

TWO EGGS, OVER MEDIUM

A Narrative About Billy

I came to understand what social work practice is from my friend Billy, . He taught me that the most valuable part of helping may be the experience of the helping relationship itself. This story is about my learning experience.

by Robert G. Madden

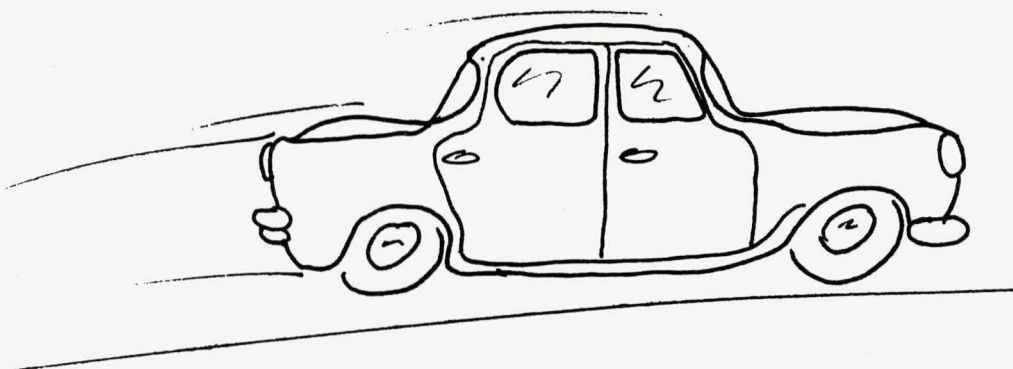
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My friend Billy died of AIDS recently. When someone is very sick, suffering and close to death, people often will say, "it was a blessing" when he finally succumbs. I couldn't feel comfortable saying that for Billy since to do so would be to consider the penultimate moment of his life more from my perspective as a watcher. Billy was probably never more happy and at peace as he was right before his death, pain not withstanding. In some way he had been able to have his needs met through his illness. I have developed much more of an understanding of what social work practice can be from my work with Billy. This is our story.

I first met Billy when I had volunteered at an AIDS residence program. The demands of law school and full-time teaching had required me to abandon my private

practice. Now, having passed the bar exam, I felt the need to return to my roots. I really missed the dynamic process of psychotherapy. The opportunity to help someone to feel better and live more fully, the challenge to connect with others on a intense level, to be pushed to understand and deal with myself in the process, were all exhilarating. It is what I do, it is who I am. In the classroom, working with students, there is some degree of this, but I sought to return to the therapeutic role. I also knew how necessary this was to my ongoing effectiveness as a teacher.

Sr. Beth was appropriately cautious when I approached her. She ran a residence for persons diagnosed as HIV+ with a history of substance abuse and who would otherwise be homeless. I offered to provide social work services for the residents. We finally settled on Billy as my client. Actually, there was another man who was to be my client. Each of the first four times I arrived to see him, he was incoherent or hospitalized. This wasn't what I hoped for. My interactions with him were limited to the



warmth and stimulation of my words. This was too one-sided. What about that high that comes from a really good therapy session? In retrospect it is clear. I was selfish. Sure I wanted to do good and I really did feel my interactions were being experienced as helpful, but it seemed my motivation to do this was to meet my needs.

Beth seemed to recognize my frustration and suggested that another resident, Billy, would really benefit from my help. She said he was much healthier and probably depressed. He had been in the residence for about two months and appeared to be isolating himself more and more. Here was a case I could get into. Beth was cryptic when giving me information. She told me that he had an interesting story. She said she would let him tell me about his family and how he got the disease. In our first meeting Billy was very nervous. I met with him in the dining room of the residence to get a sense of his needs and to contract with him about our work.

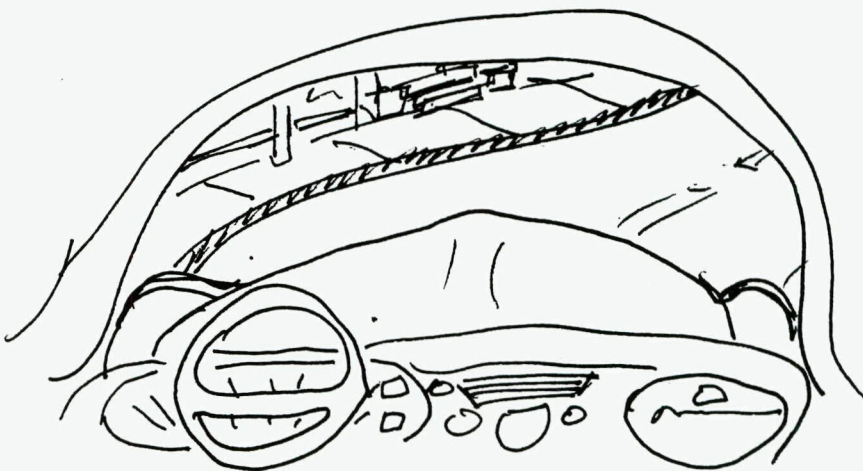
I had it figured out. After all, I was good at this psychotherapy business. He was dealing with multiple losses, coping with a terminal disease and incessant treatments and medications. He had a limited support system and probably a poor history with his family. I could talk to him, provide him with support, help him to express emotions and come to terms with his situation. I think I had an accurate assessment of his needs and the goals for the treatment. There was only one

small detail that needed to be considered. What would Billy like from me? He told me he needed to go to the bank. Sr. Beth had told him his Supplementary Security Income (SSI) check would be coming in and that he needed to open a checking account.

That was fine. I had worked primarily with children and adolescents so the idea of milieu-type therapy, counseling in the midst of a walk or a car ride or even a game of basketball was comfortable for me. Billy said very little else in our first meeting. He responded to questions with one word answers or not at all. He was visibly uneasy

how long it had been since he had one, the cream soda and the smile.

When I dropped him off back at the residence he remained quiet, waiting for me to speak. I asked if this day and time were all right to meet. He said he just had to get out of this place. He didn't care where he went. I was beginning to comprehend a little about what was going on with Billy, but it would be almost two years before I really understood. When he said, "See you next week," it came out more like a question than a statement. He had been disappointed before, of this I was sure.



with the conversation. I suspected it might have been the setting that, while quiet, was not entirely private. After our stop at the bank, I asked him if he would like to go out for a ride. His eyes flashed an energy I had not witnessed previously. He had nowhere else to go but was intent on going. We ended up at a convenience store. I bought him a cream soda. He brandished a child-like smile as he made this choice. I wondered

For the next several weeks, we met at our usual time. As we rode in the car, I would try to initiate counseling conversations with him. He would get pained looks on his face and frequently would not respond. I had no idea who was in his family and whether he had any contact with them. I had no information about his addiction history and how he was doing maintaining sobriety. What was going on with the HIV disease?

I didn't know his T-cell count or even whether he was on AZT or DDI. The only thing he seemed to respond to was conversation about the house. At that time he hated living there. Mostly it was the group-living that was uncomfortable. Rather than experiencing the other residents as supportive, Billy saw them as sicker than he was and their suffering was a reminder of where he would be. He was unable or unwilling to become emotionally connected with his peers. Dealing with difficult emotions was not a skill Billy had ever developed. He did not seem interested in learning to do it with me.



Instead, Billy just wanted to ride. We would stop for a coffee and he would get a cruller. We would drive down a busy commercial strip or through a quiet residential community. It didn't seem to matter. Frequently our rides would be in silence. I tried the usual skills and techniques. I wondered if Billy, who presents as cognitively low-functioning, was able to express his emotions. I wondered if he had some AIDS-related dementia. In the end I wondered if law school had made me a less effective practitioner. After all, we were socialized into becoming aggressive and elitist. Perhaps it affected me more so then I realized.

I think the thing that was bothering me was the lack of a comfortable role. I felt like a group facilitator when no one is sure of the group's purpose. I was concerned about crossing professional boundaries. We seemed to be working out our contract but I struggled with what I was being asked to do. How could I maintain my professional role yet still meet his needs? This was a place where I wasn't sure how to act.

I love Naomi Brill's book *Working With People: The Helping Process* (1990). Often as I'm thinking about some practice issue, I reach across my desk, pluck it off the pile (to be honest, I'm usually plucking the pile off of it) and thumb through it. Brill's straightforward approach to helping keeps me well-grounded. So when I was struggling with this question of what role I should play with Billy, and whether I was violating some basic professional boundaries, I turned to this book. On the one hand, she reiterated the primary importance of relationships in life but cautioned "helping relationships are not personal and they are not friendship" (p. 89). So I did what any good academic does, I reached for another book.

I guess I should have tuned in to the message given by my behavior. I didn't really need a corroborating source to tell me that what I was doing by entering into a friendship with Billy was the right course of action. I could justify it. His most pressing need was for a friend. My intervention was to provide him with that resource.

I guess my discomfort with this role was the question of what I got out of the relationship. For example, if my intervention was to be his friend, did my professional prohibitions against nonpurposeful self-disclosure still apply?

I knew how to be his therapist. I knew how to be his friend. I wasn't sure how to be this hybrid he was asking me to be. In retrospect, this discomfort manifested itself in my interactions with Billy. For the first several months I was confused and wasn't able either to be his therapist or his friend. Luckily, Billy didn't give up on me. Although he had enormous difficulty expressing his emotions and needs, he did communicate on other levels. Billy's choice to go to restaurants or on drives, as well as his refusal to answer probing questions, directed me to the present.

There was an existential quality to the way Billy lived during this part of his life. Dragging behind him a painful past and facing an uncertain future, he seemed to get the most comfort out of his immediate experience. Food and companionship were the tools of comfort. They soothed his hunger in body and soul. Billy had lived through his "used to be's" and while he hadn't dealt with them, I didn't feel as though I could question the functionality of his denial. Thinking about the future progression of HIV disease was not only scary to him, but to me as well.

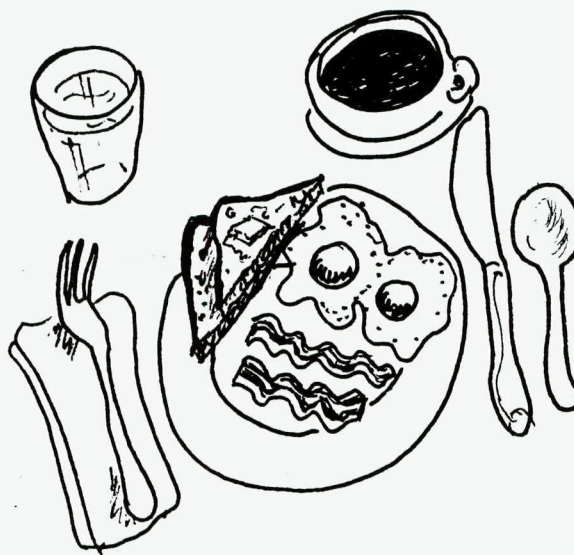
Was I enabling his denial by not pressing him to confront his emotions? Maybe, but after

seeing Billy weekly for about a year, I realized that if he was going to do therapy, it would be on his terms. Slowly, some emotional expression did begin to leak out. It came only in drips. The torrents of pain and anger would remain forever behind the well-fortified dams and that had been constructed as a defense to a dangerous world.

One of the few places Billy talked about with any depth of feeling was a residential school, coincidentally located in the town where I live. I got the sense that there was something different about the time he spent there. I offered to take him for a ride to see the school. He accepted with obvious excitement. On our way, Billy talked about his school experiences. He had been expelled or withdrawn from every school he had ever attended, including this one. Although he was never specific about it, this school seemed to have given him an experience of acceptance for who he was. Perhaps he had his sexual orientation affirmed, or he felt a sense of belongingness and community that made the school a positive memory. Perhaps it was a place of escape from a home experienced as unaccepting and unaffirming. I learned more about Billy on this two-hour drive than I had in a year of weekly visits.

I told my colleagues I thought it was a real breakthrough. I thought my patience had finally yielded results. He was really starting to deal with some of his past. I envisioned

family sessions where he could be forthright in confronting his alcoholic, emotionally abusive father and his loving but distant mother. His siblings, who had been increasingly supportive as his disease progressed, would help him come to terms with his family and establish a new relationship with his parents. This was therapy!



I picked him up the next week and we went to the diner for breakfast. Billy was silent and distant. I did the therapist thing and identified the risk he had taken in sharing so much. I tried to talk about how it was difficult to deal with emotions but how I felt it could make him feel better. He growled at the waitress for not refilling his coffee. He wouldn't respond to my efforts to label what I felt was going on. Finally he asked not to have to talk about "stuff like that" any more. He asked with such pleading and desperation in his eyes, I nodded my head. So much for the therapy.

I guess that was my turning point. I began to relax my therapeutic expectations and focused on the same type of here and now Billy was focused on. The coffee began to taste better as I tried to experience with Billy each moment of time. I began to notice details in our rides that I hadn't seen because I had been anxious about performing my role. As I slowed my pace, I must have become more accessible. The companionship seemed to be what Billy wanted and needed the most. I think it brought a sense of normalcy to his life where little otherwise existed. It lessened his isolation and provided him with stimulation. He could simply be with someone in a way I take for granted.

When I am with my wife and neither of us needs to talk, I frequently experience the joy that comes from the "being with." Billy really didn't have any relationship in his life where he felt safe enough and intimate enough to feel the warmth of presence. The time we spent together was often this silent reassurance to him that there was one relationship in his life where the other party was not going to place expectations on him, was not going to poke or prod him, and perhaps most importantly, was not going to hurt him.

After about six months of focusing on the relationship, I sensed some changes in Billy. He became more spontaneous and his sense of humor emerged. Billy sought out other supports. He began to visit a local family

he had met through a shelter volunteer and would spend evenings watching television and petting their dog. He reached out to his siblings and asked them to be in his life. He attended a religious retreat sponsored by an AIDS ministry program and came back with renewed faith. While he still didn't like living in shelter, he located individual staff, volunteers and residents who became his support system. He was taking risks by making himself available for relationships.

AIDS had taken Billy on a strange journey. In a life that was often painful, full of momentary pleasures in an attempt to find acceptance, Billy never found peace until he got sick. He found an accepting community in the shelter. He found a warm supportive parent figure in Sr. Beth. He found his god. He found out how to get his needs met in ways that were no longer self-destructive or that required him to be used.

Billy had taken me on a strange journey. He made me examine my stereotypical notions of what psychotherapy was. If the basis of clinical social work is healing emotional hurts and strengthening the capacity of an individual to deal with life, then our work together qualified in its results. Why did I believe most of this had to be done verbally? I had overlooked the curative power of the relationship. In his simple, naive manner, Billy had taught me that from a client's perspective, the most valuable part of the helping may be the experience of the helping relationship. It could be

reparative and sustaining in a time of pain.

During the first year of working with Billy, my fear was that I was crossing some professional boundaries by establishing a friendship with him. The dictionary defines "boundary" as anything indicating a limit or a confine. By focusing on the boundary, I was limiting the scope of the help I could provide to meet his needs. But it was a real struggle to provide this relationship-based "therapy" while maintaining some professional role. I had to monitor my interactions to ensure I was always there for Billy, while not putting reciprocal demands on him. It is a fine line.

Cormac McCarthy's novel *The Crossing* (1994) describes a young man's extraordinary effort to release a wolf he had trapped. He hoped to return it to its natural environment in the mountains of Mexico. The character's attempts to preserve the dignity of this animal eventually resulted in the wolf's death. After the wolf had died and the young man contemplated his future, McCarthy wrote, "Doomed enterprises divide lives into the then and now" (p. 129). My failures and frustrations in the first year of working with Billy were a similar defining moment in my social work life. As a result, my practice will always reflect what I learned from Billy. □

REFERENCES

- Brill, N.I. (1990). *Working with people: The helping process*, (4th ed.). New York: Longman.
- McCarthy, C. (1994). *The crossing*. New York: Alfred A. Knopf Inc.

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