

FINDING HOPE AMONG SHATTERED DREAMS

I work in the Bronx where my clients are women deprived of resources that I have always taken for granted. The women I see are pregnant; for most of these women it is unplanned, unwanted, and a crisis situation. Because of the location of my job it often feels like a war zone and at times like my clients, I feel vulnerable. This narrative is about a time that challenged who I am as a professional. Life circumstances helped me to clarify the boundaries between myself and my clients and to reassess the use of self disclosure. It is a constant struggle to confront the realities of what my clients are lacking and yet, as a social worker, to bring hope to these people as the world tries to take it away. This narrative is also about a season where our worlds collide and then, without completion, we are forced to go our separate ways.

By Gila Cohen Davidovsky

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At times I am grateful that my mother and I share the same profession. I was influenced to pursue social work because of her dedication and commitment to social work values. At other times I wish she had been a computer programmer so that I did not have to listen to other people's pain or be so aware of my own.

I work in the Bronx as a perinatal social worker in a

such as miscarriages or the tragic death of a newborn. I also help clients make choices about continuing their pregnancy, sometimes related to abnormal medical test results. We often discuss birth control methods including the possibility of tubal ligation. I lead both therapeutic and psycho-educational groups about labor and delivery. Each month there are about forty newly pregnant women assigned to my caseload. Most come from two to ten times; thus much of my work is short-term crisis-oriented. A few continue treatment even after their baby is born.

My work is often

hectic, overwhelming, and fast paced but usually exciting and challenging.

On a Wednesday afternoon at lunch time in the beginning of the fall season, the weather was still warm. I decided to go for a walk. The first week of school had just begun and mothers were waiting outside for their

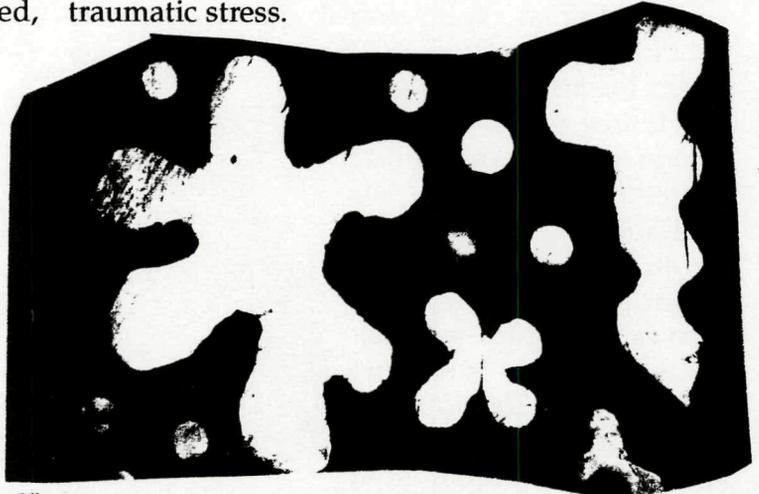
medical clinic. The clients are predominantly of Latino and Black descent. My pregnant clients are considered high risk pregnancies because of either social or economic limitations, including many teen pregnancies or medical complications, such as gestational diabetes, twins, and genetic abnormalities. In addition, I see women for grief counseling



children's return, the younger ones already home. I was just leaving the building when I heard two men having an argument and then the sound I will always remember—a gun being fired. Two men raced off while another one helped the victim whom I saw clutching his shoulder or—chest I did not know which. Blood was every-where. I stood frozen and scared. There was an indescribable lump in my throat, I felt light headed, and my body was shaking. I stood there wondering if I knew this person. Was it a boyfriend of a client? I then saw the unknown victim with a friend; he ran up the street then back down into our clinic. Each step leading up to the second floor where the medical offices are was drenched in blood. He was superficially treated at our clinic and then the paramedics came and took him to the Emergency room. I learned that he would survive, but I kept thinking. "Four inches to the right it would have hit his heart and four inches to his left then who?" How vulnerable I felt. I was interviewed by a policeman and reported to him what I saw. For days afterward I feared having to go into a witness protection program and never being able to see my family and those I love again.

The day after, I woke up, reluctant to commute to what feels like the drug capital of the nation and afraid of once again having to walk past the site of the shooting. I told myself to be brave and I did make it to work. The crime scene was surrounded by yellow police tape. The sidewalk was still stained with blood. I discovered that blood stains concrete. The victim fell and put his bloody hand on the ground. I wonder how many times I will have to walk by this and be reminded of the shock and horror. This is what children have to walk by on their way to school. Is this the beginning of what desensitizes our innocent children to violence? The repeated sounds of a gun that traumatized me becomes as frequent to these children as the sounds of a siren that I hear as I go to bed in Manhattan. Who knows where I'll be 10 years from now. I never imagined, sitting in high school in California, that I would be working in the Bronx with people deprived of financial, educational, and social

resources. I listen to clients over and over again struggle with such basic needs as food and shelter. Resources are limited and government wants to impose more restrictions. This is a free country and yet the neighborhood where my clients grow up is a war zone and clients are left devastated by the continual effects of deprivation and pain. It is no wonder that they suffer from post traumatic stress.



I sit with a client named Maria. She is 22 and pregnant. She and the father of the baby are no longer together and she has no idea how to contact him. He does not know she is carrying his child and she does not believe he would care. She did not complete 9th grade. She has no work history and limited skills. Maria is living with her mother and two adolescent brothers in a one-bedroom apartment. She is crying because she is afraid for the future of her baby and of herself. Finding resolution is nearly impossible and I question the effectiveness of just simply listening to her pain. I later realize that she has no one to talk to. Her mother physically beat her; her stepfather repeatedly told her she was unlovable and a failure. It was no surprise when she told me that at 14 she tried to kill herself. And yet this is her third time here and she wants to come back next week. I feel so helpless and have trouble understanding her relief. The power of attentive listening, compassion and empathy—I am supposed to teach it to my graduate social work students and yet I struggle with it myself. I feel it would be more effective to hand her twenty dollars. [It would alleviate my guilt for having.] Fortunately this is just a passing

thought and I will again have to struggle in my helplessness and try to convince myself of the work that I try to do.

As soon as this client leaves I am greeted by a new consultation, a 22-year-old woman from Puerto Rico. She is beautiful and later tells me she had been an exotic dancer in Puerto Rico. Her history includes physical and sexual abuse, repeated rapes, and betrayal. She has a history of three suicide attempts. Two resulted in three-week hospitalizations with no follow up and she has never been in individual outpatient treatment. She tells me her traumatic story without effect and it is no wonder that when she leaves I am stuck with her pain. Projective identification they call it—I understand it, but how am I supposed to climb out of the hole I feel I have fallen

into? I tell her it is important for her to come back. She is already seven months pregnant, and I feel pressure with time. I say she can come one or two times a week, the choice is hers, and she says two. I am surprised by her motivation and afraid of the task I have set up for us. She is living with the baby's father who drinks and is physically abusive. How much work we have in so little time.

Later I see a 27-year-old woman who works hard as a medical records file clerk making a mere \$7 an hour. On this she supports a family of three. She is being mistreated by her boss and is quite tearful. She used to work at our clinic as a temp. She applied for the position and the managers wanted to hire her, but personnel refused because she does not yet have a GED. She can't leave as she has nowhere else to go—she wants me to help her cope with the situation. This woman inspires me. Although I find myself skeptical about believing this anymore, she was raised with love. She talks lovingly of her two sons, states they are good and they do well in school. They listen to her and clearly she loves them and is excited about a new baby. She seems in touch with the effects a new baby will have on

her 7 and 8 year olds and she has good ideas on how to help them cope. Her problem is social isolation and her great pride in wanting to make it on her own and not go on Public Assistance. She even refuses food stamps. This woman grew up in the same neighborhood with limited opportunities, and yet she has managed to fight the vicious cycle of abuse and poverty that some clients stay trapped in. I wonder how. How did she become so resilient? I know it is an entire upbringing, but how can I help instill this strength into others. Although saddened by her situation, inspired by her strength and touched by her pain, I feel a small sense of hope and wonder if I was able somehow to let her know this so she can feel it too.

Many times I feel helpless and wonder how I will be able to get up the next day and be able to give. How am I going to teach a graduate student that the work she is doing is valuable and important when I feel so helpless myself? And yet at the same time that I feel so helpless I enjoy my work. Despite their difficult life situations, pregnancy is a time of positive change. I feel a sense of hope in spite of all the helplessness. This is what makes me stay—to be part of the hope for a better tomorrow for each woman in her own way.

When I feel overwhelmed and ready to give up, I take a step back and slowly realize that these could be the feelings my clients are having. To be helpful I have to continue to be hopeful. Sometimes I write, as I have here, to help me refocus and gain some perspective on my experiences and acknowledge my capabilities and accept my limitations. It is similar to watching the leaves turning shades of reds and yellows, shedding their leaves and slowly growing new ones; it is a process that takes a year and has to be done over and over again and connecting with clients and watching them slowly trust and share information they have never been able to talk about and their willingness to engage in a therapeutic relationship.

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Seasons change, and as fall came to an end, I experienced the bitter harsh coldness of winter. I went through many changes which became a time for personal and professional transformation. At the time of the shooting I did not yet know that I was pregnant. I spent the first trimester holding my breath, hoping that I would make it safely to the second—from personal experience I knew all too well the risks of a miscarriage. Feeling relieved to be safely in the second trimester, I began slowly to tell my colleagues. My clients seemed to notice early on; self disclosure began to take on an entirely new dimension. A client in her first session, when I was only nine weeks pregnant, said to me “you look pregnant, you look sort of green, you look how I looked 3 weeks ago.” She in fact was three weeks further along than I was! I was surprised by her observation and then accepted that I would no longer be able to hide my pregnancy from my clients. I was growing and the news was spreading. My clients appeared to connect with me and I with them, in new ways.

I let them know that their anxieties, regrets, fears, and excitement were all part of the process of pregnancy. I was cautious and reserved in disclosing but realized that there may be appropriate times to share that I struggle with similar feelings. I often sat with a client and thought of the opportunities that my future child would be given and the unequal distribution in this world.

I was growing fast. Soon into my second trimester we found out that I was carrying twins! My feelings of trepidation and elation often were overwhelming and I had to contain my feelings while I continued to work with my clients. Twins! I could not believe it. I had financial resources and a supportive family and I repeatedly wondered how my clients managed one child, being single with limited resources. It was by seeing how much strength they had that I was able to believe I could cope with twins. I knew twins meant that I was high risk for preterm labor but I was being followed closely and felt optimistic that all would be fine. I knew the warning signs of preterm labor as I have a big poster in my office that lists the signs.

On the last Friday in January I went to a

conference on high risk pregnancies, high risk due to economic and social reasons. The speakers rattled off statistics on mortality because of not receiving prenatal care. I felt confident that things were going to go fine for me and I sat back and listened and wondered how to do outreach with my client population and how to encourage compliance with medical care during pregnancy.

During the conference I began feeling physically uncomfortable and decided to leave early. That evening into rapid labor, I went to the hospital where my doctor tried everything possible to stop the contractions. I was only in my 23rd week and we all knew that if I could not keep those precious boys inside me, they would not have a fighting chance. Unfortunately, nothing worked and the following afternoon I delivered non-viable twins. What had been my hopes and dreams had turned into a devastating nightmare. My empty uterus reflected how I felt. I have learned that one's world can turn completely upside down and backwards in a matter of minutes. The only thing we can really hold on to, that no one can take away, is how we cope with these traumas. My clients are fighters and despite their lacks of ego strength they survive. I have learned from them a remarkable level of resilience. Their tenacious attitude keeps them standing upright despite the harsh realities of deprivation and isolation. My clients have taught me courage. While working with them I taught that talking about their experience, joining a group, and allowing time to grieve is all part of the process for healing. I now had to practice all that I had taught.

Spring arrived and with it the flowers blossom and the birds return to the city. Armed with courage and the support of those I reached out to, I returned to work. As long as my clients are willing to keep struggling and fighting to make changes, I want to continue to work with them to help them make those changes. When clients allow me to participate in their attempts to change, it is a gift and a treasure. This is the message I hope to give to my social work student—teach her that some clients have never heard anyone tell them they are a person of value, that they deserve to be treated kindly, and that they have strengths. These messages of truth are

powerful to ears that have only heard criticism, and to the wounded souls who have only been pushed down and beaten. They are the pregnant women who are bringing in a new generation and if they can feel a little better about themselves, then perhaps they can give their children words of praise rather than the destructive messages that haunt them.

On the day of my return I received notice that because of financial constraints the clinic had eliminated my position as perinatal social worker. Other social workers with already huge caseloads will absorb my patients. The sweltering summer will arrive and for many of these clients there will not be a place for them to vent and talk. The heat will be as oppressive as the world in which they live. □

# HOPE

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