Putting a Human Face on the Material and Making It Real: Claire's Narrative of Chaos

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Abstract: The following narrative describes one of the author's experiences of dealing with a life with "mental illness." During the course of taking a social welfare policy course, the student approached the teacher about revealing her story. It transpired that by revealing her story, the class was brought to life and a human face was put onto the concepts under discussion.

Keywords: Social work, social welfare policy, mental illness, narrative, pedagogy, Council on Social Work Education, Educational Policy and Accreditation Standards

In the Spring of 2011, Claire took a Social Welfare Policy course, with me. In the School of Social Work at the University of Southern Maine, undergraduate students are required to take two social welfare policy classes. The first class is an Introduction to Social Welfare and is also part of the University of Southern Maine's Core Curriculum; and is moreover offered as a social cultural analysis course.

The second course Social Welfare Policy builds on the material covered in Introduction to Social Welfare by examining in greater detail varied policies that impact upon one's well-being. All of the educational objectives of the second welfare policy course are related to the Council on Social Work Educational Policy Core Competences (CSWE).

Over the course of the 15 week semester, the following curriculum content is addressed: historical overview; social work in the public and private social welfare systems; families experiencing financial, emotional and social difficulties; children in difficulty; the education system; problems of youth, crime and violence; the graying of America; health problems; emotional problems and mental illness; veterans; medical, social, and emotional problems in the military; immigration issues; international social problems; natural disasters; terrorism; and random violence.

It is my belief, that the class meets the expectations of the 2008 CSWE Educational Policy and Accreditation Standards:

> The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons. (2008, p. 1)

In addition, the course is also grounded in the liberal arts, and in the person and environment construct. Educational Policy B2.2 (Generalist Practice) states (CSWE, 2008):

> Generalist practice is grounded in the liberal arts and the person and environment construct. To promote human and social well-being, generalist practitioners use a range of prevention and intervention methods in their practice with individuals, families, groups, organizations, and communities. The generalist practitioner identifies with the social work profession and applies ethical principles and critical thinking in practice. Generalist practitioners incorporate diversity in their practice and advocate for human rights and social and economic justice. They recognize, support, and build on the strengths and resiliency of all human beings. They engage in research-informed practice and are proactive in responding to

the impact of context on professional practice. BSW practice incorporates all of the core competencies (pp. 7-8).

The reason that this milieu is so significant is that it provides the structure for the class. This leads into operationalization of these concepts. I adhere to a teaching philosophy that is based on a strengths based perspective. I believe that the students who are in class with me have a vast knowledge and wealth of experience that if positively encouraged can be shared with their peers. One of my responsibilities is to provide a setting for discussion, critical thinking, and support. The students themselves possess a great deal of knowledge, strength, and resiliency.

In other words, at times, I believe educators mistakenly perceive the material as being theoretical and abstract. However, it has been my experience, in teaching at two public urban social work programs, that our students know and have experienced firsthand many of the issues that we hold as tenants of the profession.

Indeed, I would assert that for many who work in the profession, numerous concepts are abstract. As practitioners it is often the case that we have not personally experienced poverty, homelessness, school violence, health problems, emotional problems, or mental illness. Yet, for many of our students these concepts are not abstract but real and personal.

Regarding my teaching philosophy, there are several key concepts which I utilize in my teaching. First, there is Malcolm Knowles' (1980) concept of andragogy. The underlying premise of this philosophy is that I view my students as adult learners and therefore utilize different, more sophisticated learning approaches than the traditional pedagogical approach based on the premise of dependency. Andragogy embraces the following five assumptions:

1. Self-concept: As a person matures his/her self-concept moves from one of being a dependent personality toward one of being a self-directed human being.

2. Experience: As a person matures he/she accumulates a growing reservoir of experience that becomes an increasing resource for learning.

3. Readiness to learn. As a person matures his/her readiness to learn becomes oriented increasingly to the developmental tasks of his social roles.

4. Orientation to learning. As a person matures, his /her time perspective changes from one of postponed application of knowledge to immediacy of application; and accordingly, his/her orientation toward learning shifts from one of subject-centeredness to one of problem centeredness.

5. Motivation to learn: As a person matures, the motivation to learn is internal.

Hence, guided by these five principles, I believe that the students I engage with in my respective courses are highly motivated, have a great deal of knowledge and experience to share with their peers, and are looking at issues from a problem centered orientation. This leads to the second teaching philosophy which I incorporate into all of my teaching. As an instructor, I reject the classical pedagogy model, which is based on a hierarchical philosophy that I believe disempowers students by, among other things, assuming that students and can only acquire knowledge, not produce it.

This pedagogical approach is referred to by Freire (1970) as “banking education.” I engage students in a contextual practice in which all are willing to participate, take risks, make connections, and enter into discourse to see what will work both theoretically and practically. In other words, I believe students have a responsibility to participate in class discussions and for sharing their extensive knowledge and experiences. They are not passive participants, but engaged learners. There is the assumption on my part that the class is a partnership, which is challenging, creative, and dynamic.

Incorporating a multicultural pedagogy I refuse to assume ahead of time that I have the appropriate knowledge, language, or skills; instead, I engage students in a contextual practice in which he or she is willing to risk making connections, drawing lines, mapping articulations between different domains,

discourses, and practice, to see what will work, both theoretically and practically. In his book Border Crossings, Giroux (2005, p. 21) posits that culture is a foundation for pedagogical and political issues and thus must be central to schools' functions in the shaping of particular identities, values, and histories by producing and legitimating specific cultural narratives and resources: "Border pedagogy points to the need for conditions that allow students to write, speak, and listen in a language in which meaning becomes multiaccentual and dispersed and resists permanent closure. This is a language in which one speaks with rather than exclusively for others."

Indeed, the aforementioned was the case with Claire. We had discussed in class many of the issues that face individuals who suffer with emotional problems and mental illness. It had been a wonderful class. We had discussed how mental health issues seem to be dominated by a medical philosophy. A number of students referred to *The Spirit Catches You and You Fall Down* (Fadiman, 1997), in which a Hmong family is forced to comply to the medical and cultural manners of the United States. Again, as the instructor of the class, I was delighted that the students were relating the material to other classes they had taken in the Social Work Program.

Following the class, Claire e-mailed me and stated that she would like to present to the class a paper she had written on mental illness. She also informed me that she had experienced mental illness first hand. I wrote back to Claire at first expressing my concern that I didn't want Claire to put herself in a position where she would be revealing too much about her own life.

However, Claire assured me that she wanted to do this. Claire stated that while the theoretical material we had covered the previous week had addressed the conceptual issues, she believed that by telling her story she would be able to bring this material to life, and it would have far more meaning and significance by putting a human face on it.

At the beginning of every class I write on the board what we are going to cover each week. In fact, this became part of the ritual and routine of the class. Indeed, the students would often tease me before and after doing this. In some ways, it is our "ice breaker" and gets everyone, I like to think, focused on the class. I stated that not only would I be presenting material today but Claire would also be speaking to the class. We proceeded through our course content for the day, and it came time for Claire to speak.

Chaos

I don't remember an exact moment when I realized I had a mental illness. The knowing came over the years, seeping in like a pea soup fog. When I was a teenager I had erratic mood swings and I was often depressed. But aren't all teenagers moody? And my home life was horrendous. In my twenties, I chalked up my disorganized thoughts to my artistic nature and to the variety of recreational drugs I was using. When I was in my thirties, the negative symptoms moved into my life like an on-coming train and by my forties my life was a virtual train wreck. At the age of forty-five, I'd lost my children, my marriage, my home and my job. For the next several years, I wallowed in the symptoms, not knowing how to cope with my illness or how to escape it.

Along the way psychiatrists gave my illness a name – bipolar disorder with psychotic features, a psychosis otherwise known as manic depression. My life was a constant, repeating cycle of very miserable lows and agitated highs. When I was depressed, I could not tackle the simplest of tasks. I dreaded everything: using the phone, answering the door, opening mail, being in crowds, taking a shower, or changing my clothes. On the rare occasions when I found the courage to leave the house, I kept my eyes downcast, afraid of meeting the eyes of a stranger. Most times I could not manage to lift my head off the pillow in the morning. I slept in bed all day and lay awake through the night, feeling flattened and defeated. For me, life was a series of hurdles that I had been tripping over for decades, with no end in sight.

Sometimes I screwed up enough courage to attempt something that I dreaded. I would point out the purpose to myself, like a mother telling a child, "This is good for you. Believe me." If I tried to conquer the worst of my fears and I succeeded, in spite of everything, in finishing what I had set out to do, I had no feeling of accomplishment. All it

would do was depress me more; it made me conscious of the number of times each day that I had to steal myself for something. All of my life consisted of doing things that I dreaded. It was never easier the next time.

When I was depressed, I saw my life in a series of flashes. Like changing patterns in a kaleidoscope, they were handed to me at unexpected times, introduced in a neutral voice: “Here is where you are now – hopeless. Here is where you have been – worthless. Take a look." Between flashes, I'd sink into darkness. I'd drift in a daze, floating off into numbness again. Some say that hell is fire and brimstone. It's not. It is nothingness.

My mania wasn't the euphoric state that the word suggests. My manic cycles were riddled with agitation, insomnia, restlessness, lack of concentration, paranoia and rage. It was during these cycles that I most often blew up my life. Mania for me meant racing thoughts. While others have described racing thoughts as streaming thoughts or a “slide show thrown up into the air,” my racing thoughts were like six or more CDs stacked on top of one another, all playing in my brain at various rapid speeds and different volumes.

When I was manic and someone spoke to me, it took an enormous amount of energy to slow my thoughts down and choose an appropriate response. Sometimes I chose incorrectly. It was during these times that I was most concerned that others would see through my façade and glimpse at the chaos that was inside my head.

In early 1998, I began having auditory hallucinations. The voices were benign: telling me to tie my shoes, ordering me to answer an imaginary doorbell, and demanding that I respond as they called out my name. The chorus in my head said only one thing to me, though – “You really are *crazy*!" I calmly decided to kill myself.

On the appointed evening, at dusk, I slipped into a steaming bath and, unceremoniously, slit my wrist. I bled out fast, the water turning an inky indigo. My only thought was, “My blood is blue.”

A sudden change in plans brought my roommate home to find me with barely a pulse. I loved him like a son; he hasn't spoken to me since. My days at Maine Medical Center were a blur. I was involuntarily transferred to Jackson Brook, a private psychiatric hospital in South Portland, where I quietly took-up an uncooperative attitude. I isolated myself in my room, refused medication and ate only when threatened with force feeding. I could cut my wrist with a razor blade, but I couldn't face a tube shoved down my nose. I would wait them out. Eventually they would have to release me and I would complete my mission.

Three words saved my life: “You selfish bitch!” My daughter spat the words at me over the phone with such venom that they reeled me back on my heels. For days I wore the admonishment around my heart like a wet wool coat. My child was right. She was absolutely *right*! I had not given my kids a nanosecond of thought. They had already been through so much. It's miserable growing-up with an undiagnosed, mentally ill parent. I know, because I did. My girls and their friends thought I was fun when I was manic, but usually I was unavailable, drowning in my own despair. I had abandoned them as children and as teenagers; I had tried to leave them behind for good. I was selfish *and* a coward. The hospital professionals claimed they could help me, and I owed it to my children to let them try. I got out of bed, took a deep breath and prepared myself to wage war.

The first battle was medication; for the most part, trial and error. Some medications resulted in psychotic breaks, others meant my symptoms worsened; but I was a dutiful lab rat. I saw a different psychiatrist every weekday, and each brought something new to the table. Finally the right combination of psychotropics was put together and, one month to the day of first taking the drug cocktail, a miracle occurred.

I woke before dawn feeling rested and alert. I curled up by the window and watched the sunrise, musing, “This is a new day.” No voices in my head commented on the canary-colored orb rising in the sky. As I watched new light filter through the panes, my thoughts came slowly, one-at-a-time. There was order. There was calm. I supposed, with amazement, “This is what it must feel like to be normal!”

I brought my new brain to group therapy on the ward. We were a tossed salad: paranoid schizophrenia and bipolar psychosis, borderline personality disorder and clinical depression, social anxiety and panic disorders. We met on common ground – we were all nice people and all were in pain. Of the hundreds of patients I saw, only one was violent – a better average than is found in the general population. Some had virtually given up, checking-in to the hospital as many as thirty times in one year, whenever the struggle became too much. I vowed never to return.

That was thirteen years ago. The road to normalcy has been peppered with twists, rocks, and roadblocks. I have existed on Social Security Disability Insurance, a meager six hundred dollars per month. I haven't enjoyed living with my hand constantly extended, palm up. All the drugs have had side effects: dizziness, blurred vision, loss of balance, weight gain, high blood pressure, arrhythmias, short-term memory loss and tremors. Additional medications must be taken to counteract them. The mind proved mysterious. Medications suddenly stopped working for no apparent reasons; brands and amounts required regular monitoring and tweaking. If I forgot a dosage or ran out of a drug, it would take weeks, sometimes months, to recover. I learned quickly that my cocktail alone was not enough. I had to make use of every weapon in the arsenal.

Knowledge *was* power. I read everything I could put my hands on pertaining to my disorder. I learned that bipolar disorder is a chemical imbalance, emerging when neurotransmitters in the brain give-up too much in specific compounds to receptors, not leaving enough along the pathways to regulate normal moods and cognitive process. My illness was a series of short circuits, out of my control. I found that manic depression has a genetic component, explaining why my mother had it and why four of my seven surviving siblings also have it. The disease is progressive; the longer is goes untreated, the more difficult it is to restrain. Control was the most I could hope for – there was no cure.

Medical convention said that the shortest path to recovery would be medication integrated with talk therapy and behavior modification. I continually attended weekly, one-hour individual therapy sessions and two-hour skills building groups, I reviewed medications with my psychiatrist once every eight-to-ten weeks. I learned how to identify emanating symptoms and discovered means to cope. Today I am in college at the University of Southern Maine, hoping to become a licensed clinical social worker (LCSW). Mental health professionals call this step in the process part of “reintegration.” School has proved to be challenging. I am handling critical, analytical thinking; but am finding rote memorization difficult. I'm working to find the right triggers with the help of my therapist, an LCSW. The hustle of the crowds can sometimes make me a tad nervous, and time management hasn't exactly been my forte over the last several years – so I've learned to stay extremely organized. All in all, I'm greatly enjoying myself, and I expect to be participating at graduation and going on to graduate school.

I'm driven by the common person's goals. I want to enjoy my life and I want it to have a purpose. I'm bone weary of living in poverty and I'd like to help put my children through college. However, like anyone who has been to the edge and returned, I feel a responsibility to give back. I disclose my illness whenever I can, risking comments like, “Funny, you don't look crazy.” What does a “crazy” person look like, anyway?

I am mentally ill, but I'm one of the lucky ones. Our prisons and streets are full of the likes of me. I am not a hero, and I'm certainly no poster child for mental illness. I'm just playing the hand that was dealt me, hoping the next draw is a lucky card. I wake every morning and thank the powers that be for what I have: I walk and talk and breathe on my own; I have two beautiful daughters that love me; there is a roof over my head and; when I have time to grocery shop, I have food in the 'fridge; I have a car; and my brain, that for so many years tormented me, is allowing me to learn again. I have absorbed an invaluable lesson in my life, one that I can only hope to pass on to my daughters through leading by example. There is no shame in falling down. The shame is in staying down.

Reaction of the Class

I had glanced up at class regularly while reading Chaos; but now that I was finished, I was afraid to look up. There was complete silence. Were they

stunned? Were they shocked? Were they maybe even disgusted? Then the entire class burst into applause, as they rose to their feet. I blew out a long, slow breath. Paul said, in his charming British accent, “Well, I can't compete with that,” and threw his hands into the air. We all laughed. Then they came, single file, to the front of the classroom. I received a bouquet of hugs and thank yous for sharing my story.

Beth said, “I know you're going to change the view of people who look through a stereotypical lens. And I think you're going to empower others in similar situations.”

“You mean other people living with mental illness?” I asked.

“Uh huh,” Beth said.

I smiled widely. “That would be fantastic, if I could.”

One classmate told me, “You put a human face on the material.” Another, that “You made this real for me.”

Patrice grasped both my hands and locked her eyes with mine. “That is one of the most inspirational and emotional life stories I have ever heard!” I think I began to tear up. “I was thinking while you were talking that this was a story I might read about in the textbooks. But you were right there in front of me. This was real life.”

Melissa hung back for the opportunity to talk to me at length. “You know,” Melissa started, “You are always smiling and so outgoing. I never would have guessed that you struggle with a mental illness!”

“‘Funny, you don't look crazy?’ Right Melissa?” And we both smiled.

“Well, when you said you wanted to share your life story, I was caught off guard. I didn't know what to expect. But when you began reading my throat closed and tears filled my eyes. I was so focused on your story. The way you told it was astonishing. I could not believe that the story you were reading was *your* life story. All this time I knew you, Claire; and I had no idea! It could be anybody you know, huh?”

“Oh, yes.” I answered, thrilled at Melissa's reaction. “Mental illness doesn't discriminate.”

Melissa gave me a farewell hug, and was the last student to leave the classroom. I swung my legs up onto Paul's desk. “I'm just going to sit here a minute. Reflect a little.”

“Right,” Paul said as he moved toward the door. He stopped at the threshold and turned toward me and said, “Thank you, Claire. That was bloody brilliant.”

Claire's Reaction

My intent in presenting Chaos to the class was threefold. I wished to put a very personal face on the concept of mental illness. I wanted to help bring the CSWE core competencies to life. And I wanted my classmates to understand that people with mental illness can be full participants in our communities.

I specifically wanted to present Chaos in our classroom because we were reading about the behaviors and ideations that we label as mental illness in our culture, and what we were reading was most likely authored by people who have no direct knowledge of the experience. I wrote Chaos because I wholeheartedly believe that what mental health needs is more sunlight, more candor, more unashamed conversation about illnesses that affect individuals and their families. It is my hope that the act of bearing witness to my narrative remedies some of the distortion, stigma, and shame around the experience of managing a life impacted by mental illness.

I was overjoyed (albeit relieved) with the reactions of my classmates – in their responses there was light, openness, and honest exchange. Their remarks then, and their emails since, reflect that they received Chaos in the spirit in which it was presented. I am optimistic that my narrative helped us along the road to understanding and constructive dialogue.

An unexpected benefit came out of my classroom experience. Beth's words kept resonating in my

head: “I think you're going to empower others in similar situations.” I decided to give a copy of Chaos to my therapist, Judy; and give her permission to use it any way she saw fit. She has since told me, “Claire, you have no idea how many lives you touched. Clients read it in my office and sit there sobbing. ‘That's my husband! That's exactly how he is!’ Suddenly they're not alone. They're not the only one. And there's hope.”

Paul's Reaction

In addition, as the teacher of the class, I would say that Claire transformed the class. From that moment on, the material was no longer abstract, but real. Indeed, I believe this was further illustrated in the student's final papers and group presentations. One group of students wrote and presented about contemporary Gay, Lesbian, Transgender policy issues, another about contemporary Mental Health policy issues, another about Veterans and the difficulty many are experiencing in obtaining services. Another group wrote and presented about contemporary immigration policy issues, another about contemporary foster care issues. There was richness in and a real connection to the material. As the instructor of the class, I was delighted that the students had taken over the class; they were the ones driving the whole process.

Conclusion

While I would not propose or advocate that in each class students disclose personal information about themselves, what Claire did was extremely courageous. However, I also believe that she gave this matter a great deal of thought and consideration before presenting her narrative. As for the explanations of why she felt able to do so, one is that she had already been in many classes with her peers; secondly, she believed that her story would enhance the learning in the class. The presentation was not done to shock or disturb, but rather for us to learn and understand.

For me, and I believe for everyone who was in the class that day, Claire's story was told with compassion, honesty, and hope. The challenge for us was to let go of our preconceived notions and the stereotypes that impede our thinking. Rather to operationalize the competencies that are being articulated in the EPAS standards: apply social work ethical principles to guide professional practice; advance human rights and social economic justice; apply critical thinking; apply knowledge of human behavior and the social environment; and engage in policy practice to advance social and economic well-being. These are not just concepts but are real and they are part of everyday life. What Claire did was make them real and meaningful. In addition, Claire put into practice, the concepts and beliefs of Freire, Giroux and Knowles, that indeed the real power and source of knowledge comes from the students themselves.

References

Albert, R. and Skolnik, L. (2006) *Social Welfare Programs: Narratives from Hard Times*, Belmont, CA: Brooks/Cole/Thompson.

Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Alexandria, VA: Author.

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors and the collision of two cultures*. NY: The Noonday Press.

Freire, P. (1970) *Pedagogy of the Oppressed*. New York, NY: Continuum.

Giroux, H. (2005) *Border Crossing: cultural workers and the politics of education* (2nd ed.). New York, NY: Taylor & Francis group. University Press.

Knowles, M. (1980) *The modern practice of adult education: from pedagogy to andragogy.* Chicago: Association Press/Follett.

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