

LETTER FROM THE EDITOR

Rebecca A. Lopez, Ph.D., Interim Editor

It is my distinct pleasure to fill in for Dr. Jillian Jimenez for this issue while she takes a very well-deserved sabbatical and pursues a vigorous research agenda.

As always, we have an exciting series of personal narratives that reflect the unique challenges and triumphs of helping professionals in a variety of fields and positions. The universal sense of commitment to respect for diverse clients and their belief systems and contexts is a theme that is touched upon by all our authors.

Brenda McGadney-Douglass provides fascinating insight into the challenges of collaborative international teaching at the University of Ghana. In one of the best examples of advancing opportunities for empowerment, she is able to give us a glimpse of the universality of hunger for knowledge and the resiliency that even desperate conditions cannot diminish. Despite daunting limitations presented by many age-old beliefs and traditions, her experiences culminate in the stance that, wherever professional practice takes one, we must honor and learn from diverse communities as “co-learners” in the helping process.

Also focused on “honoring the culture” is the contribution by Alonzo Cavazos and Catherine Faver who provides us with an intriguing narrative that reflects the reality of millions of Latino Americans whose families retain remnants of *mestizo* folk health beliefs. The melding of spiritual and social powers embodied by the *curandero* or folk healer should be viewed as an alternative, informal source of health care available to many Latino-Americans who have no access to formal care, or who believe formal systems to be culturally insensitive. What is unique in

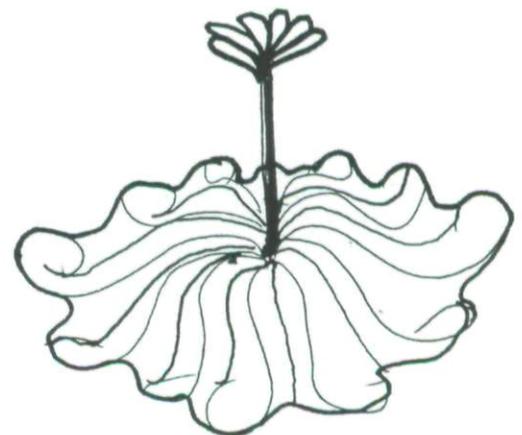
this narrative is the prospect of joining the *curandero's* client centered approach with those approaches employed by the social work practitioner. The author provides an informative example for the position that there is room for diversity of practices and approaches in meeting client needs.

The next three narratives ask us to move beyond a microspecive approach in viewing client problems towards a more inclusive assessment of the treatment of many in our mental health systems. Marty Dewes relates the position of women who are victimized, first, by families and then by communities and institutions, such as mental health. While acknowledging the many passionate workers who labor in this field, she encourages a more inclusive assessment that forces us to view the treatment of victims of domestic violence and sexual violence as a “pervasive socio-cultural” insult that may systematically serve to blame the victim. Lawrence Climo, also, questions the institutional “standard operating procedures” of some formal practices that he perceives to be counter-productive to positive patient outcomes. His recounting of his forays in thinking “outside the box” and outside acceptable comfort zones is a refreshing viewpoint. Likewise, the revelatory account by W. Patrick Sullivan forces us to take an empathic leap to a perspective outside the reality for most our readers—that of attempting to put ourselves in the shoes of the mentally ill. His despair in the possible forfeiture of personal direction is addressed as he recounts his own medication-induced mental health crisis. The lack of power and fear of loss of freedom is palpable as he evokes the frustration of mental illness, albeit a temporary state. His narrative is also a call

to include additional perspectives as we go through our practice—in this case the perspective of the mentally ill person who must suffer personal loss along with diminished mental capability.

Our next two narratives provide illustrations of very different support systems. Betty Morris' experiences as a solitary, new teacher afloat without an effective professional support system has implications for anyone entering into a new cultural context—whether it be an entrenched agency or academia. The coping behavior she developed derived of many painful lessons offers important insights for our own similar situations and professional settings. The counterpart to Morris' experiences is provided by Mitchell Rosenwald who writes of the captivating members of one support group, an "intentional community," sharing challenges in an adult day care center for diabetes sufferers. He provides an example of the best of all practice worlds when a support group can respond to the personal needs of all members with a diversity of personal and emotional needs beyond diabetes education. The essence of mutual aid is distilled through the cooperation and sensitivity of each of the support group members.

We are grateful for all the shared narratives of these authors, for they allow us to venture to Ghana, to the *curandero*'s altar, to inner cities and the rural South and they provide us with rich resources for our own practice and understanding.



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