

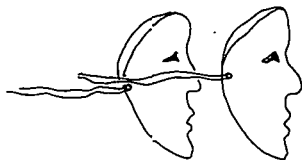
BEING AND DOING

Practicing a Secret Profession

The narrative describes my struggle with the being/doing and practitioner/researcher tension as I planned and worked on my study of the attachment histories of mothers of children with non organic failure to thrive.

By Jane Gorman, Ph.D.

Jane Gorman, Ph.D. is Assistant Professor, School of Social Work, New Mexico Highlands University.



As a social work student, practitioner and academic, I have struggled with the epistemological issues that now prevail in the professional discourse of Social Work. (Hartman, 1992; Laird, 1993; Weick, 1987; Saleebey, 1993; Imre, 1994). The struggle began in the early 1980's when I was a Graduate Social Work student in field work and continued as I planned and gathered "data" for my dissertation. Last year, teaching a course on comparative social work theory to doctoral students, I discovered that I can describe my personal experience with this epistemological dilemma with a hypothetical continuum that ranges from being to doing. I have avoided a dichotomous and adversarial conceptualization that pits being against doing because there is being in doing and doing in being. Each aspect of Social Work — from clinical work and teaching — to research and social action — reverberates with a subtle, but omniscient tension between being and doing.

I have felt guilty about practicing a secret profession. Surely less wrenching but perhaps not completely unlike the guilt that burdens people who feel they are living a secret

life. As an MSW-student and social worker, I practiced in the oppressed areas of Chicago, where, given my middle-class Anglo background, I was not an expert in anything about my client's lives. I simply went to their homes or wherever they were — in the towering (20 story) projects with no working elevators, side streets, back alleys, anywhere I could find them. I did a lot of sitting. On couches, rocks, broken down park benches decorated with graffiti, on front steps. Sitting on floors with plaster falling on my head and the heads of babies. Sitting by beds, brushing roaches off a sleeping baby as the mother and I talked. Sometimes sitting lonely with my client only physically present, other times, in a moment of grace, sitting in a shared emotional spiritual space with another person. I never did much talking. I did not know much that was useful to these people. And this was not from a failure to do my assignments of course readings.

I did know a few things that were useful to the people I worked with — available clothes in a church basement, some snippet of developmental theory, or how to influence AFDC caseworkers to restore benefits. These were secondary in

importance and time to simply being with people. Yet, I failed to communicate this to my supervisors. Supervision, by virtue of the didactic emphasis on what I had done and the verbal nature of the exchange, often exacerbated my guilt about practicing a secret profession as the doing aspect of my work always managed to become magnified and spotlighted. I had no words, and perhaps, little sanction to acknowledge the primacy of being in my work.

I sat, listened, and communed with my clients. I love these people. I realized they were my healers, because my heart opened in their presence. I wanted to help. But help involved "doing" things, "intervening". I felt constantly guilty about the amount of time I spent simply being with people. I recall the arthritic grandmother caring for four granddaughters who had all been sexually abused by her daughter's boyfriend. I cried with her over the sexual abuse of the children. I accompanied the family to court and to the visit with the State's Attorney. But I couldn't do anything to fix or retrospectively prevent the abuse. I couldn't find them a new house, or money, or treatment programs that worked — or even existed.

My clearest memory of working with the family was the day when I sat with the grandmother in her living room that had holes in the roof straight through to the sky. Humming along as she sang a Spiritual and rocked her screaming 8 month-old grand-daughter in her arms.

Tears ran down our cheeks. It was a song of suffering that kept our grieving hearts from turning to stone. The Spiritual and her beautiful low voice sung not only her immense personal pain but her generational pain of the brutal legacies of slavery present in that living room. A legacy of unequal opportunity reflected in my (white, middle-class) presence in her living room as a social worker. Those moments contained the essence of my experience as a student in Social Work. Epiphany in a living room. Me wishing that my family had her soulfulness, but knowing in my heart that her depth had its roots in unfathomable suffering.

I once worked with a mother, named Jean, whose baby had severe nonorganic failure to thrive. One day, on a home visit, I learned that she often tied this 15 month-old-boy to the child's toilet seat for hours at a time. In the middle of an increasingly more absurd sounding speech to Jean on the effects that early childhood experiences can have on later development, I stopped, and began to silently wonder what she felt as she tied him up. Out of a quiet moment of breathing and being, I asked her how she thought that being tied up might feel to him. She paused for a moment and told me that she had never once thought about how what anything she did might feel to him. Silence again. Then I asked her what adults in her childhood she could remember who had thought or cared about how she felt. Jean had been in eight foster homes from age 5 to 15. She was abused in many of them. She

began to cry as she remembered again the years of childhood abuse, neglect and confusion. Out of a place of silence, far away from "educating" her, far from all the professional "shoulds" in my mind, far from my thoughts of possible Children Protective Services intervention, came a softening in my soul and heart to her experience. The softening happened after I was able to quiet my worries about doing the proper thing. A homecoming and healing. It is healing to come home to our experiences, no matter how painful they are. Perhaps Jean's memories and tears loosened the grip of her past.

There were times when I just wanted to rush in to hold and feed the tiny boy, but Jean taught me that when the unmothered part of her could feel understood and empathized with, she was entirely capable of nurturing him. I met with Jean and her boy twice weekly. It often happened that when I was moved to tears of love and admiration for her strength and humanity as well as sorrow for the suffering she endured, she spontaneously reached to her boy, to take an interest in a toy he was playing with or to talk with him. Each time she took notice of his experience felt to me like a miracle. That there had been manna enough for him to get some. My work with Jean and her boy occurred over two years. When I look back, I see in my work with Jean an attempt to heal my own mother who was in many ways an unmothered mother. I see Jean's life and my life converging at a moment in

time in an intersection, at once subterranean and celestial, of mother and child reunions. This effort was grounded, as Christ (1987) urges, in "eros and empathy — the passion to connect, the desire to understand ... and the desire to deepen our understanding of ourselves and our world..." (p.58).

This year, one woman student who was working on her MSW, and was currently an Art Therapist, wrote her Master's thesis on the right-brained versus left-brained emphasis in social work. In her orals thesis she told a narrative about a woman whom she was working with in her role as an Art Therapist. This client, severely abused as a child was utterly silent in her therapy sessions. Finally, the student felt she could not stand it any more, and began to take, deep yoga breaths. She felt guilty because, as she expressed it later, she wasn't doing anything to relieve the client's pain. A few minutes later she asked the client to join her. The client joined her in the slow breathing, and a whole new relational horizon opened for them. This story, of course, demonstrates the absurdity of dichotomizing being and doing, since it could be argued that there was quite a bit of doing in the breathing. However, in contrast to more active options such as an Art Therapy procedure, the student chose to position herself in the realm of being.

For the past several years, I taught doctoral students in a class on comparative social work practice theory. Last year,

the members were quite a distinguished group, many having been directors of various social service agencies. One day, as we were discussing the hermeneutic turn in social work, I talked about the times I felt like a real social worker in my life and work and asked them about their experiences. One by one the students recounted times when, behind the back of their professional role, they went to a client's house with an armful of groceries, sat with a client in court, wept with a client in pain. At first the discovery that our transcendent moments as Social Workers — when our dreams of the profession met reality — came when we shed our professional hats, just to get an opportunity to be with people was exhilarating and humorously absurd. But soon the students and I became sobered by the realization and its implications for the state of the profession. Our experiences reflect the marginalization and subordination of "caring" to professional "doing." Caring, which often involves simply being with people, has become devalued in a society and profession that focuses on measurable and observable outcomes (Freedberg, 1993).

I am now teaching in New Mexico, in a Master's level program whose students come from widely diverse cultural heritages. In working with these students, I have felt, in my role as their professor, tension on the continuum from being to doing. One class I taught was composed of eight Hispanic Americans, one Navaho Native Americans,

one Muslim Syrian, and seven Anglos from various backgrounds including myself. One day, scheduled to discuss a clinical theory, one Native American student began to comment on the ways social work clinical theories reflect and contain the domination and power differential held in this country by people of Western European and English ancestry. She was adamant about her point and, I thought courageous to speak up. (Most of the Native Americans rarely spoke in class. One Navaho student told me that the whole history of oppression of her ancestors was reflected in her classroom silence, as well as her disorientation at having to be in square rooms in buildings whose entrances are rarely in the East.) I remained silent, as one Anglo male student, replied that he was sick of Anglos being blamed for everything and it seemed to him that Native Americans were living in the past, unable to move on. Quite a session followed, with much weeping over the unvoiced, marginalized pain and suffering by groups in this society. At the end of the class, many students thanked me for my silence, and for just being with the moment instead of pushing them "on track." I learned to give up control of this particular class. Their process had more energy and depth than anything I could ever plan. At the end of the semester, all but two of the evaluations of the class indicated the students' overwhelming thankfulness at my ability to let go, be, and let the students' wisdom emerge.

Two people in the class had great displeasure with my passive style and failure to follow the written syllabus.

The entire, divisive, interminable researcher / practitioner split might be summarized by the tension between doing and being. Practice effectiveness focuses on the doing aspect of our work, that which is observable and measurable. However, reducing human experiences such as empathy and intuition to measurable form is vastly problematic. In attempting to quantify such experience, we are applying rules of the head to matters of the heart. It doesn't work. From the perspective of the being end of the continuum, inquiry into subjectivity is being reflected in narrative more than numbers. A narrative that at best, like a shaft of sunlight, simply reflects a piece of the whole during a moment in time. Narrative — never offered as truth or success—is a shared experience that the reader can filter through his or her own sensibilities.

I struggled with the being/doing and practitioner/researcher tension as I planned and worked on my dissertation research (Gorman, 1993). I decided to do a study on the attachment histories of mothers of children with nonorganic failure to thrive. I interviewed 20 mothers with failure to thrive children and twenty mothers whose children were thriving. I designed a long clinical interview for the research, though the interview might be difficult for mothers who had

experienced abuse, neglect, and attachment disruptions during infancy and childhood. Because of that, I asked each mother that I interviewed if she felt the need for counseling, and if she did, I either referred her to resources or met with her myself. I continued to meet with several of the mothers for over a year after the research was completed. One sadness of this research for me was that the life stories of the mother kept getting edited out as I progressed toward my goal of the Ph.D. Numbers were clearly preferred to stories by those who mentored me, and I did not have sufficient knowledge of other ways to salvage the stories. (Gorman, Leifer, Grossman, 1993). However, I have the folders sitting in my office, and have not abandoned writing the stories.

This story involves a woman whom I planned to interview but did not. Lenora, appeared one day at a county hospital that I was working at with her 12 pound 12 month old baby girl. The baby born after a full-term pregnancy suffered from severe failure to thrive. The infant was hospitalized for a while to rule out an organic basis for the failure to thrive and then sent home. I set an appointment with this mother to do a home visit and interview her for my research. It was a day in early winter in Chicago, cold but not snowy. I drove out to the West Side of the city and began to look for her apartment. The West Side of Chicago was burned on the nights following Martin Luther King's murder in 1968 and never rebuilt. The neighborhoods

consist of burned-out apartment buildings and empty lots where buildings used to stand. In the winter homeless men huddle around fires that they have lit in big metal trash cans. Lenora's apartment was on a side street that contained several abandoned buildings. I walked up to the door of the flat in which she lived and, as there was no bell, peeked into the vestibule and called out. After a while, Lenora came downstairs and asked me in. She looked awful. Trembling, she was thin and disheveled in appearance. As I entered the apartment, I noticed that her baby girl was lying on the seat of a chair, shivering. We sat down and I asked if there was a blanket or towel anywhere because the baby was shivering. Lenora pointed to the next room and I went in and found a blanket and wrapped the little girl. Then I asked what was happening. Lenora said that she was trying to withdraw from crack-cocaine and she had been trying to get into a treatment program. She reported that day and the day before she had waited around hoping for her friend to come over to report that the hospital called with news of an open bed in the substance abuse treatment program (Lenora had no telephone). I listened to her story and then looked for some milk and a bottle to feed the baby. Needless to say, I canceled the interview. I went out and got Lenora a hamburger and something to drink. I stayed for about five hours, until her sister came home. That was one of the saddest days of my social work life. Here was a woman

who wanted to get treatment and couldn't. And a baby who had not been followed or visited upon birth, whom no health professional, until recently, even knew existed. Both of them living in a cold apartment in a part of the city that had been burnt in anger and grief over oppression and racism almost 30 years. Where was the treatment program that would accept Lenora and her baby girl? A program that would stand by her and her baby until she got sober, through the relapses and retreats. A place for her to stay and recover with kind people to feed and hold her baby when she could not. Such a place did not exist.

If we are ever going to have programs that make sense for the people suffering and oppressed in this society, we will acknowledge — and be present to — the utter devastation. This is exactly the challenge and the great opportunity for the field of social work. Social work as the bell that awakens society — in our role as a social conscience to suffering.

In our struggle and ambition to be a profession, we lost our calling and our voice. We have nearly abandoned efforts toward reform or revolution which would have served to clearly distinguish us from the related professions of psychology, psychiatry, counseling and education. One has only to glance at the National Association of Social Work agenda and the so-called "professionalization" of Social Work (which, to me, reads "greed or need for third-party

payments") or to consider the extent to which social workers are employed by state or federal governments to calculate the slim chance that social workers are promoting radical or reform agendas. We have gotten ourselves into position in which we are fed (paid) by the entities that perpetuate the status quo. If I try to envision re-embracing our calling as a field, I see social workers for agencies that advocate and watchdog state, federal and private agencies and programs. I see social workers as patient advocates in state or private mental hospitals, old age homes, and children's homes. There are a few agencies already providing such services to clients and thus employ Social Workers who embrace their calling as society's conscience. This set-up requires a massive reorientation in our field.

Finding our voice, can begin right now. Social work is a profession historically associated with women. Voices of a profession of women and poor and oppressed clientele have been silenced. People whose existence functions as a mirror to society are feared. The research agenda in Social Work, with its embrace of the tenets of positivism (separation of knower from known, the existence of objective truth, the reduction of bias) reflect negatively on social work's indigenous methodology, the narrative, and thus suppressed voices. This is what supervision is about, the narrative and self-reflexive investigation of the meeting of lives (the social worker, the client and the supervisor). What can

be voiced and written about now is the content of our days. From the drive to the mental hospital, to the sickening institutional smell of the air, to the lucid or confusing encounters and visits with clients and the staff. That is it. This is our life and experience as a social worker. It has not been written. If Social Workers could find a way to flood this country with their stories and the stories of their clients, we could begin to be present to and demand social recognition of the devastation and the unnurtured strengths that exist. That presence, that act of being, might effect change and translate into programs that actually meet the needs of a person like Lenora and her baby girl. The trek into the ravaged side of town. The fear of going in the housing project. The stench of urine in the entryway. The graffiti. The cold air rushing through broken doors. The little children playing in the dark, cold halls... The scene, our feelings, the state of our clients in their own voices. We can write it, and we can broadcast it when our clients cannot write it or scream it. Our voices as social workers, grounded and rooted in being, in our capacity to be truly present to the experience of our clients in this society, could change the direction of the field, and, perhaps, our world. □

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