



At the Edge of Discovery: A Year In AIDS

This narrative chronicles a teacher learning. After twenty-six years of social work teaching, I proposed a "return to practice" for a sabbatical year. Because of an emerging commitment to the HIV/AIDS epidemic, and a desire to build a knowledge and skill base for a course on the epidemic upon return to the university, I negotiated a volunteer-staff position with the Northwest AIDS Foundation (Seattle), the largest community-based multi-service HIV/AIDS organization in the Pacific Northwest. During the year, I practiced case management, assisted in education program development, and took on numerous other tasks. My report explores how this experience of immersion in a community tested some fundamental understandings about social work practice concomitant with a liberating growth in personal identity.

by
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Nothing's lost forever. In this world, there is a kind of painful progress. Longing for what we've left behind, and dreaming ahead. At least I think that's so.

—Tony Kushner (1992)—

Two Processes at Once

There is no diary or journal. There is only memory, and a scattering of unused documents created with the intention of a soon-abandoned disciplined self-study of what was happening to me, what I was doing, what I was feeling during a sabbatical year. I can't write journals, perhaps because I want to keep memory vital, and memory is surrendered with writing. Memory is vital. . . daily.

When I was pursuing the MSW at the University of Pennsylvania in the late '50s-early '60s, a pregnant student took leave of absence from the program because she was told she could not be in two processes at once. My narrative attempts to capture the experiences and effects of being in two processes at once. One is professional; the

other personal. They are inextricably interwoven for me; so I present them as they happened, as simultaneously as possible.

From September 1990 through June 1991, I affiliated with the Northwest AIDS Foundation, Seattle (Foundation), for a sabbatical leave which proposed a 'return to practice' as its major purpose and its primary context of learning. Unlike others who undertake field or library research, writing or consultation, or a visiting professorship somewhere, I sought to reclaim the roots of my commitment to social work. I wanted to test the currency of my knowledge and skill; to confront the immediacy of client encounters, do staff work, provide services, meet needs. This is a partial report of experiences and learning through case management and the array of mundane staff jobs I undertook which no one else had time to do. A public relations brochure published early in my affiliation identified me as 'Professor-at-Large.' This label produced no end of word plays and induced a deliberate effort on my part to live down



the 'professor' part.

Two years prior to this leave, I began a sometimes torturous, sometimes joyful process of fully accepting myself as a gay man and taking the tentative steps toward making that identity more public. The personal process of fixing that identity needed a context in which I would be in company with other gay people. Since high school, I have searched for and read about homosexuality, gay sex, gay culture, gay identity. For many years, I had not questioned my sexual orientation; but as a child and adolescent of the '40s and '50s, my reading and interactions with others



taught me I was sick, perverted, deviant, unnatural in my feelings, fantasies, and actions. Now, in my fifties, married, with two adult children, I was coming out, scared, anxious, excited, determined, full of both regret and anticipation.

What can one learn being in two processes at once?

First Learnings in Two Processes

Early October, barely knowing what I was doing or why (which happens often when we learn), I was asked to coordinate the Speakers' Bu-

reau. One volunteer had just finished a six-month stint in that position; but his successor was on vacation for three more weeks, and no one else was available in this pressing time to handle the Bureau. October was a critical month for the Foundation because competition for voluntary contributions through the United Way and Combined Fund Campaigns was underway and word needed to get out about the agency's programs and services. Requests for speakers and information tables came from labor unions, government offices and businesses with large staffs and payroll deduction plans, and other community groups who wanted to help their members make considered choices for their donations.

The three weeks as "Acting Coordinator" of the Speakers' Bureau was community learning through immersion. Although I'd often visited Seattle, I didn't know the city and surrounding suburban areas as places where people lived and worked. With maps and directories as critical tools, I set up engagements for Bureau volunteers whom I often had to cajole to take on assignments in unfamiliar areas and, when no one else was available, put myself on the road. From memorizing brochures and pumping staff members for words and ways of expression, to answering inquiring questions and refuting false information, I learned to communicate the mission, programs, and services of the Foundation. From the requests for speakers and display tables, I learned

what groups and organizations in the community were especially receptive to hearing about AIDS and supporting the Foundation. In applying my social work skills of guilt-inducement, I learned in a small way how to persuade overworked volunteers to do just one more thing for the Foundation. Through these activities I claimed the knowledge I had prepared myself with and I learned to speak with more immediacy about AIDS, safer sex, and the human needs arising from the epidemic. During this brief period of frantic activity, I felt I became a part of the Foundation, and that the presence of the 'Professor-at-Large' crept into the consciousness of staff.

However, I felt isolated, apart from others, a stranger whose presence was suspect (was I a 'spy' for the administrator?) and whose motives for being there weren't clear. I have forgotten the complete instructions given for an exercise during an in-service training on diversity. We were each facing another staff member, and I think we were to convey to that person something honest, something from the heart, something that we wanted to say to this person that we'd never said before. My partner was someone with whom I had developed an openly outrageous flirting relationship that amused us and many staff members. Confronting him, I said something to the effect that I felt I wasn't accepted as a gay man because everyone saw me only as a married man (information I had shared when asked). He stepped back from



me in shock, then rushed to embrace me, and whispered, "We have to talk." Now I was out, a little bit, and had someone to talk to about why I was doing what I was doing, why I had come to Seattle, what I needed from others. Progressively I came out to other staff members, never making an announcement, never speaking publicly "As a gay man, I . . ." To do so at that time would have been hypocritical. As late as May one of my case management colleagues finally got the message and felt embarrassed that he had been so clueless and unaccepting of me; and there was no small shame in me for being less than open and honest with him.

I came to the Foundation with a sum of attitudes about sex that was unhealthy for me and everyone close to me with whom the topic or intimacy of sex was important. Repression fostered those attitudes, and rebellion against repression left me, in middle age, confused, frustrated, ambivalent, ashamed of my sexuality, and deeply closeted. From the first day, the Foundation was electric with convivial sexual banter, every word or gesture a sexual double-entendre. With few exceptions, everyone on staff participated directly or indirectly in this sex talk. Sex permeated the place: hunky, explicit, provocative safer sex posters on the walls; cartons of condoms and lubricant; mounds of literature containing directions in the use of condoms and

limitless suggestions for non-insertive sex; collections of sex toys used to demonstrate safer sex practices.

The sexual saturation challenged me. To respond I read more—the *Seattle Gay News*, the *Bay Area Reporter*, the *New York Native*, *Frontiers* out of Los Angeles—to build a gay language for myself. My library expanded considerably with books by gay writers: Ethan Morden, Paul Monette, Tom Spanbauer, Joseph Hansen, Lev Raphael, Alan Hollinghurst. I listened carefully to what people did on weekends, where and with whom to get something of a feel for the Seattle gay community. Living just three blocks from Broadway, the thoroughfare of the gay community, I haunted the open gathering places, but avoided the bars (probably a mistake, but I felt too old to do bars). Nevertheless, the social voyeur in me was thriving. Slowly I began to join the talk, freeing myself to use the words like everyone else, to invite the repartee of double entendre by being the "straight" man. I began to feel less the stranger.

This new-found comfort in talking sex was good for me and, I think, gave others a healthy release also. It was a necessary part of the function of the agency to educate and train others to value their sexuality, especially gay and bisexual men, and to practice sexual safety. Sex itself had to come out, be talked about, joked about, shared, expressed in ev-

ery possible way, using as many or as few words as possible in as many or as few ways as possible.

Early October 1990, in the *Seattle Gay News*, an announcement appeared for a support group for gay men married to women or in a relationship with a woman. After a day's hesitancy, I called the number listed and spoke to John about my need to join. Within the week, I became a charter member of Seattle GAMMA (Gay Married Men's Association) (Whitney, 1990). We started with three, and by the time I left in June, close to 75 men had come to at least one meeting and a core of men, between 12 and 16, came regularly. GAMMA met weekly, first in John's counseling office, then in a Group Health hospital in Seattle. Our meetings were free-form, no agenda other than a casual check-in with the understanding among us that any new member was given our fast attention if he was there to share his story. In age we were young 20s to mid-70s (yes! and what stories he had), most of us in the 30 to 50 range. There were occasions when the regulars retold their stories with new insights, elaborations, and new truths. I found men like me, men I could talk with, men I could share experience and feelings with who would understand and connect with me from their experience and feelings; I was not alone as I had so wrongly believed. Regardless of age, the shared experiences of our "uncommon lives" led us into honesties and new assertions of self. For me,





there was a further consolidation of my gay identity, an affirmation of myself as a fundamentally healthy person, someone who needed to stop apologizing to himself for his life.

Testing Practice Skills in Case Management

As a case manager, I assumed responsibility for thirteen gay men between the ages of 29 and 50. This caseload was about one-third the usual of a case manager at the Foundation. Among those thirteen individuals were three couples in durable, intimate, longtime relationships. Both partners in two couples had Class IV AIDS diagnoses (in the nomenclature of the time); both partners of the other couple were HIV positive, only one having a Class IV diagnosis.

Through case management, I tested the professional skills I thought I had, skills I assumed were the right ones to be teaching, skills that surely had become rusty from lack of direct practice. My first assignment betrayed any confidence I had in myself; I was thrust back in time to the first day in field work as a student. In my head I repeated the student litany:

"I'm only a student."

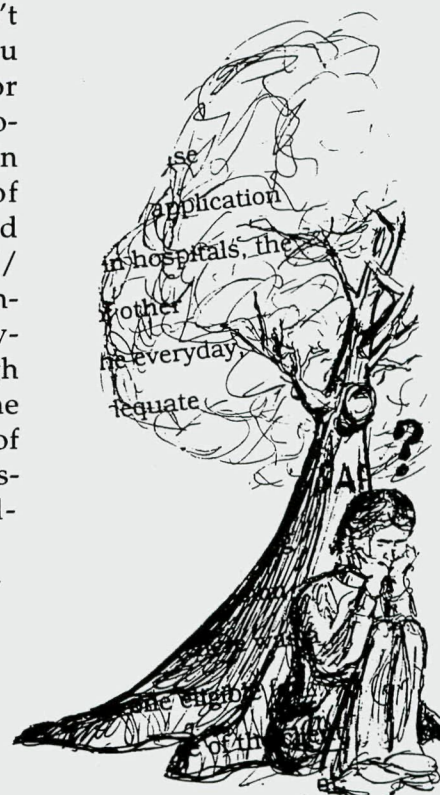
Anxious beyond reason, I requested that someone more experienced in the agency sit with me throughout the interview to ensure that my initial intake gave the client what he needed. I finished the interview humbled by my ignorance and ineptitude. There was much to learn. That message reverber-

ated from the countless times I'd imposed it on students!

Details, the practical, everyday, routine knowledge that other case managers had I didn't have. Textbooks don't tell you how to file an application for SSI, SSDI, or GAU. I was ignorant of the network of people in hospitals, the Department of Social and Health Services, and the providers of other HIV/AIDS services available to Foundation clients. Through the everyday, routine work, through trial and error, garbled phone calls, inadequate preparation of questions, and watching and listening carefully to my colleagues, I learned.

Everything was happening for me in fast time. Shortly after beginning case management work, I was assigned the task of delineating, in a decision-tree format, how the Foundation implemented case management. There was a need to diagram how someone became a client, what decisions made one eligible for what services, what resources were available at what point in the life-space of the client—the precise priority of decision-making. When I took this assignment, I was not confident I knew what case management was, but I knew that my colleagues knew. I reviewed their case records, read some professional literature, reexamined my own work for descriptive clues that would define case management as a decision-making process.

The completed schematic showed that the primary actions characterizing case man-



agement at the Foundation were brokering services available within the Foundation or networking with other service providers in the community for services. (In November 1991, Rothman published his model of case management which is strikingly similar to the one I presented to Foundation staff.) Case management moved from meeting most urgent needs (financial support, housing, personal support services) to those which could be worked on over time (application for Social Security Disability, preparation of wills and other legal issues). There was no intentional psychologically oriented counseling; referrals to other resources



were made to meet psychological needs.

From my work as case manager, I developed several teaching records. I wrote these records as I was taught process recording, largely from hindsight. Much service rendering detail is absent from these records; they are more narratives of encounters than descriptions of brokering and networking activities.

What follows are three pieces of work, two that I've not written about previously. I have resisted writing about them because I knew the difficult truths they would exact from me. About one situation (Perry) I've spoken hesitantly in classes as an example of an excruciating test of my professional training; the other (Lawrence and Patrick) has remained completely within memory though it confronted me with the validity of deeply entrenched messages about professional relationships. Then, as a culminating example of emotional risks taken, I've included an excerpt from one of the teaching records (Mark).

Perry

Perry was assigned to me sometime in April, a time when I needed to begin limiting new cases, anticipating leaving at the end of June. It was a beautiful, bright, sunlit day; flowers abounded in the courtyard of the apartment complex in which Perry lived. I thought I had gained competence in initial case openings with new clients through repetitive practice, con-

sultation with colleagues, and the satisfaction that clients received the services they needed. I had found a style for myself in the work; and, from the responses of clients and collaterals, I felt I was making good connections with people. My experience with Perry taught me about humility and called into question my emotional responsiveness to others.

Perry was waiting at a window for my entry into the courtyard. He greeted me at the top of the stairs and we walked the corridor to his door. We entered a huge room empty of furniture. He led me to a small dining alcove with windows on two sides where he'd been sitting in warm sunshine. Two chairs faced each other. He had come home from the hospital the previous day; he looked drawn, tired, worn, yet young, handsome, even vibrant. His speech was slow and deliberate as if he was saving energy by carefully choosing his words and limiting the length of sentences. Perhaps it was just his way with a stranger.

I skillfully began the assessment, not in the order of the intake form, but as our focused conversation unfolded. For a time, he wearily gave me the details I asked for. Finally, fatigued in voice and gesture, he asked if we could finish this in the bedroom so he could lie down. He led the way through the empty room to the back of the apartment where a single bed without a frame was tight against the wall. I brought a chair from the alcove and sat next to the bed.

One of my questions asked him to identify someone to be notified in case of emergency. Briefly, he turned away from me toward the wall. Facing me again, his eyes filled with tears, he said: "I suppose I have to put my mother down." He raised off his pillow, in a partial sit-up, his arm closest to me elevated off the bed toward me. He lay back down, tears falling out of his eyes. I said something like: "If your mother is the person you want to be notified, her name should be in the case record." "You won't contact her unless there is an emergency, will you?" he asked. I assured him that we would not, also saying that I'd include such a note in the file. He began talking sadly about his family, how much he'd lost of their love when he came out, how strained their present relationship was, how miserable he was because of all this, and how frightening it was to now be sick. Throughout this emotional unburdening, he kept making his sit-up gesture, and I remained distant in my chair next to the bed. At no moment did I break faith with my early training and get off that chair and take him in my arms to hold him against his grief and fear. I sat there, professionally empathic, but impassive and distant, as I thought I'd been taught.

Later: I would ask myself why I hadn't begun the whole encounter with an embrace in the hallway at first contact. Later: I felt ashamed when Perry asked me to hug him as he was leading me to the door at the close of the interview. Later:



With others I would ignore, reject, put away forever those false injunctions about not touching clients, about remaining stoic in the face of anguished emotions, about holding back the most human responses of caring, support, tenderness, acceptance, love. Finally: As Perry's health came back, as he returned to work, as he frequented the shops on Broadway where we'd see each other, he would open his arms to me and we would enfold ourselves, pass a few words, hug again, and leave for our separate ways.

I never thanked him for his freeing gift.

Lawrence and Patrick

Lawrence and Patrick were my first couple. Lawrence requested case management after Patrick was hospitalized and his own health was weakened severely. Lawrence would die in February; the first of my men to die, and Patrick would die in May, while I was in San Francisco attending an AIDS Update conference. Several days after my return a colleague said: "Did anyone tell you Patrick died?" No, no one had told me.

Between February and May more than half the people on my caseload died. No death affected me more than Patrick's for reasons I have come to understand through this writing. In the months that I saw Lawrence and Patrick, they took me into their lives. Patrick was sweet, gentle, vulnerable, soft-spoken, humorous, open; Lawrence was edgy, closed off, demanding, aloof from me, iras-

cible. Despite the differences in my perceptions of them as individuals, as a couple they were gracious and accommodating; they were as amused by their conversation as I was. I met a brother-in-law who came weekly with prepackaged, frozen food, prepared by Lawrence's sister. I came to know a volunteer from another agency who did their laundry and chopped firewood. I sat with them and Keith, their close and supportive friend, as the three of them critically appraised the costuming and hair styling in a '40s film showing on TV. I arranged for a volunteer attorney to draft their legal papers, managed contacts with their insurance companies. Patrick and I talked about teaching and coaching. Through this



conversation we transcended his illness and talked of his life, the years of devoted teaching, his love of students and his fellow teachers, and the passion he had for the sport he coached.

Two months following Lawrence's death, Patrick returned to his family in another state, achieving a reconciliation about which we had spoken oc-

asionally that he had doubted would ever happen. I transferred him to a case manager in a comparable program. We kept in touch, however. My last phone call with him plunged me into deep sadness. He had just arrived home from his doctor who confirmed that he had multi-site lymphoma, and he had refused further treatment. The conversation was brief. He couldn't talk; I couldn't talk. We said good-bye. That was sometime in early April, I think.

I refused to accept my colleague's report of Patrick's death. When I asked other case managers, they passed me off to our supervisor who was out of town and wouldn't be back until the end of the week. I seethed in anger, frustration, irritation, helplessness, hopelessness. By the time the supervisor confirmed Patrick's death, I realized how emotionally involved with Patrick I had become, how much I wished I had known him before AIDS, how much I had grown attached to the idea that we had a special relationship, how much I had loved him. In my refusal to accept Patrick's death I realized how deeply I had been stuffing grief since Lawrence's death. I had "numbed-off," just as I had for days and weeks after my father's death five years before. Then, "numbing off" had got me through; there was only one death to grieve, only one loss.

Eventually I apologized to colleagues for my ranting, for venting my anger on them over all the deaths I hadn't fully grieved, and I found some kind of peace in accepting Patrick's



death. I had an attitude problem that prevented me from doing what other case managers were doing regularly: participating in support groups with other service providers offered through the Seattle AIDS Support Group organization. As a group of six case managers, we often relieved one another for a day or two if too much grief or paper work had backed up. We took each other for lunch; we bought flowers; we listened to each other's grief. My attitude was one of self-assurance that I could handle the sadness, the hurt, the loss, and others must have felt that from me. I didn't need their consolation. With Patrick's death, I wanted them to know that I needed them.

I began then to find rituals for myself to focus my grief: lighting candles in my apartment in response to a client's death, buying myself flowers after emotionally draining days, preparing dinners for my daughter and her boy-friend, continuing to bake bread every Saturday while listening to the opera, working out, taking long walks, and sharing with colleagues and members of the GAMMA.

Mark

I began seeing Mark in October. He was hospitalized for a major health crisis. He refused to cooperate with the case manager who visited him in the hospital. On his return home, he was assigned to me. Because his needs were many and varied, and because he accepted (though sometimes reluctantly)

my helping him, I saw Mark frequently. In retrospect, what I did for Mark was routine case management (according to the decision-tree model). What he did for me remains with me to share:

Today Mark walked me to the door.

His mother had brought him ginger snaps and he smiled without my having to make jokes. The joy of ginger snaps was enough. After he ate one lying down, he winced and complained of stomach pain and sat on the edge of the bed. When I made a move to leave his side, he slowly lifted himself off the bed. Seeing me to the door was our private, little joke.

One day some months previous when he was recuperating from minor surgery after returning from vacation in Palm Springs given to him by his friends, Paul and Ben, he asked if it would be all right—if I would excuse him—if I would forgive his bad manners—if he didn't see me to the door. I assured him then that I was capable of seeing myself out the door. This became our way of saying goodbye to each other when I visited. "I'm sure you can see your way out," he might say. Or I'd say, lightly: "Don't bother to be polite and get up and see me to the door. I've done it before and I know where the door is."

Today he's dying. He is suffering deep pain. Members of his family moved in from out of state to care for him, abruptly discharging, without informing me, the home health and assistance services I had arranged. The family's sudden appearance

and involvement also disrupted the pattern of personal care Ben and Paul had been giving Mark.

Mark refused further treatment for his lymphoma. Pain control was all he'd accept, and that was not successfully managed. I'd been with him for about half an hour. I had come to meet the family, discuss care plans with them, and pick up some old bills to sort out from a bout of seizures and subsequent hospitalization while he was home visiting his family. I told him I'd try to do a good job, finally. He got up, I thought to go to the bathroom. Walking away from me, he said, "I'll see you to the door."

"No, Mark. I know the way. Remember?"

"No. I'm seeing you to the door."

"It's a first!" I exclaimed as I grabbed my jacket and briefcase and hurried to the door as Mark struggled with the lock.

He opened the door with a triumphant smile and leaned heavily against the wall in fatigue, dropping his arms limply to his sides. I opened my arms to hold him; he moved slowly into me and we held each other a long time. There was so little left of his body. I felt no strength from him, only the slightest pressure of his arms and the warmth of his body against mine. It probably hurt him to be embraced, but he never said.

"Take care, Mark," I whispered to him.

"You, too," he said quietly.

Looking down the corridor, back into the apartment, I saw his mother, silhouetted



against the glare of light from the living room windows, watching us, wiping tears from her eyes. I walked back to the office, brushing tears from my eyes, holding back the desire to sob and cry out his name, feeling his warmth as if he were pressed still against me, his hands spreading out on my back. . .

Changing Professional Perspectives

When I proposed the sabbatical leave as a return to practice, I anticipated that one area of knowledge and skill development would be "death and dying." Now, six years later, the thirteen men I worked closely with have died; but it would misrepresent my work to describe it as experiences with "death and dying." Rather, more than anything, the work affirmed life. I found what others before me and since have discovered that there is an acute awareness in the face of death of the wonder of life and what a privilege it is to live, to choose, to feel, to be close to others, to love. I was taught this, by its presence in the lives of some, and by its absence in the lives of others. Another client once said, "I can't wait for this to be over so I can be the whore I was again." I cherish this because I heard in his desire that need to live, to choose, to feel, to be consumed with life not with sickness, drugs, doctors, and case managers.

This epiphany continues to guide me in my personal and professional life. The center of

myself has moved significantly. The range of my emotional life has expanded ten-fold. I feel I am more open to others, more honest with others and myself; I recognize and acknowledge the pain and joy of others (and allow myself more joyfulness as well); I take more risks, get angry about the right things, and find mendacity intolerable.

The changes I feel for myself are my debts to those I worked with: colleagues and clients. All that I claim for myself does not diminish the horror of dying of AIDS-related illnesses, or romanticize the suffering, or overlook that the deaths of these men occurred in their young adult years, or ignore the emotional pain of knowing whatever aspirations one had for a long and happy life have been curtailed significantly.

I began the sabbatical fairly well informed about HIV/AIDS. I had prepared myself through extensive reading and AIDS-training workshops. I had collaborated in writing the story of a pioneer AIDS educator who was also a long-term survivor. I believed I was ready to undertake "a year in AIDS." From my preparation, I anticipated being touched emotionally; but I was unprepared for the depth of the effect. Nothing in my life to this point has had as profound an effect on me as being "at the edge of discovery" with people living with AIDS and with those whose work is committed to the HIV epidemic. From early childhood, I learned that controlled feelings were best, that expressed feelings showed one

to be weak and vulnerable. From my professional education, I learned to accept the value and necessity of expression of feelings by clients or group members, but I must not betray my feelings in the social work encounter. I no longer believe this. Roles are artifices that tend to separate and draw false lines among people. Professional roles applied artificially foster a denial of the common humanity we share. I learned that, *the true substance of being alive comes into focus when you can see the limits, when you get a glimpse at the other side. Life and death remain faces of the same coin, hard as I try to separate them. I've never been so rich* (O'Boyle, 1992).

A Celebratory End

On June 30, 1991, I proudly marched in my first Gay Pride Parade with other staff and volunteers of the Northwest AIDS Foundation. I carried a long, tall banner proclaiming "Education," one of the Foundation's services. My costume was remarkable: A pair of pink boxer shorts patterned with white condoms whimsically drawn to look like Casper the Friendly Ghost with a reservoir tip (Casper-condoms glowed in the dark too!); On my head a floppy rain hat covered with slogan pins like: **Someone I Love Has AIDS, Safer Sex: Keep It Up!**, and, **It Ain't Over Yet!** On my torso a black T-shirt with an elegant imprint of a Renaissance-styled man drinking coffee framed by the words: **Espresso Thyself**, (A farewell gift from some of the staff); On



my feet purple socks(also a gift) to match the purple markings on my Asics.

For weeks before the parade, staff and about 50 volunteers assembled safer sex kits for men and women. Men's kits consisted of two condoms (one lubricated, one dry), a promotional pamphlet about the Foundation with staff photo and condom use instructions, a small tube of lubricant, and a piece of saltwater taffy (for "after"). Women's kits contained a dental dam, the two condoms, pamphlet with photo and instructions, lube, a rubber glove, and the taffy (for "after"). The kits were packaged in colorful pasteboard.

We marched along. Some of us gave saltwater taffy to spectators, while others distributed safer sex kits to 'adults only.' As if an entourage dressed in pink or black Casper-condom shorts wouldn't have attracted enough attention, we continued along yelling loudly like high school cheerleaders, as loudly to get the message out that we were seriously having fun that day:

**"Two-four-six-eight
Safer sex or masturbate!"**

or

**"Men and women,
Girls and boys
Put some latex
On your toys!"**

Throughout the parade route, the crowd wildly supported us with applause, cheers, and cat-calls from friends, and quickly picked up our chants. Approaching the Broadway

Market where the densest crowds and the judges' stand were, people began cheering and clapping, cheering, cheering, louder and louder as we passed. I refused to hold back the tears blurring my vision as I followed other banner carriers into a ragtag formation that would have embarrassed a high school drill team. We were exuberantly flamboyant, and something in me was thriving, a completeness I'd not felt about myself, an exquisite new pride in who I was, what I had been doing, whom I had come to know and love in the past ten months.

As we bent the corner where Broadway East slants off past the Elite Bar and the arterial continues as 10th Avenue East, Alex from GAMMA, waved to me from the crowd. I was joyous; I thought we'd said our final good-bye at the meeting on Thursday. Racing out of ranks toward him, I opened my arms to embrace him. We held each other for a long, last time. He introduced me to his wife; I touched him on the shoulder again, ran off to catch up and hide the tears.

The parade ended as a grand extravaganza in Volunteer Park where other AIDS programs and service organizations

had set up booths alongside the array of Gay and Lesbian organizations representing the diversity and unity of the Gay and Lesbian communities of greater Seattle. Several times I completed rounds of the park, collecting more buttons for my hat, receiving helium balloons from a lithe, beautiful man dressed only in a pair of scant, tight black leather shorts, passing bare-breasted women wearing electrician's tape in crosses over their nipples, witnessing the spice, variety, vibrancy of the community celebrating its day with itself.

The next day I would leave, return to my academic life, move from the apartment on Capitol Hill, just a six-minute walk from the Foundation offices on Broadway, that had become more than home to me. For today, I wanted to indulge myself in all the sensations of the Park. I did not want to leave the Park, the Foundation, Seattle. I did not want to lose those I'd come to love, and was fearful of



losing those new senses of myself that had grown and been nurtured among them.

Absorbed in regret and overwhelming sadness as I walked back to the apartment to continue packing, I was caught off guard by several people who

stopped to ask where they could get a pair of boxer shorts like mine, how much did I pay for them, would I give them mine. A weight of sadness left as I realized how comfortable I was in my Casper-condom pink boxers, how comfortable I had become with sexual banter, how comfortable with my life, how comfortable with myself. . .

Reflections

Sitting at an information table in the Henry Art Gallery on the campus of the University of Washington, 1 December 1990—World AIDS Day—I watched as a girl of about 11 took one of the condom packets (bright red pasteboard covers with white stylized snow flakes holding one Kimono condom) from the large fish bowl on the table, opened it, examined the graphic instruction for condom use inside the cover, and ran to show her mother and then her father who'd just joined them. They spoke in French; the parents were smiling, not scolding, then pointed her to return the condom packet to the bowl. She folded the packet carefully, looked up at me as she deposited the packet in the bowl, smiled, and ran back to walk through the exhibit with her parents.

This was something extraordinary. I expected to see consternation, disgust, shock, anger, confusion, irritation with my fellow volunteer and me. Instead, I saw a gentle acceptance of the child's curiosity. Perhaps her parents used the opportunity to forthrightly an-

swer questions about condoms and AIDS, and why the museum was commemorating that day as "A Day Without Art." I was left to think about the strong bias building within me that the response of others to anything having to do with AIDS would be hostile.

What, then, was/is the meaning of all this, and how has my life been affected by these experiences? As for some the personal is political, so also for me the personal is not separate from the professional, especially if one acknowledges *always* being in at least two simultaneous processes.

Writing and rewriting this after six years has been its own emotional experience. I have relived, lived through, and re-experienced events, relationships, joys, and sorrows whose cumulative effect I feel anew. Because the experience of the sabbatical changed me, I returned to my academic colleagues with naive expectations that they also had changed. I looked forward to different (yes, higher) levels of intellectual and emotional connections with them; I wanted to tell everyone my story of discoveries. Sadly, few wanted to know what I had learned about practice, how my sabbatical experiences had forced me to reaffirm, disconfirm, rethink, and revalue my senses of practice. I began to feel I had taken on the stigma of AIDS, that I was somehow contaminated rather than recommended, re-created, renewed. Rather than be engaged around the revelations and epiphanies I had felt, I was to be avoided

for fear of contagion. There is a bitterness about this. Ruefully, I concluded that we stifle our emotional lives, keeping ourselves shielded from one another, unfortunately assuming there is a privacy to feelings that are fundamental to the human experience.

In fairness, my faculty colleagues had had an extremely distressing year that proved divisive among them. The embers remain smoldering today and it takes little to bring them to full flame. Many sought me out, some wanting me to be guilty for my absence from the fray, others wanting me to know how bad it had been for them. Individually they could talk about their feelings, but we were denied any opportunity as a faculty to collectively relieve the anger, resentment, and hurt. I know most of my colleagues wished they had been away too.

Since the sabbatical year, I have found lifelines to a separate reality composed of people, places, and circumstances that preserve and express my commitment to the epidemic:

- Designing and teaching a course on HIV/AIDS;
- Involving myself as a board member and volunteer with the Spokane AIDS Network;
- Continuous advocating for HIV/AIDS content across the curriculum;
- Serving as volunteer staff for "Strength for the Journey" HIV/AIDS retreats;
- and Participating in the return of the NAMES Project-AIDS quilt.



In teaching, I now place highest value on learning in the affective domain, using materials that evoke strong emotional responses from students; and I am freer in my emotional disclosures. When I read student papers, I express my regard for the risks they've taken, the honesty I feel from them, the understanding I find in their writing. I more readily praise than fault. I narrow the distances among us as much as possible, without diminishing the differences in our roles.

Without announcing it in a faculty meeting or hanging a sign over my office door that reads "Queer Here," I wanted to be out and open with my colleagues, most of whom have known me for ten, fifteen, twenty years. Patterns of relationships with me in the accustomed heterosexual identity have been difficult to break. Slowly, colleagues got the drift; some never saying anything to me (maybe it just isn't important?); some expressing shock and surprise; some wanting to know the effects my coming out had on my family. It was/is a difficult subject to broach, for them, for me: how do you start? How do you fit it into a conversation without fear of offense? How can you be inquisitive and interested yet not intrusive? Underlying this, perhaps, is our reluctance to accept and confront changes in one another because of the work that such acknowledgement takes. It demands a significant adjustment in our feeling when we know something more about another

than we knew before. Finally, there may be anger that I deceived them, kept them from knowing something about myself until now.

While I have seized many opportunities for disclosure, I have still to develop a language that will express myself fully to those who 'don't know' and most particularly to students. I search for the context, for the timing, for the occasion, for the necessity (Cain 1996). I struggle against my fears, reticence, and residual homophobia as well as the embarrassment others have for me for letting out a secret that should have been kept. In this I've taken on the mantle and rhetoric of the oppressed, and sometimes the irony is unbearable. □

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