as safe sites to express emotions outside the doors of the agency. Expressing themselves inside the agency would further threaten their jobs.

Nybell:

Yes, I think this is the story that made us start to think about the places in agencies where staff members develop that "subjugated knowledge" that Ann Hartman talked about. We realized that one of the things that we were doing was bringing the repressed stories—the parking lot ones—into the mainstream conversation within the agency.

Reflecting on it now, it also seems to me that the parking lot could be taken as a metaphor for how the African American staff members who spoke with us were describing their location at the time. They were associated with the agency, but not really a part of it. In the parking lot, they are "en route" as they usually were, ferrying back and forth between birth families, children and the agency. You can't make much change within an agency from the parking lot. And there was no place for the emotion that all this created in them.

The Group Home Story

Nybell:

I remember sitting at the dining room table in an old farmhouse in a Detroit suburb. The farmhouse was the original headquarters for Metro, and now served as a residential facility for a small group of adolescents. Looking out the window, you could almost envision the loneliness of this homestead and the beauty of its field and orchards in decades past. Now, development surrounded the place, as tracts of subdivision homes, busy intersections, and strip malls edged up to small amount of remaining farm property. The cars of the Metro group home workers who worked the day shift filled the front yard. I remember wondering what that front yard full of cars represented to the young people who made that place their home.

It was afternoon, and the house was quiet and dark on this gloomy fall afternoon as two residential staff members waited for the young residents to return from school. In response to our questions, the young women described their daily experiences, and the ways that they thought that matters of race and cultural difference entered in.

One childcare worker explained that she understood her role was to "be here for the kids." Part of this role involved helping to make sure that "people get along." When we asked how she was connecting that to cultural competency, she described some of the complications of daily life in a Detroit-area group home. These complications shifted and changed over time, as the constellation of residents shifted over time: sometimes a mixed group; sometimes all African American; occasionally, all White.

One of the problems was schools. The old farmhouse-turned-residential facility was in a white suburb, and the residents of the group home included African American children, who were in a "super-minority" at school. The worker's stance that "children are children" and should be able to go to school anywhere came into conflict with the realities of race and class prejudices and tensions that these young people experienced.

Recreational activities presented challenges, too, that the worker described in ethnographic detail. In establishing outings, the group had to decide whether to visit the "white mall" or the "black mall." Roller rinks were the same way: strongly identified as racial places. Staff worked it out so that the integrated group of farmhouse residents had to abide by the will of the majority, or adopted a policy or alternating outings to the "white" and "black" rinks. Music, food, language—all were part of a rich cultural exchange among residents, on one hand, but arenas of potential conflict on the other.

Sometimes, another worker described situations where cross-racial and cross-cultural groups jelled, relying on each other and establishing closeness. One such group ran away together to Detroit. I remember from the way she told the story that one African American girl whose home was in Detroit was targeted for much of the blame for this event, particularly by parents of some of the other residents. The child care worker talked about fears—racially based fears—when an interracial group of young people lived in such proximity, that one girl's attitude could "contage" another.

Gray:

Once inside the group home, we spoke to several young white caseworkers that were responsible for the young African American and white residents living in the group home. When we asked about the demographics of the residents, I remember hearing one childcare worker state, "People are people." In describing the focus of her work in the group home, a caseworker said it was on "getting along." Further, she described the focal issues as, "Where do we go when we have Black and white girls?"

One worker described feeling that her responsibility was playing " a mother role," dealing with school issues, planning appointments and preparing for sessions with the courts. She described the girls as street-wise, having seen a lot, having been exposed to drugs, speaking a different language and using different coping mechanisms. I remember sitting there wondering how the girls who live there must feel with these young workers, only a few years older than themselves, as their primary caregivers, attempting to play a parental role in their lives.

The young childcare workers appeared committed and wanted to do a good job. However, as I listened to their words, I remember seeing their own struggles in trying to understand these girls who they acknowledged were different in so many ways, yet trying not to acknowledge race as an issue. The tensions among the girls and the workers seemed obvious as they pushed down their need to raise up cultural differences and persist in seeing the girls as just people.

Returning to Metro

We took these remembered stories with us to the Metro waiting room in 2006. New images in the waiting room walls hinted that more fundamental change had occurred at the agency. The reception area that we remembered as business like in its décor and corporate in its atmosphere was now more festive, adorned with photographs of children, families and staff and posters advertising children's camps and summer programs. African American children featured prominently in all these images. As we studied the walls, it seemed likely that a new, formal organization story of Metro was in the making.

Though the waiting room had changed, John Anthony, the agency's clinical director, had not. He appeared as youthful, precise, and thoughtful as he had been fifteen years earlier when he served as a program supervisor. John led us upstairs to meet Harold Johnson, the agency's CEO. As the first African American to serve in that role, John's commentary as he escorted us upstairs suggested to us that he saw Mr. Johnson as both symbol and cause of agency change. Three years prior, when the agency had been at a crossroads of leadership, the agency board had come together to select and endorse the appointment of Harold Johnson as agency director.

Mr. Johnson greeted us warmly and asked about our work. As we settled into his office, surrounded by personal and professional mementos and pictures, we talked briefly about what we had tried to accomplish fifteen years earlier. We also tried to explain our interest in reflecting on our own past work and sorting out what we had accomplished, where we had failed, and how situations had changed at Metro and in child welfare in the Detroit area.

John, perhaps thinking that we were not clearly conveying fully the drama of our previous engagement at Metro, described some of the events that we had organized and the messages that we conveyed:

> *Dr. Gray has a warm and gracious way of speaking, but some of the messages were very hard. They had talked to staff and came to realize how they felt very distant from the administration, and, in particular, from the Board. They drew a picture to represent the experience of staff. The staff was in a boat, out on a rough ocean, trying to help children and their families, and the administrators were on the shore and the Board members were up on a mountain...I think it was...very remote. Very far from the experience of the staff, isn't that right? So far that they could not hear the staff crying for help. Seeing that picture, that reality, it caused people to take stock, re-examine things.*

We were a little surprised by the way that John could so vividly recount aspects of the work we had done together fifteen years earlier, though perhaps we should not have been. Listening to John, it dawned on us that we had not only listened and recalled stories at Metro, but in our agency change efforts we told stories, too. Not only listeners and reporters, we had performed as storytellers ourselves and then became characters in stories told by John and perhaps others.

It seemed that we still had opportunities to be actors in stories unfolding at Metro. At John's suggestion, we planned to return for one day for a chance to talk with the same staff that had spoken with us fifteen years earlier. When we returned to spend the day at Metro, we learned about workers and administrators surviving very difficult times there in the decade after we left, as the agency lost two of its leaders (including Ted Lawrence) to untimely terminal illnesses. The loss of leadership was debilitating in the context of agency stress and strain. Funding formulas changed, accountability demands increased, and resources were hard to come by. Several senior staff members, including John Anthony, worked together to keep the agency together, train new staff members, and maintain its standards. The issues of cultural competency were attended to, piecemeal and intermittently, but never with the time and consistent attention that the Metro staffers desired.

However, each of the staff that we greeted at the agency also described the new equilibrium that arrived under the leadership of Harold Johnson. Staff described Metro as an agency that was finally fulfilling many of the recommendations we had devised years ago. They told us stories of a racially diverse Board of Directors; fundraisers held at the Charles Wright Museum of African American

History; a regular emphasis on all staff participating in Detroit area community organizations and events; access to new resources for the agency's children and youth; a lack of tension and an increase in communication between the agency's levels of staff, supervision and management; a diverse leadership team. All problems were not solved, of course: funding levels were too low to retain experienced staff; efforts to review and monitor agency work increased apace while resources dwindled; a commitment to operate both an inner-city and a suburban office site were costly and difficult to administer. In many ways, though, the descriptions of Metro that we received in 2006 were inversions of the disequilibrium we described in the pictogram fifteen years earlier.

Considering Possible Plots

Our return to Metro helped us to understand the ways that narratives not only report past events and actions, but also shape future action. The pictogram we developed with participants years earlier offered an example. As a depiction of troubling circumstances, the pictogram vividly sketched an intensely felt disequilibrium. In its potential for dramatic reversal, this scenario was an incipient plot, holding within it the potential—and the demand—for happier endings. John's invitation to return helped us to see how, after much struggle and strife and uncertainty, participants at Metro had realized some aspects of the new and better endings for which they strived.

This realization was the sort of light bulb experience that prompted us to re-examine the stories we had recalled and reconstructed. What if we reconsidered the tales that we remembered as incipient plot: descriptions of problematic equilibriums that our interviewees and storyteller wished to reverse? Did the playroom story, the group home story and the stories of the parking lot contain visions for change that—though we listened—we had never heard? What if we considered them again as Scene 1 of possible plots? What dramas were our respondents beginning to sketch out for us?

We tried to draw out examples of the alternative visions that might have been embedded in the accounts that we recalled. For example, reversing Pam's story of the playroom demands that we place children at the center of Metro: privileging children's places, experiences and perceptions, and empowering those who advocate for them. From this perspective, the playroom becomes perhaps the most important space in the agency. In this reversal, workers are evaluated and supported, not only on the basis of their ability to communicate with adults *about* children, or their skill in completing the documents related to children's cases, but on their ability to reliably and sensitively *engage the children themselves*. Birth parents, visits and plans would be seen from the perspective of children, many of whom have views of these matters that are not often sought or heard. Consultants and trainers like us would devise ways to see the organization of Metro from the perspectives of its youngest clients.

In fact, stories of the new equilibrium emerging at Metro under Mr. Johnson gave hints of how such a transformation might occur. We learned that Mr. Johnson spent time in the playroom; that he knew children by name; that he insisted that every child had a chance to attend some kind of appropriate summer camp program; that he required that the holiday presents that children received from Metro each year reflect an understanding of the individual child.

We tried to imagine what sort of an agency the African American workers who described their parking lot "support group" might have been calling for. Can the parking lot discourse take place within the confines of the agency, or will parking lots continue to be viewed as places to have difficult conversations? To imagine a resolution to the predicament these workers described, we wondered what would happen if agency administrators recognized that the African American staff are playing dual roles: one within the agency and another within the African American community. In this vision, the unique burdens of African American staff are recognized, discussed and supported. The agency offers all workers an opportunity to study the crisis in the African

American community, and acknowledge the inadequate role that child welfare is currently able to play in fixing the problems that children and their families encounter in the context of heightened inequality and declining social supports. Supervisors and administrators are assessed not only by the extent to which workers met their service goals, but also in the degree to which all staff, including African American staff, are encouraged to critique or challenge agency practices. The agency might be regularly inventoried to examine the extent to which staff are able to disagree constructively with agency practice and policy without fear of jeopardizing their jobs or positions.

Imagining a reversal of the group home story is a more challenging task. In part, the group home storytellers themselves seemed uncertain of where things should be headed. From their locations out of the agency mainstream, their stories did not reflect a confident or passionate vision for Metro's future. Still, experimenting with possible reversals of these stories is intriguing. Could interracial group home life be seized as a social opportunity to bring young people together to live in community, consciously confronting racism, sexism, classism, and homophobia in their lives? In this scenario, young people in group homes are supported and encouraged to express and challenge the discrimination that they encountered in schools, public spaces and agency policies. Vehicles for the public expression of strongly held views and deeply felt experiences—poetry, art, music—would be central to such group home life. In this new, imagined order, such expressions by young people in the agency are used to inform plans for agency change like those we were devising at Metro.

In fact, we learned in the course of our visit that Metro had closed its residential facilities and ended its commitment to group care for young residents. In large part, these closures reflected changing funding formulas and shifting philosophies of care. However, is it possible that reversal of the group home scenario felt out of reach for less tangible reasons as well? One long-time staffer explained that he is still connected with young

men who were once children in the group home he had managed. Sometimes these young men stopped by the agency to say hello, report on their progress, or inquire after his. When we asked how he felt about the end of the group home effort, he appeared resigned, declaring only, "It was an unnatural situation, I guess."

Coda

Social agencies are important cultural sites where diverse workers, clients, and administrators engage in dialogue—and often, in struggle—over cultural identities and social and material resources (Nybell & Gray, 1996, 2004;Yan & Wong, 2005). In the context of an increasingly polarized society, segregated schooling, and threatened diversity in higher education, social agencies play a more important role than ever before in enabling social workers to challenge racial and cultural misconceptions, and forge meaningful relationships across differences.

How do we attempt to understand and intervene in such struggles within social agencies? At this point in our long journey toward understanding, we are arguing for using a narrative approach to the study of organizations to rethink cultural competency. By this, we mean soliciting and recording stories of practice, as told by workers, parents, foster parents, clerical staff, group home workers, and young people themselves, and then using these stories to imagine and propel progressive change. Stories enter social agencies in at least three ways. First, narratives appear as formal, often carefully honed dramas of agency history designed for distribution to a general audience (Czarniawska, 2004). Secondly, narratives appear as "organizing stories": the informal tales that workers, administrators, parents and children tell as they carry out the work of the agency (Mattingly, 1998; Gabriel, 2000). Finally, those who, like us, attempt to study or transform an organization produce our own narratives of organizational life. At Metro, we found all three of these kinds of stories offered as both accounts of the past and attempts to guide the future.

In an era where hope for social justice is too often dampened and efforts to imagine greater possibilities are too often squelched, drawing on everyday stories of social work practice may provide us with sources of vision and inspiration that we so urgently need.

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Endnotes

[1] The name "Metro Children's Services" is a pseudonym.

[2] All names assigned to participants at Metro, past and present, are pseudonyms.

[3] For example, in law, see Ewick, P. and Silbey, S.S. (2003); in teaching, see Gudmundsdottir, S. (1997); in medicine, see Hunter, K.M. (1992); in engineering see Kunda (1992); in occupational therapy, see Mattingly, C. (1998).

ONCE THE CUTTING EDGE: SOCIAL WORKER TO LEGAL ADVOCATE AND BACK AGAIN

Mary Ann Overcamp-Martini, Ph.D., University of Nevada, Las Vegas

Twenty years ago, the author began working as a legal advocate for a federally funded protection and advocacy program, investigating complaints of abuse and neglect in a state hospital. Shifting from a social worker to a legal advocate, then back again, brought much to reflect on in terms of advocacy, empowerment, and intervention practice. This narrative shares her reflections on those cutting edge days in mental health, a professional adventure intense with high and low points. Themes that the author draws on in social work education include professional stance, advocacy, empowerment, issues of organizational and management ethics, and legal intervention as a policy instrument. The ongoing need for legal advocacy to re-establish the legal floor of necessary services is underscored.

A man in a *New Yorker* cartoon says to another man at a bar: "I was on the cutting edge. I pushed the envelope. I did the heavy lifting. I was the rainmaker. Then I ran out of metaphors" (Cullum, 1995). At the risk of taxing old metaphors, this narrative presents the process of shifting from social work to legal advocacy. What is interesting is the process; what is important are the themes: those shared and not shared between these different perspectives in working with and in empowering others. What is provocative remains the question: What is advocacy? Is it the man in the *New Yorker* cartoon, his face covered in crisscrossed band-aids, talking to another man at the bar: "I've been on the cutting edge too long" (Mueller, n.d.)? By definition, advocacy puts us out on limbs that can be easily sawed off. Advocacy often places us as much at odds with our own organizations as it does with society at large, putting other valuable issues on the other side of the saw: salaries, promotions, and professional status. We know the risks are real. To advocate for our clients on a continual basis makes us tired in ways we do not foresee at the onset of our professional careers. I am here to talk about the sting of those cuts and bruises as much as the rewards for a job well done.

The Backdrop

The PAIMI Act (P.L. 99-319, the Protection and Advocacy for Individuals with Mental Illness Act) was passed in 1986, following Congressional hearings on abuse and neglect in residential facilities such as state mental hospitals. The PAIMI Act funds protection and advocacy programs in the fifty states that allow activities such as the independent investigation of complaints of abuse and neglect by individuals with mental illness. Within the scope of the public law and mandated by its provisions, the PAIMI program within each state established its own priorities, with the help of its mental health advisory board, governing body, clients and family members, as well as public input from interested citizens. While there was widespread support for this bill by members of the burgeoning disability rights movement, it was initially opposed by the professional organizations for psychiatrists and the state mental health program directors. Opposition to the act was largely based on the fear that legally oriented advocates would interfere with treatment:

> "*...minimal federal funding for token protection-advocacy agencies in each state that will review treatment programs that in many instances are subpar because of the neglect of the federal government to equitably fund the national mental health system*" (Protection of Mentally Ill Persons, 1985, p. 52).

This publicly funded legal advocacy program was injected into an already contentious mental health service environment in the states. It further escalated the struggle between the rights and needs of people with mental illness, largely pitting the law against medicine, and by association, against the helping professions: nursing, psychology, and social work. It was, at the time, a new type of intervention of law into mental health and one that could only be considered "cutting edge." From 1987 to 1994 I worked as a legal advocate with a PAIMI program in a protection and advocacy system in one of the states. I began as the mental health advocate and ended as their mental health program director seven years later. When I began the job, a colleague said that everyone who knew the state was asking: Why would anyone want to do such a job?

The State of the Art

To establish a sense of the state of the art as an outsider, I did an initial study of the state's history of protective investigations concerning institutions. There was still in the state the older administrative authority over state institutions called the Board of Charity and Reform, consisting of a few members appointed by the governor. I was already well aware of the general level of investigations from a previous job with another state institution. A person wrote them a complaint. They contacted the superintendent of the institution to address the issue. The superintendent did or did not address the issue, but generally reported its successful resolution; in most cases, that was the end of it. A letter stating its successful resolution was sent to the complainant.

I contacted the state Department of Health and Human Services for the responses of the child and adult protective services offices. Even though I explained my new job as an advocate, the conversations proceeded like this:

Me: How involved were the state protective services? How many calls did they get regarding patients at the state hospital?

Child protective services consultant: We have never had a complaint brought to our attention.

Adult protective services consultant: Can you imagine how awful it would be to investigate complaints at the state hospital?

When I first began to meet with state hospital staff, I tackled the same question from the other end. I was told they did their own investigations. Complaints from patients were handled by the same committee that handled complaints from staff. I was told by the lead committee member (who had taken the complaints for the past five years) that in the past five years there had not been a single complaint from a patient. None. Zippo. Amazing! All of these were red flags to me, but business-as-usual to them. How to begin?

The Beginning

In the beginning, it was not difficult to gain access to the facility. The federal law had been studied by the state attorney general's office, so I came with a 6-page copy of P. L. 99-319, a mission, and a smile. I had access to patients with complaints, access to their records, and access to the facilities. But how to actually begin? My liaison said I could visit with patients on his hall, the adult intake unit, just by meeting with the patients in the TV room during their coffee time. The other halls could be figured out later. I can't say I was very comfortable since I was suddenly moving into the patients' space without their permission, but it was my best offer and I took it. Within a few minutes a curious patient asked who I was, followed by another who asked if I would like a cup of coffee. I sat with a couple of patients at the table, while a few others watched TV or came or went from the room.

Thus began the famous coffee caper. Almost predictably, after a few such meetings, my liaison wanted to talk to me. There was a concern among the nursing staff about "…how I was going about my work," he said. The point of contention was that I had "taken" the patients' coffee. Offering to pay for the coffee did not end the discussion. It was simply not going to work out on that hall the way I was going about it; never mind that I was not the one who had even thought of such a plan. What I could do was post the hours that I would be available in a small interview office next to the nurses' station. So, a direction for access was set up. From there, access to patients all over the hospital came about in the easiest of ways. A patient made a complaint to me about something common like lost clothing, signing a release form for access to his records to represent him. By the time I returned in a couple of days—after reading his records and with some direction as to how to follow his complaint—he was gone. Discharged. As it turned out, the patient had been remaining at the hospital because he had nowhere else to go. The hospital was holding him for a reason other than mental health; perhaps one that might be called "benign protectiveness." What had they done? They knew that I had checked out his records, and they imagined what a lawyer might find in it. They imagined they were in trouble for keeping him at the hospital. So, they asked if he had any relatives anywhere. He said that he had an aunt who once lived in Kansas City, so they asked him if he'd like to go there. He said something like, "Sure," and off he went on a long bus ride to Kansas City. Off the bus, straight to a shelter. Ah, bus therapy! Alive and well. I was shocked at this strange by-product of simply meeting with a patient.

What happened after that was something for the record books. Within a few weeks, when I walked the grounds of the state hospital or met with a patient, I started to hear the same comment, "Are you the advocate? Are you the one who gets people out of here?" My first thought was, "Huh? Get people out of here?" That was not the focus for our program and certainly not a priority we had chosen for the state, but it quickly became the invisible caption that went with me on the hospital grounds. Without much additional effort, my name and phone number were passed freely among the patients—and for that matter, passed freely among the employees—who found that they could leave anonymous messages of complaint and concern.

So the troubling issue of access was settled…at least for a while. Several years later, as issues between my agency and the state hospital heated up, the access issue rose again for a time. While conversing with a superintendent during a troubling time, I mentioned that one of the states had the advocate arrested for stepping onto state grounds. "Oh yeah?" he says, obviously running the idea around in his head. I watched him quizzically—understanding that although he'd known me for several years, he could still suddenly have me arrested. I said, "It didn't end well for the state. Once the media got hold of the information, the state realized it was a terrible public relations mistake and withdrew the complaint against the advocate." "Oh yeah, I guess that wouldn't be such a good idea," he said, although obviously still savoring the pleasure of having me arrested in his own mind.

What to do? I had an advisory council to work with, a governing board of trustees to work with, a staff with attorneys, advocates, and a director. All played a part in setting priorities, an ongoing dance between the players involved. So, when I first headed out to work at the state hospital, I had lots of advice and priorities supporting me. Or did I? The answer was yes and no. There were priorities. One was to work complaints at the state hospital. But much of the prioritizing was left to me on site as the advocate, and later as program director, with the ability to influence all the other decision makers with my priorities. I decided to create my own master plan of goals for the state hospital, and see how well I could work my way through it. Never posted, advertised, or even passed upward in my own agency, the list stayed in a hidden place in my private outpost. It included: a patient bill of rights, an internal investigative process, an external investigative process (protective services and the police, as appropriate), and, yes, a hospital advocate. Process, process, process. Those were my goals for tenure with the agency. Little did the state know how much work would have to go into a big lawsuit based only on constitutional law and precedent, and how much more I sought the entangling webs of policies and process. I am proud to say that all of these goals were crossed off the list by the time I left town.

In the meantime there were many changes, behind the scenes and not-so-behind the scenes. Old forms of restraints were suddenly gone from current use. Hard and soft restraints, like nets that were once used to bag and quiet people, disappeared. The state hospital formed multiple new review committees. Policies were scrutinized, dropped, modified, and revised. The hospital decided to get itself accredited.

On other occasions, there were attempts at co-optation by the superintendent, staff, state mental health director, and by the directors of the community mental health center system. Efforts by the staff were typical enough. For the superintendent this meant invitations to meet him and his wife for dinner out-of-town and out-of-sight; I left the idea open with neither yay or nay. For the state mental health director, there were strange discussions of my relationship with the superintendent, framed as "the good marriage." From the statewide community mental health directors, the form of the co-optation was an increasing assault on my native humor streak. "Keep her laughing," they said to each other; that is, until the day I advised them that their strategy would never succeed.

High Points

In 1988, the President made an appointment that left a state without one of the members of its Congressional delegation. A special election was called, with a 30-day period for voter registration prior to the election. At the state hospital, this event created one of the most colorful small chapters in the election, unknown and unreported even by local media. During this pre-election special registration period, I took a complaint from an adult patient considering his request to be able to register to vote. The unit director had denied his request, and the patient had been told that the policy of the hospital was that only those who had been registered to vote in their home county before admission to the state hospital were eligible to vote while they were placed in the state hospital. With a phone call to the Secretary of State by one of our attorneys, administrative turmoil quickly took the place of such barriers. Given that it was the final week of registration, the state hospital attempted to get the cooperation of the County Clerk of Courts to provide a registration period at the state hospital, which the Clerk of Courts refused. In lieu of that, every social worker was to suddenly put aside their daily work to ask each patient if they would like to register. Then, a state hospital bus brought a load of patients to the county courthouse—some of them in shackles from the forensic unit—to register them directly. Reportedly, turmoil inside the courthouse ensued. The courthouse staff and the public reacted immediately to this very visible action by the state hospital; the Clerk of Courts recanted her decision and agreed to set up a station at the state hospital for registration, as well as later for voting, directly at the state hospital. The last I heard, the Clerk of Courts was still out looking for me as the cause for her debacle.

The high watermark? The day the state hospital agreed to support the Patient Bill of Rights listed in federal law—the Mental Health Systems Act of 1980 (42 U.S.C. § 9501 seq.)—which had been passed by Congress, then rescinded by the Reagan administration. The one section providing a model patient bill of rights had been left intact in federal law. This section had been restated in the PAIMI Act as worthy of consideration and acceptance by the states. In a long series of discussions, the hospital agreed to accept the Patient Bill of Rights as presented in the law, although they were not required to do so (the law asked states to "review and revise, if necessary, its laws to ensure that mental health patients receive the protection and advocacy services they require" [42 U.S.C. 10841]). My liaison was the hero of this story, and I give him and the state hospital enormous moral credit for this decision. The state hospital was, at that time, painfully far from this model. There was no question that we had many traumatic ordeals facing us as we worked through the particulars of this law and its practical application; but model groundwork was being set. One hurdle remained: they wanted it in state hospital policy only. We wanted it to go through the state's Administrative Procedures Act, giving it the force and effect of law. We won.

The hiring of an internal patient advocate by the state hospital was another high point. Once we had a statement of rights to worry about between us, the state hospital began to get serious. One day, the hospital liaison that I worked most closely with said, "We have our own advocate now. Now we will be ahead of anything you do." He was so self-assured, and so self-satisfied about it all. I showed little on my face, letting him think it was a bitter pill for me to swallow. I tried hard not to show my elation, not to let him see my hand reaching up to cross that goal off my list. Games and negotiations, of course, working with a hospital advocate who was trying to get between the next crisis and me. But also another set of legs on my side; someone who could work internally to correct things that were obvious or not so obvious. We had access to every unexpected investigation. They fought to hide them, but we won.

Other high points matched my secret master list of goals. When invited before the state legislature, the question put to us was: How can we avoid being sued? Fortunately, we were ready with a list of state needs. Much more than we could have hoped, but not too much for the state to handle, and not enough to discourage anyone enough to surrender to the headiness of a class action fight. We asked for funding for a number of community-based programs in the state; enough to change the future. In addition to the obvious community candidates, another need was the agreement to move twenty-five patients out of the state hospital and into the community; twenty-five people who had been dually diagnosed with developmental disabilities and mental illness. You know the ones—moved back and forth from one state institution to another, assumed not to be community-bound and treated as though they never would be; not even able to call one institution home. Suddenly the state was offering the funding for them to have a chance at living in those community-based programs.

Low Points

Obviously, there were many low points; sometimes on a daily basis. The spike that the car repairman said had been pounded into my tire was surely the most sobering, as the tire suddenly blew flat in high-speed traffic on a mountain pass. I also had to pause when one of the guards on the forensic unit snickered to me about how they'd considered whether or not they could get away with locking me in one of the back cells of the unit. There were also the constant obstacles and barriers that people in institutions are particularly good at constructing.

Not surprisingly, there came a time when the state hospital just wanted to fight. Apparently they thought it was time to take on my agency in the area that they thought themselves most likely to win: the right to refuse psychotropic medications. They never expected the temporary restraining order that ensued. While they assumed themselves to have an inside track with the court, some clever and careful planning defeated them at the get-go, finally shining the media spotlight on them. We had a shrewd local attorney to thank for that maneuver.

There was also the moment when the intensity of the conflicts made relationships a casualty: in this case, with my hospital liaison with whom I'd had productive communications for about five years. The institution developed its own construct of what was going on, and of course, I had mine. As the record was exposed, the glare of what had really happened cut fiercely between us. Both he and the patient advocate expressed surprise that I was taking the issue personally. I suggested that we should all be taking it personally—after all, what else is there? There was a sense of inevitably about it the whole thing: the crossing of the Rubicon, the end of our ways of doing and being. We were about to become our agencies. Yet—and surely to the consternation of some players—that proved less than true over the long haul. There was too much between us for one grueling event to stand between us. The dedication of my dissertation captured this separate but shared moment with him:

> *With this study I also commemorate a night when my state hospital liaison...sat in a chair at 2:00 am with a dog in his lap, trying to decide if it was all worth it. At the same time I was sitting in my house with a cat in my lap, trying to decide if it was all worth it. Last I knew, we both decided that it was (Overcamp-Martini, 2002).*

The End

In the end, of course I am leaving aside much of what happened. Troubles increased at the hospital; tensions intensified between us and them; and finally, a lawsuit that led to another lawsuit—this time class action—followed by a negotiating team process and an eventual court-monitored settlement. No doubt there developed many different (and hopefully improved) ways of doing everything from the old way. In the meantime I made my own decision to take my leave as the attorneys took over the main action of the program. The adventure was largely over by that time, and it was time for me to finally move on.

Some jobs are harder to leave than others. Once ensconced in the safety of academia, with the struggles of legal advocacy fading quickly from first alert, a ringing phone broke through in the way that it would in a novel. The State Attorney General's Office, now from another state, requested a deposition from me. I refused to give one. He told me that his office would subpoena me to force my deposition. Nevertheless, I said that I would not give the deposition voluntarily. I heard later that my forced deposition was the supposed threat that brought about early negotiations about access issues. It seemed likely enough. I did not even check if any of this was true. I had moved on.

What followed was dissertation research that took up the changes that had occurred in the state mental health environment as a result of the passage of the PAIMI law. Long interviews with consumers, family members, PAIMI staff, and mental health providers delved into the changes wrought by the introduction of legal advocacy in another state. The research re-created much of what I knew about legal advocacy, but recast much of what I knew in different forms:

> *When I think now of advocacy, my mind's eye first sees the participants in my research who shared and from whom I learned. Secondly, my mind works back to my own practice. It is a different practice now. My memories are new again—revisited and recast. I now have names for things that I did not have before. There is more context and surely more texture. There are more pathways; a bigger container. My practice no longer exists without my research* (Overcamp-Martini, 2002).

I got to be one of the ones on the cutting edge. There are, no doubt, enough other stories from this era to write several books. It was a time with so much in it that I still find myself—twenty years later—occasionally second-guessing other strategies I might have tried in those days when there were few rules and no precedent. I left with nasty wounds and a few deep scars, but with that same old smile on my face. What I helped bring about was the opening of a system that had dead-ended itself. What I got was the opportunity to change something, to study something changing, and now, as a social work educator, to teach the changes. So finally, I can respond to the psychologist from the local mental health center who offered his opinion as I began this job that my job must be an awfully useless thing to be doing since 99% of the complaints that patients made would turn out to be false. He said it with the snide offhandedness of condescension. To him, wherever he may be, let me say: rather, I found something more like 99% of them grounded in something quite true for them, for staff, or for the state hospital. There may have been something different about how they saw the problem, but they were right to have complaints nevertheless.

I haven't kept up with the changes in that state. I left it to those who came before and after me, and I moved on. No doubt the state has moved far beyond where it was then, but few ever had the air of such a trailblazer about them as those of us who lived on that early cutting edge.

Themes

Several themes emerged as I reflected on my work as a legal advocate, a researcher, and a social work educator in areas such as advocacy, empowerment, and legal interventions:

Many Crossings

I mentioned my crossing of the Rubicon in regard to personalized relationships with the state hospital, but there were several crossings that felt final in some way. While my own work with people felt little changed in style if not in direction, what other people thought of me changed substantially because of the work I was doing. I had to get used to this several times in several ways. The first time I met with the twenty-plus social workers at the state hospital to discuss advocacy and my role in patient complaints, I knew I had made such a crossing. Discounting the two social workers who could not manage to stay awake for an hour, the other social workers were, at best, cool and distant. Although I was fortunate to have experience in the same institutional system in the state as a social worker, the assumption seemed to be that perhaps I was "not quite right" as a social worker to begin with. Along with checking around town about my personal habits, contact with the other institution did nothing to damage my credentials. Yet the questions seemed to remain: how did I go wrong? How could I have gone to the other side?

In truth, there was little change in how I conceptualized my work with people, as strong as I had become in client rights, due process, and individual and group empowerment. Obviously there had been a change in the mission, supervision and strategies of my supervising agency. The work of the legal advocate is based on the pursuit of the client's "expressed wishes" rather than the social worker's determination of the "best interests" of a client. As a social worker I consciously tried to find out clients' wishes and desires, as well as to engage them in an understanding of their rights in the process of agency work. As a legal advocate I recommended the same professional stance for the state hospital social workers. A social worker willing to build the intervention with the participation of the client will find him or her more engaged in the activity. A social worker willing to expose the client's procedural rights within the agency as well as in the external situation will generally receive their respect for doing so. This professional stance sides with the client even if the agency's actions do not. What we are not here to do is to provide protection for other professions like medicine; our voice should not simply echo the doctor's voice. Rather, we negotiate relations between professionals and agencies and the client. I prefer to think of the expressed wishes/best interests debate as a continuum of stances: with social work enhanced by moving the fulcrum closer to the expressed-wishes stance of the legal profession. Current philosophy and terminology do so in any case: self-determination, empowerment, and strengths perspective, to name a few. We need to move our work closer to our talk.

Who's the Advocate?

By establishing the PAIMI Act, Congress defined the model of advocacy that consumers want most as that of legal advocacy. Who wants something less than having their expressed wishes represented, which is the purview of the attorney? From my research participants I learned that consumers would prefer to have an attorney in their pocket at all times, so to speak, when they walk through our treatment systems, so their own voices would be strengthened and heard. While they did support advocacy efforts from all professionals, it was also clear that they felt the need for legal support to balance professionals' determinations regarding their best interests. Although the PAIMI law directed toward less strident measures than legal intervention itself whenever possible, there seemed no doubt that the possibility of a lawsuit acted as good leverage for negotiations that could advance the client's or clients' interests.

Working as a legal advocate with social workers, the tension in the question of "Who's the advocate?" was something I experienced continually in my dealings with social workers. Educated to the assumption of advocacy in their work, they had seemingly not considered the possibility that they could be outdone by another professional perspective. Advocacy is a part of our job as we envision ourselves as professionals, but is rarely simply the act of doing our job. Advocacy is the part where we go further out on that limb; where we speak for another or even in the voice of another. We fight for what they want us to fight for. Sometimes that is to choose something more or something different than our agency would choose, and then we must make a decision as to how far out on that limb we will go for that client. In fact, lawyers and legal advocates make some of those same choices. Sometimes I stalled the work for clients in the pile of work with other clients, letting them get a few days of medication into their system before they decided whether they wanted to fight the medication, for instance. Most of the decisions were simply further out on the continuum representing the wishes of the client more often than not.

The legal and mental health professions have taken tentative steps toward each other in these past twenty years. For the legal profession there has been the development of an interdisciplinary field of law called "therapeutic jurisprudence," which focuses attention on the practical consequences of the implementation of legal interventions (Wexler & Winick, 1991). This discipline acknowledges the dependence of both law and policy on the cultural context, and suggests that social science may help determine how the law is affecting people therapeutically—have they been more helped or hurt by the law? Similarly, the mental health professions have developed a concept of "jurisprudent therapy," which emphasizes the benefits to social science of an informed legal perspective. Mental health research, practice, and professionalism are studied for congruence to the standards of justice, law, and the due process for mental health clients (Drogin, 2000). Hopefully, this work will lead us to share more middle ground as professionals, building on the strengths of each profession for the good of people with mental illness.

What is Empowerment?

The concept of empowerment has clearly been a significant one in recent social work literature. We tend to assume the psychological and social definitions as most important to the helping professions, in which we facilitate a "process, a mechanism by which people, organizations, and communities gain mastery over their affairs" (Rappaport, 1987, p. 122). Empowerment entails psychological and social dimensions, but also macro and legal dimensions. One part of the legal dimension is often overlooked: that of giving authority or legal power to another. The PAIMI legislation opened this door wider by giving people with mental illness easier access to due process and legal representation. As social workers, we can also empower our clients by shifting some of the power of our own expertise by sharing knowledge (Hasenfeld, 1987) of the systems in place to protect them, or perhaps what needs to change for legal systems to protect them. In my experience, it is this shared sense of power that seemed to bring about the real change for a client. According to one of the PAIMI staff, when the client is brought into his or her case as a partner, something very different happens than when an advocate goes off to do the work on his or her own. We might all recognize in it the nod we give to client self-determination and participation in their own treatment:

> *There's something about keeping the client really, really close in the loop...that makes a difference in the client's life, and it's very interesting. And I think it has something to do with—that somehow gives a sense of control to the client—that they're being informed about what's going on*

> *with their case, you know. That they're not being left out of the loop, that they're being given a chance to comment and give information and have a chance for feedback, and all those things, as opposed to someone just sort of taking it over and just running with it and doing it, you know. Even though it's probably still ultimately going to be handled in the same way…And it's something that when we do it like that, it just is great. And it doesn't take much more time and effort and that's something when we do it well, it's just awesome* (Overcamp-Martini, 2002).

Organizational and Management Ethics

In the excitement and activity of setting up new programs we often forget that we should assume that our own beneficence is not sufficient for organizational protection of clients. There is no doubt that external systems have been necessitated by our own refusal to address the obvious problems of bringing client and staff into a closed organizational system with unequal power and access to power. Institutional abuse is what Armstrong (1979) called the subject mental health practitioners would most "rather not talk about" (p. 348). We tend to think of ourselves as private practitioners, when in fact we generally work for and on behalf of organizations—whether they are institutions, agencies, or facilities—which direct and mold our work to support the organization. However, just as a private practitioner is well advised to set up a protective administration around her/his work in terms of legal and supervisory supports, we need to demonstrate our willingness to set up protective and advocacy systems wherever we are, as well as advocate for the strengthening of weak systems already in place.

When we develop a new program, a part of those plans need to focus on the due process systems for complaint and remedy within our organizations, as well as linkages and support of the interaction with protective and advocacy systems outside our organizations. As managers, we need to educate our staff to make the exposure of our protective and advocacy systems to clients an integral part of our work. In my own experience as social worker, legal advocate, and social work educator, the willingness to set forth the rights of clients as a part of practice is a positive practitioner strategy that works well to increase trust with clients.

Legal Advocacy as Policy Instrument

Legal advocacy can be an effective policy instrument in the mental health service environment, as it has also proved itself to be in other areas such as disabilities. It is also necessary at a time when the political environment is challenging the role of government at any level, up to and including services that are vital to the health and well being of many of our clients. The weakness of "taxpayer will" toward providing revenue for services for other citizens has been one issue. The relationship of the federal government to state government has certainly been another. When the PAIMI legislation was first proposed, the National Association of State Mental Health Program Directors (NASMHPD) testified to Congress their objection to the bill. Why not just give them the money to do a good job to begin with, rather than fund token agencies to review them as inadequate? They knew the outcome of the review; they just didn't want the blame for it. A part of this pushmi-pullyu strategy between Congress and the states has been the instigation of legal advocacy as an alternative federal strategy to grants-in-aid and other direct but targeted funding processes. States can be sued by federally funded agencies for services that fall below a court-approved services floor. In my own tenure as a legal advocate, it was not long before there were negotiated discussions of strategy to obtain needed services—what is sometimes called "funding by litigation"—which became acceptable even to state governments in the courts of last resort. Many social workers, as well as much of the public, would be surprised to find out how their own state providers may have pressed an external advocacy agency to fight with them or even sue them, so that at least a services floor would be preserved.

Support for such external protection and advocacy organizations has not always been clear, even on the level of the professional organization well distanced from particular organizations. Although supported by several professional organizations during the Congressional hearings, passage of the PAIMI Act did not enjoy the visible support of my own national organization, NASW (National Association of Social Workers). This was at a time when NASW had called for support of alternative strategies of advocacy as implementation of one of our ethical obligations toward clients (Ad Hoc Committee on Advocacy, 1969).

The Once and Future

A man in a cartoon talking to another man: "OK, you design the cutting edge system and I'll turn it into a worn out cliché" (Mueller, 2001). Over the past twenty years legal advocacy has become a part of the mental health and disabilities landscape in most states. In the process of itself becoming institutionalized, how does it keep from becoming co-opted over time? For a strong and self-reflective organization, this critical question becomes the touchstone of reflection. When are there too much game playing and negotiation and not enough confrontation in the public glare? What does it take to get systems moving, and then to keep them responsive to the people and their problems?

Best I can tell, however, that the cutting edge has not really changed. As I write, I recognize that those same old problems—and some new and different ones—exist in the state where I now live and perhaps in every other state. We seem to be losing the social commitment to each other, the willingness to pay our money to the government to then provide the means for care and treatment for others. Even with the lack of dedicated resources, the lack of public and political will to address the problems that plague us, we easily forget the potential for legal intervention. It would seem to be a time to remind the public that there is a legal floor to services that must be provided.

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A Relational Turn in the Human Services: A Book Review of *Contemporary Psychoanalytic Theory and Practice*, by William Borden

Benjamin Shepard, Ph.D.

Steven A. Mitchell was a supervising and training analyst at the William A. White Institute in Manhattan. Founded by Clara Thompson and Eric Fromm, with Harry Stack Sullivan as a pioneering faculty member, the White Institute emphasized the theoretical and clinical aspects of the interplay between the individuals and their social environment. Combing Fromm's view of psychoanalyses as a means to relieve basic human suffering and Sullivan's emphasis on active collaboration between therapist and patient, the White Institute would claim a distinct place in the history of the post-War psychoanalytic movement. With his 1988 work *Relational Concepts in Psychoanalysis: An Integration*, and his collaboration with Margaret Flack on *Freud and Beyond: A History of Modern Psychoanalytic Thought*, Stephen A. Mitchell helped cement White's distinct place in this history. Differentiating between Freud's drive theory and relational approaches, Mitchell's central thesis remained that personal relationships and human interaction help determine the nature of human health and functioning. In so doing, Mitchell opened up a space for an integrated and flexible model of clinical practice.

Enter William Borden, a senior lecturer at the University of Chicago Department of Psychiatry and School of Social Service Administration, whose work has long addressed the complicated relationships between object relations and narrative theory, self psychiatry, and clinical social work practice. With *Contemporary Psychodynamic Theory and Practice* Borden furthers this synthesis, integrating Mitchell's relational perspective with contemporary clinical social work practice in multiple settings. To do so, he revisits much of the history of the psychoanalytic movement, reviewing the development of classical psychodynamic thought, individual psychiatry, the interpersonal school of Harry Stack Sullivan, the British Object Relations School, Kleinian theory and psychoanalysis in Great Britain, psychologies of the self in Chicago, and many of Mitchell's themes. In so doing, he establishes the groundwork for the emergence of a relational perspective and paradigm in clinical practice. Yet, Borden frames this work as a means to a humanist and pragmatic approach to clinical social work practice. For Borden, identity is best understood as a narrative process which takes shape via interaction between self and other. This argument is of course part of the environment at the University of Chicago which supported the work of George Herbert Mead, Heinz Kohut, and Bertram Joseph Cohler. "The relational schools of thought focus our attention on the role of the interpersonal in the establishment of the therapeutic alliance and deepen our appreciation of underlying vulnerabilities and patterns of behavior that compromise engagement," Borden writes. He argues such tensions, "precipitate strain or rupture...the helping relationship, limiting opportunities for change and growth," (p.7). Rejecting the paternalistic *cul de sacs* which all too often accompany approaches to human services, Borden argues that a relational paradigm centers engagement within "the dyadic, reciprocal nature of the helping process and view of the practitioner as a participant-observer, emphasizing the importance of suggestive elements and mutuality in formulations of therapeutic interaction," (p. 7). Here, Borden could be paraphrasing Heinz Kohut or Harry Stack Sullivan. Sullivan was adamant that the analyst makes use of himself or herself as an observing instrument and co-narrator in treatment story. There are no neutral observers Sullivan would argue. Rather, "[h]is principle instrument of observation is his self – his personality, him as a person," Sullivan would write in his 1954 work *The Psychiatric Interview*. "The processes and the changes in processes that make up…data which can be subjected to... study occur, not in the subject person not in the observer, but in the situation which is created between the observer and his instrument," (1954, p. 3). Continuing, Borden suggests treatment and healing takes place between client and analyst, rather than simply within the interior space. Herein, social problems and challenges in living are better located within a matrix between self, family, community, and social environment, rather within the isolated individual. "As we will see, relational lines of understanding provide complex ways of conceptualizing interactive experience that enlarge formulations of interpersonal behavior," Borden concludes (p.7).

A theme which runs throughout the text is the tension between clinical practice and theory. "I have always been primarily a clinician," Borden quotes Melanie Klein. "It has never happened that I arrived at a concept theoretically and then allowed this concept to drive my clinical work. It has always been the other way around," (p. 63). Rather, Borden highlights a model of practice which rejects grand theory in favor of reflective practice – a research process involving trial, error, and pragmatic engagement. "What matters is what works," Borden paraphrases American philosopher William James. "[T]he practitioner determines the validity of clinical formulations on the basis of their effectiveness in a particular situation," (p. 9). The utility of a pragmatic approach stems from its emphasis on differing forms of social knowledge. As David Brendel argues in his 2006 *Healing Psychiatry,* it also offers a route outside of a science humanism divide which so often plagued 20th century psychiatry. Herein patient expertise is honored in relation to clinical engagement. The patient is considered an expert of his or her own story. Such a view involves an implicit rejection of colonizing motives within the practice of the human services, in which practitioners all too often seek to alter the lives of the poor by improving their moral worth and behavior. "Pluralist orientations attempt to foster dialogue across the divergent perspectives that shape the field, working to broaden ways of seeing and understanding as practitioners explore what is the matter and what carries the potential to help," Borden writes with a nod toward Brazilian educator Paolo Friere's conception of dialogue as a form of democratic engagement (p.9). The point of a dialog is that it requires a breakdown in social hierarchies, with both parties actively work together, rather than one on the other, or vice versa. In this respect, Borden's work marks a stark departure from other forms of psychoanalytic practice which depend on a rigid hierarchy between clinician as medical expert and patient as passive recipient of this expertise. Borden is a social worker by training, and he brings this perspective to his work. He refers to Elizabeth Danto's 2005 *Freud's Free Clinics: Psychoanalysis and Social Justice*, which reviews Freud's recognition that psychoanalysis fails to maintain its intellectual or moral integrity if the only people who can receive services are the affluent. He writes about social justice and clinical practice and rejects the uses of psychiatry as a form of social control. The result is an egalitarian mode of practice which borrows from the intellectual sophistication of psychoanalysis and the flexibility of pragmatism, linking them to the openness and democratic possibilities of social work's historic engagement with the poor and those who cannot pay $200 a session for care. Social work is different from psychoanalysis, in training, practice, and history. Yet, there is no reason the two fields cannot continue to engage with each other. Rather than foster or reinforce pathology or inferiority, a pluralistic relational approach to practice opens the door to innovative – harm reduction, strengths based – approaches to social knowledge in which practitioners learn from, rather than condemn the patient. Borden opens up a profound set of possibilities for a more humanistic approach to care which avoids the missteps which plagued the 20th century psychiatry with this small text. Practitioners and policy makers alike can benefit from its insights. The point, after all, is to relieve human suffering, not reinforce it.

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