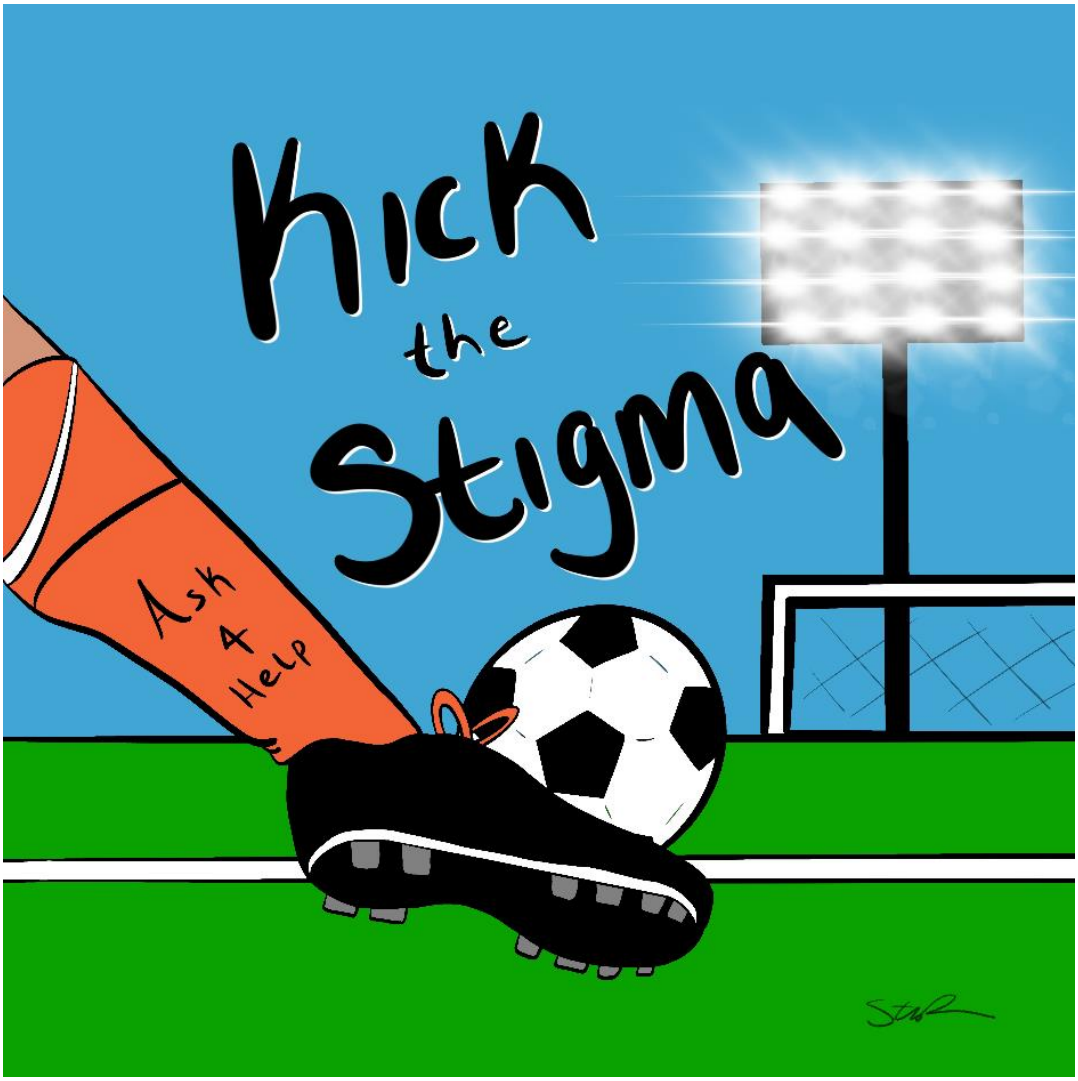
REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



"Kick the Stigma" digital art 5535x5535px Stephanie E. Rosado 2022

Artist's Statement: The inscription "Ask 4 Help" on the athlete's sock, inspired by soccer player Dak Prescott's similar gesture, symbolizes the courage to seek assistance with mental health challenges. By showcasing this vulnerable moment within the context of a sports setting, I emphasize the importance of addressing mental health issues in athletic communities. Additionally, the image of the soccer goal represents the collective goal of eliminating the stigma surrounding mental health. This stigma affects not only athletes but also various populations whose identities necessitate a facade of strength and toughness. Through this artwork, I strive to raise awareness about 1) the critical role of sport social work in supporting athletes' mental health and overall wellness and 2) normalizing mental health as a part of total health across diverse communities. This work aims to characterize help-seeking as a sign of strength and "winning" rather than weakness.

General Issue

Volume 30 (2024) Number 2

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

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REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

Reflections from the Editorial Team: Valuing Lived Experience

Darlyne Bailey, Monica Leisey, F. Ellen Netting, & Kelly McNally Koney

Abstract: *Reflections* Volume 30(2) begins with an update from the Editorial Leadership Team and our appreciation for the many people who give of their time to make *Reflections* a reality. We continue to explore narrative writing as a means to share lived experience as authors tell their stories about encounters and interactions that transformed their personal and professional lives. We are excited to be highlighting 11 engaging manuscripts in this General Issue in which poetry, art, musical lyrics, and narratives are used to focus on the mental health needs of helping professionals, their clients, and their communities.

***Keywords*:** lived experience, creative expression, empathy, narrative writing, mental health, emotion

Our Appreciation

It is with great appreciation that we thank our new publisher Beth Massaro (Associate Dean at Salem University School of Social Work) and Justin Snow (Salem State's Digital Initiatives Librarian) at the Frederick E. Berry Library. Not only have they welcomed the journal to Salem State, but they have worked tirelessly with us to make this transition as seamless as possible. We are excited to have visited Salem State in early April for the opportunity to meet face-to-face with the College administration and many faculty, students, and staff, and also tour the campus.

As we have transitioned to our new home, we remain very grateful to so many! We can't say enough about how our Lead Copyeditor Jack Pincelli continues to move articles forward as manuscripts are being prepared for publication. Endless thanks go to our Section Editors who continue to volunteer their skills and time in facilitating the submission and review process. Special appreciation goes to Jon Christopher (Chris) Hall who served as our Practice Section Editor for many years and who will continue his involvement as a reviewer for the journal, and we welcome Pat Gray who has enthusiastically stepped into the Practice Editor role. With so many submissions coming into the Practice Section, we are in the process of recruiting a Section Co-Editor to work with Pat. We are indebted to Section Editors Crystal Coles (Research), Beth Lewis (Practicum Education), and Arlene Reilly-Sandoval (Teaching and Learning) for their continuing commitment to the highest quality *Reflections* and for their incredible behind-the-scenes work that keeps manuscripts flowing through the review process. And we are eternally grateful to our dedicated reviewers who commit their thought, time, and attention to providing constructive formative feedback to our authors. Even with all of this, *Reflections* wouldn't be as meaningful as it is today without our readers and donors—like you!!

A school, college, or university can become a *Reflections* institutional Publishing Partner by making a $3,000 commitment to be paid over a three-year period. We are incredibly grateful to the Deans (and their Schools) who serve as Publishing Partners and as such members of the Reflections Executive Committee: Philip Hong (University of Georgia); Sandra Crewe (Howard

University); Nancy Myers-Adams (California State University Long Beach); and Robin Mama (Former Dean, Monmouth University School of Social Work).

Sharing Lived Experience Through Narrative Writing

Reflections provides a unique opportunity for authors to write their stories, to express their feelings and thoughts, and to share those interactions that shape their personal and professional lives. So often we keep reminding ourselves and others that writing a narrative is different than writing an exposition such as a research study or technical report. For years we have referred potential authors to an article written for *Reflection*s by Joshua Kanary (2014) to clarify "the distinction between exposition (telling) and narrative (showing)" (p. 4) and to provide guidance on how to "show" more than "tell."

In recent years as new authors submit their manuscripts, we have noticed how challenging it is for those persons trained to write for professional journals that publish research or in-depth literature reviews to step back from their well-honed expository writing skills and write their own stories. With this in mind, we identified several indicators or clues to whether a submission might be more expository than narrative. For example, if there is a long list of references at the end, chances are that the writer has mastered the ability to ground their work in the latest literature, but narratives are not literature reviews. If the writer has provided case examples or vignettes from an observational or third-party viewpoint without revealing many of their own feelings and reactions or interactions, the manuscript is likely not highlighting the writer's reflection on their own lived experiences. Yet other indicators are long length of manuscript, the inclusion of research results or data tables, or the occasional narrative paragraph or "I" statement interspersed within a well-documented telling rather than descriptive showing. Because narratives are inherently personal, they are also very subjective.

Thus, writing for *Reflections* releases potential authors from the constraints of trying to step back and become an objective reporter of what was witnessed to being an integral part of the story with all the accompanying emotions and assumptions laid bare. "Through emotive writing, we create shared spaces for meaning making" (Yoo, 2018, p. 358).

Let us be clear. There is a place for multiple types of writing. Knowing how to present information in an expository style is critical to the dissemination of knowledge gained through extensive literature reviews, case studies, and research projects. And yet, the dissemination of what one has learned from lived experiences in the process of helping others , exploring the literature, teaching a class, intervening with a client, developing a community, conducting a study, or experiencing life is just as important for the writer to share with others.

Stories such as these enable us to learn from and actually interact with one another about the things that work and don't work, that test our patience and our skills, that give us joy, that make us sad, that cause us to question ourselves, that contribute to our choices, and that elicit a range of emotions, thoughts, and feelings. *Reflections* is a home for the dissemination of one's lived personal and professional experiences so that other helping professionals may benefit from what

one has learned and so that we can grow in better understanding our own stories through the writing process.

Narrative writing has profound implications for the writer's growth and development as well as for the reader with whom the story resonates. One doctoral student described the experience as follows:

> Viewing narrative writing as a feeling process taught me about the value of self in inquiry, and how to explore and hone my own unique ways of knowing. Particularly, I learned that one way I come to knowledge is by embracing the strong emotions I tend to feel when I engage in inquiry and writing, despite having been taught early on that feeling should be removed from academic and properly objective inquiry. (Harris, 2018, p. 33)

Not only is the process of narrative writing growth-producing for the writer, but narrative writing has been used to induce empathy in others. Shaffer and colleagues (2019) document how their use of narrative writing can be used to intervene with helping professionals and even policymakers to encourage empathy for care recipients by contextualizing "how external forces can play a role is someone's … behavior" (p. 1).

In other words, the author places the narrative within the context of a well-told story that helps readers discover new ways of thinking about the personal, the professional, and the political in their lives. In a time in which the capacity for empathy is sorely needed, narrative writing can be an intervention to inspire empathic understanding. Lastly, narrative writing is particularly relevant to the helping professions since, as we all know, being in touch with one's feelings is critical to self-awareness. And we also know that there are implications of sharing those feelings and experiences with others in an open access journal that anyone can read.

Nonetheless, we would be remiss not to recognize the courage it takes to reveal one's authentic self and to write about highly sensitive experiences. We are so grateful to those authors who are willing to share so much of themselves so that others can learn from their experiences and have better understandings of the power dynamics and potential consequences of their interactions.

Highlights of This Issue

Now we are pleased to highlight a diverse group of authors who have shared their lived experiences in this General Issue of *Reflections*. May their words resonate with and bring forth new insights for readers.

In our previous "Letter from the Editorial Team" published in V29(3), we reminded everyone that contributions to *Reflections* come in many different forms and that we welcome creative forms of expression. In this General Issue we are excited to share a wealth of narratives and other creative expressions that poetically and artistically explode in moments of epiphany as insight turns into deepened self-awareness.

The first five contributions in this issue are dedicated to harnessing the power of the arts in both therapeutic and expressive ways. These authors emphasize the essential role of diverse forms of engagement in human development and interaction. Holloway and Putnam use the expressiveness of poetry to send a message to trans and nonbinary readers in their moving accounts of how gender-affirming surgery transformed their lives. They contextualize their poetic expression within an onslaught of anti-transgender legislation within the United States, reinforcing how practice and policy are inextricably intertwined. Using a form of poetry called haiku verse, Sullenberger writes from the heart as close friends communicate about race and learn from one another. This author is challenged to think deeply about equity and justice as well as racism within the context of a cherished relationship. Rosado uses art to express concerns about suicide among athletes who are taught to be strong and tough, often denying and repressing their own mental health needs. Using the visual arts as a means of expressive intervention, Rosado's digital drawing, also featured on our cover of this Issue, calls for us to "kick the stigma" of asking for the help of professionals who work with the sports community. The fourth expressive contribution is by Latterner. Introducing a song as a musical approach to mental health therapy, the author uses hip-hop lyrics to inspire individual meaning and emotionality. Eckhaus and Hedlund Nelson provide an overview of attachment theory between children and their caregivers. They write about using expressive therapies of various modalities, from art and dance/movement to music and play, and offer two case studies underscoring the importance of both listening and observing to most effectively communicate. Together these five contributions provide insight for practitioners by using creative forms of expression to evoke empathy and contextualize meaning.

The next three articles in this Issue focus on the growing awareness and self-reflection felt by professionals who work across a diverse range of settings and come face-to-face with their own identities within contexts different from their lived experience. Scheyett documents a revealing journey into a community practice arena in which researchers are introduced to settings and situations beyond their comfort zones. Raised as a child in the suburbs, this author became involved in research on stress and suicide rates among farmers in rural Georgia, revealing the need for scholars and service providers in the agricultural sector to work together and calling upon helping professionals to understand food production—which is essential to all our lives—to recognize the challenges farmers face, and to advocate for policies that support farmers' wellbeing. Kaseman documents a journey into community practice in which it is equally important to gain valuable communication skills. Within the context of family and community influences, the author introduces us to multiple settings and situations and chronicles a quest in search of social justice through ministry and activism in four communities, resulting in a set of leadership principles and practices shared with our readership. Yamashita and Eltaiba reveal how an MSW student from Japan unpacked cultural background and identity assumptions in response to working with refugees and asylum seekers. Through examples that the authors call "small encounters" emerges a deeply reflective narrative filled with clues about professional growth and cultural humility. In these three narratives the authors share how their consciousness is raised as they walk in unfamiliar territory and learn from the communities and individuals they encounter.

Building on the theme of self-reflection and focusing on the vulnerability of practitioners who experience traumatic personal life events, the next three articles disclose the depth of personal grief, loss, and trauma that impact helping professionals who are educated to respond to tragedy. Gantt and Greif write about the death of DeVonte, Gantt's grandson, who was shot by another young man. Struggling with how to make meaning out of loss permeates this heart wrenching story of empowerment in which a grandmother, who is also a school social worker, becomes even more committed to preventing gun violence and to advocating for victims. The theme of coping with loss continues in Blackman's story in which she explores the experience of pregnancy loss from the perspective of an "insider." Acknowledging the painful isolation of disenfranchised grief, Blackman advises helping professionals to recognize that the loss of motherhood manifests itself in a multi-faceted set of losses including purpose, belonging, and possibility. Toland focuses on the personal experience of adoption trauma as a gauntlet of emotions that moves through stages of development in which the adopted child becomes an adult with unresolved questions about identity. This author contributes to practitioners' understanding about the prevention of and healing from adoption trauma. Together, these narratives provide the reader with very personal accounts of how these helping professionals are even more committed to share what they have learned so that others can benefit from their experiences.

We trust that you will find this Issue as you find all of *Reflections*—full of compelling narratives that offer insights that will be useful to educators, practitioners, students, and others alike. Once again, we look forward to hearing from you!!

References

Harris, A. C. (2018). Embodied narrative writing: Forging new pathways out of the feeling process of narrative writing. *Vitae Scholasticae*, *35*(2), 26–40.

Kanary, J. (2014). Many ways of narrative series: Show and tell (narrative and exposition in Reflections). *Reflections: Narratives of Professional Helping*, *18*(4), 4–5. https://reflectionsnarrativesofprofessionalhelping.org/index.php/Reflections/article/view/291

Shaffer, V. A., Bohaneck, J., Focella, E. S., Horstman, H., & Saffran, L. (2019). Encouraging perspective taking: Using narrative writing to induce empathy for others engaging in negative health behaviors. *PLOS ONE*, *14*(10), 0224046. https://doi.org/10.1371/journal.pone.0224046

Yoo, J. (2019). A year of writing 'dangerously': A narrative of hope. *New Writing*, *16*(3), 353–362. https://doi.org/10.1080/14790726.2018.1520893

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With Gratitude...

We would like to recognize and thank the reviewers who contributed their time and invaluable assistance to *Reflections* V30(2):

Steven Granich, Jay Hall, Sarah Louise Hessenauer, Erica Goldblatt Hyatt, Katherine Mary Kranz, Tiffany Y. Lane, Carol L. Langer, Jane McPherson, Jane Miller, Patti Ann Nishimoto, Nathan Perkins, Matt Price, Arlene Reilly-Sandoval, Tawana Ford Sabbath, Johanna Silvinske. As we remember Alex Gitterman, yet another reviewer for this Issue—and one of long standing—we join many other friends, former students, and colleagues in also giving our deepest condolences to his family.

We appreciate you all and your commitment to *Reflections* and our authors!!

Supporting *Reflections*

Reflections depends upon the investment of dedicated volunteers and contributions from our individual and organizational friends, allies, and advocates and our institutional publishing partners. Other than our deepest gratitude, our peer reviewers, our Section Editors, and our Publishing Team receive no compensation. We operate on a very tight budget that we stretch to fund a part-time Assistant Editor, a Lead Copyeditor (formerly a work study student, now an employee!!), and students who help with copyediting and production. It costs about $515 to copyedit one manuscript. Publishing one *Reflections* Issue with 7–9 articles (which includes copyediting, communications with authors and reviewers as well as our OJS platform expenses) costs approximately $7,250. We strive to bring to you 3–4 Issues a year.

Thank - you for finding a level of support that works for you from the below that will help us to keep bringing *Reflections* to you!!

$$ (any amount) — **FRIEND** of *Reflections to help fund a student copyeditor.*
$250 or more — **ALLY** with *Reflections to sponsor the cost of copyediting an article.*
$1,000 or more — **ADVOCATE** for *Reflections to advance the publication of one issue.*
$3,000 over a three-year period — **INSTITUTIONAL PUBLISHING PARTNER** to *support ongoing operations and sustainability of the journal.*

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THANK YOU SO VERY MUCH AGAIN!!

Our Stories of Accessing Gender-Affirming Surgery

Brendon T. Holloway and Anna Putnam

Abstract: As an act of resistance against the recent surge of anti-transgender legislation targeting transgender and nonbinary youth in the US, we share our experiences of accessing lifechanging, lifesaving gender-affirming surgery with you through poetry.

***Keywords*:** gender-affirming care, transgender, nonbinary, LGBTQ, poetry

We write this piece with heavy hearts. In 2023, we witnessed an onslaught of anti-transgender legislation in the US, particularly targeting trans and nonbinary youth and young people. More than 400 anti-trans bills were filed in over 30 states with many bills prohibiting access to gender-affirming care (Peele, 2023), a type of care that is often deemed lifesaving for many trans and nonbinary people. Several lawmakers have villainized trans people and further oppressed a community that already experiences significant marginalization (Funakoshi & Raychaudhuri, 2023; Kattari, 2022; Kinney et al., 2022). As an act of resistance to these harmful and potentially deadly bills, we have made the choice to share our experiences of accessing gender-affirming surgery with you.

My name is Brendon, my pronouns are he/they, and I write to you as a nonbinary person. I came out as trans in 2012 and began accessing gender-affirming care in 2016, days following the 2016 presidential election. I started hormone therapy that week, and I had top surgery—a double incision chest reconstruction—in February 2017. Without top surgery, I do not know if I would be here. Being able to access this surgery allowed me to feel at home in my body for the first time in my life. I have written the piece "The Surgery That Saved Me" to describe my experience and share the importance of accessing gender-affirming care.

My name is Anna, my pronouns are they/them/theirs, and I'm non-binary. For me, gender-affirming care has entailed many hours in therapy with a gender-affirming therapist and top surgery (double incision chest reconstruction). I also see a primary care provider who supports my identity and is willing to help me access other gender-affirming care, should I choose to do so. As you will read below in my poem "Coming Home," my decision to have gender-affirming surgery was fraught with doubts, fears, and a plethora of questions. Ultimately, I made the decision that felt right for me, right for my body and my identity, and it changed my life. After 36 years of living in this body, I am now the most authentic, genuine version of myself—and it feels so good!

Before we proceed, we want to send a message to trans and nonbinary readers: *We see you*. We are existing in a world that was not built for or with trans people. Therefore, collectively we must build and create something better. For you, for us, for our ancestors, and for future generations. We are the butterflies of the world, constantly transforming into better versions of ourselves. We are the bees in the wild, producing sweet honey no matter how many times people swat at us or try to kill us. We are the dandelions that conquer rolling fields, often viewed as invasive but masters of survival and good for the Earth. We are here, here to stay, and stay we will.

The Surgery That Saved Me
Brendon T. Holloway

[Part 1: Before]
I want to love my body
But I can't.
I wear flannels in the summer
To mask what's in between
The buttons of my shirt
Even though bystanders can tell
What is underneath
Tension, I feel
In my back from hunching over
To hide what lies beneath my shirt
I am uncomfortable
In the place I should be able to
Call my home.

[Part 2: Moments Before]
I have arrived
February 24, 2017
It's cold
I'm hungry
I'm scared
Oh, the questions racing
Through my mind
Will I wake up?
Will I like what I see?
Will I die?
Is this the end?
Yes, yes, it is.
And it is also the beginning.

[Part 3: After]
I was so used to hating my body
That loving it felt unfamiliar

I remember the day I first loved my body
It was a cold morning in March
I arrived at my surgeon's office
And saw my chest for the first time
Breastless
Breathless, I was

I remember the next time I loved my body

A t-shirt went over my head, hugging my
Flat chest, breastless for the first time
Breathless, I was

You may wonder and ask
What does gender-affirming care mean to someone like me?

Gender-affirming care feels like
The ocean's saltwater kissing my scars
The sun's beams warming my chest
Looking in the mirror, feeling my mind rest
Backpacking through groves of aspens
With straps laying comfortably against my chest
And no binder to restrict my breaths

Gender-affirming care feels like
Having a purpose and wanting to live
And wanting to grow old
To ensure my stories are told

I am now so used to loving my body
That hating it feels unfamiliar

Home
Anna Putnam

[Part 1: Before]
I had more questions than an inquisitive 3-year-old.
Why is the sky blue
The grass green
The How
The Who
The What
Why
When.

And like a child
I somehow also know
This is exactly what I want
Even if I can't explain
Why or
How.
I just know I want,
I need,

My sandwich cut in squares
Not triangles.

[Part 2: Moments Before]
I am deep in the forest
Alone at night.
No flashlight
No cell phone
No stars to guide my way.
Do I walk
Do I run
Do I climb
Do I stop
How do I move with
No map
No light
No guide.
I have never been more nervous in my entire life.

I feel atomic atoms exploding inside me
Tiny bursts of energy
Releasing
Over and over
Again
By the millions
With nowhere to go,
A pop bottle shaken
To edge of explosion.
All that energy
Contained inside my body
I'm ready to burst open
To thrash
Flail
Walk
Run
Climb

STOP.
Breathe.

Close your eyes.
Find the rhythm,
The one you know
And find
Without thinking.

And then I realize
The moon is there
Casting light
Helping me see
I'm on a path
Right where I'm supposed to be
Headed toward a subtle
Shimmering light.

[Part 3: After]
I am sitting in a chair
By a placid lake.
The shimmering light,
The moon
Reflected on the lake.
On the table next to me
My sandwich is cut in squares.
I hear the water lapping at the shore
The titter of birds as they settle for the night
The rubber band chorus of frogs.
I've never been here before
It's new and different,
Yet familiar.
There is comfort
There is peace
There is joy.
I don't have any more questions.
I am home.

References

Funakoshi, M., & Raychaudhuri, D. (2023, August 19). *The rise of anti-trans bills in the U.S.* Reuters. https://www.reuters.com/graphics/USA-HEALTHCARE/TRANS-BILLS/zgvorreyapd/

Kattari, L. (2023). Civic education's role in advancing health equity for LGBTQIA2S+ youth. *Health Promotion Practice, 24*(1), 59–61. https://doi.org/10.1177/15248399221129887

Kinney, M. K., Pearson, T. E., & Aoki, J. R. (2022). Improving "life chances": Surveying the anti-transgender backlash, and offering a transgender equity impact assessment tool for policy analysis. *Journal of Law, Medicine & Ethics, 50*(3), 489–508. https://doi.org/10.1017/jme.2022.89

Peele, C. (2023, May 23). *Roundup of anti-LGBTQ+ legislation advancing in states across the country*. Human Rights Campaign. https://www.hrc.org/press-releases/roundup-of-anti-lgbtq-legislation-advancing-in-states-across-the-country

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Prosody

Sabrina Williamson Sullenberger

Abstract: "Prosody" is my narrative and poetic reflection on the importance of genuine relationship to understanding another's experience.

***Keywords*:** reflection, relationship, journeys, poetry

In the fall of 2020, in the midst of virtual and hybrid learning, I was taking a walk with a friend who is a social work professor at another university. It was a conversation we had while walking around her neighborhood that led to the poem below. She is Black and I am white, but otherwise we have a number of similarities. We have same-aged children, our faith is important to us, we love our work, and we are invested in our children's public schools. We love to laugh and tell stories and cheer on our kids. We both care about equity and justice and being anti-racist. I cherish the time I get to spend with her.

Our conversation that day was a mix of the personal and professional, which is typical for us. We talked about our work with college students, seemingly never-ending committees, raising tweens, and our then seventh-graders' experience with a particular subject at our middle school. It was while we were talking about our "middle school kids" that I realized she has to think differently about some situations than I do, because of the ways our children are seen by others. I knew this on some level previously, but that day I heard it differently.

Having this realization on a personal level helped me shape my teaching and strengthened my commitment to anti-racist education. It also shaped the way I looked at my own parenting and led to some different conversations with my family.

The poem below is in haiku verse because I tend to use a lot of words and I wanted to challenge myself to speak succinctly about this important topic. At the same time, I wanted to share authentically about my evolving awareness of racism and my awareness of my failures in being anti-racist. Finally, I took a creative writing class in college, and I remember the professor challenging us to write in a different type of poem each week, so that while our brains were busy with the prosody (metrical patterns and structure), what was in our spirits could better emerge.

How mothers worry
For the fate of their children
Is color-coded.

Is she happy? Loved?
She knows her worth and value?
These are my questions.

I hear the questions,
Worries of other mothers
Today in our world.

Is she seen beyond
The color of her skin? And—
Will he come home safe?

Privilege shapes me
I know this—I also know
I don't really know.

Centering whiteness
Is a personal default—
A habit and sin.

True relationships
Can be a touchpoint for growth
Onus to change = me

Learning. Commitment.
Beloved community.
Imperfect ally.

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Kick the Stigma

Stephanie E. Rosado

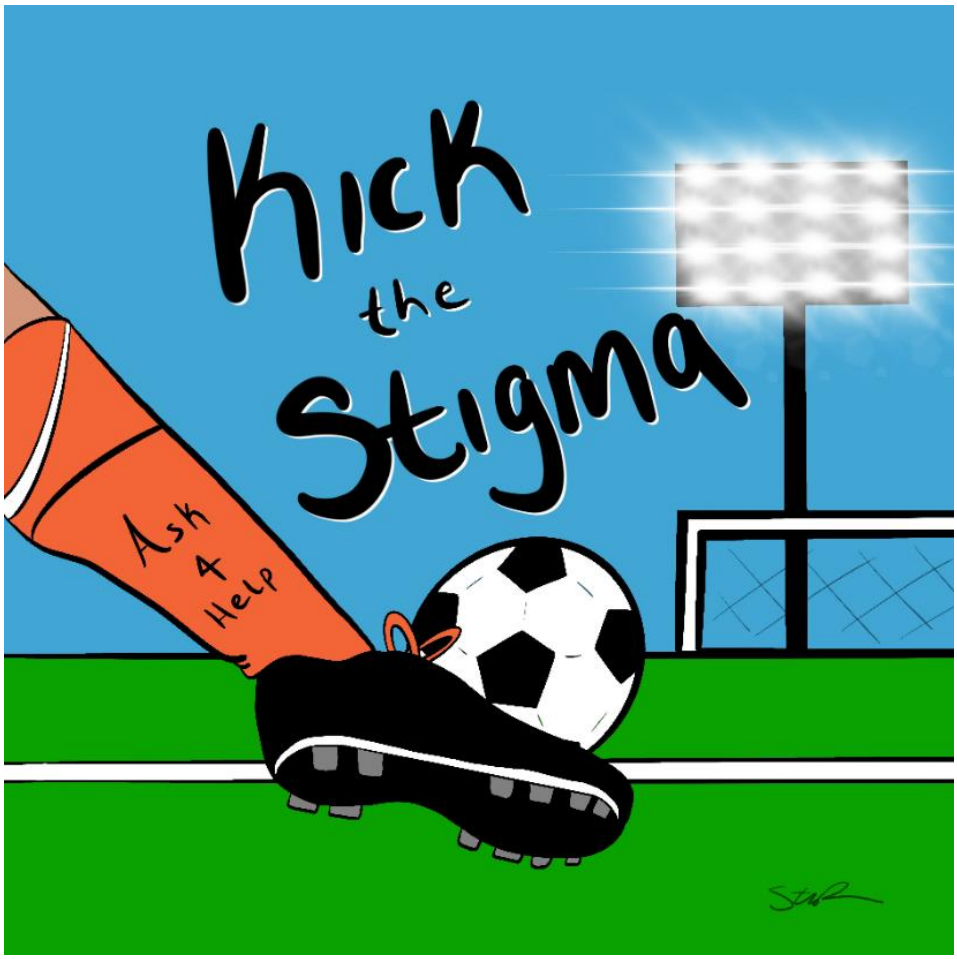
Abstract: Inspired by NFL player Dak Prescott's demonstration encouraging help-seeking in sports, my art piece continues the advocacy within sport social work to "kick the stigma" of mental health and wellness.

***Keywords*:** sport social work, subspecialty, athletes, mental health, art

Athletes are often thought of and encouraged to be strong, tough, and resilient. The demand to embody such traits has created a long-standing stigma for seeking help in the athletic community even as mental health concerns and suicide steadily rise (Reardon et al., 2019). Courageous athletes at all levels have spoken out in efforts to remove the stigma. In 2021, NFL player Dak Prescott wrote "Ask 4 Help" on his forearm in his demonstration and effort to help remove the stigma surrounding mental health and help-seeking in sports (Westcott, 2021). His advocacy and my affiliation with the Alliance of Social Workers in Sports (ASWIS) inspired this work.

> Sport social work is the practice subfield of social work that promotes social justice and social change by focusing on the unique needs of athletes, their allies, and the communities where they live, at both the individual and environmental level, promoting human and community well-being. (Kratz & Rosado, 2022, p. 857)

Practice specialists such as sport social workers are uniquely equipped to help "kick the stigma" of mental health in sports. Thus, this piece is an artistic representation of just that and an empowering image that demonstrates the ability of athletes to do the same: Kick the stigma.



References

Kratz, S. E., & Rosado, S. E. (2022). Sport social work. In L. Rapp-McCall, K. Corcoran, & A. R. Roberts (Eds.), *Social workers' desk reference* (4th ed., pp. 856–862). Oxford University Press. https://global.oup.com/academic/product/social-workers-desk-reference-9780190095543?lang=en&cc=us

Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., Budgett, R., Campriani, N., Castaldelli-Maia, J. M., Currie, A., Derevensky, J. L., Glick, I. D., Gorczynski, P., Gouttebarge, V., Grandner, M. A., Han, D. H., McDuff, D., Mountjoy, M., Polat, A., … Engebretsen, L. (2019). Mental health in elite athletes: International Olympic Committee consensus statement (2019). *British Journal of Sports Medicine*, *53*(11), 667–699. https://doi.org/10.1136/bjsports-2019-100715

Westcott, A. (2021). *Dak Prescott encourages all to "ask 4 help."* Dallas Cowboys. https://www.dallascowboys.com/news/dak-prescott-encourages-all-to-ask-4-help

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Possibilities

Joseph Latterner

Abstract: As a therapist, hip-hop artist, and music professor, I wrote my song "Possibilities" about the individual capacity for maximizing potential across settings and contexts, which carries over into my approach to working with individuals and families in my private mental health practice. The song underscores how human beings are capable of achieving remarkable feats in the face of adversity.

***Keywords*:** hip-hop, clinical social work, therapy, lyrics

The theme of my song "Possibilities" (KON Sci, 2013) goes hand-in-hand with my philosophical approach to mental health therapy, which at its core is very much strength-based: All human beings have unique sets of potential, and it is in the pursuit of maximizing said potential where we find we are at our best emotionally, physically, spiritually, creatively, and intellectually. Subsequently, as expressed in "Possibilities," we are capable of awe-inspiring feats. The human potential is boundless. "Possibilities" also speaks to resilience and how this characteristic can often be the motivational factor when pursuing potential. Lastly, the overarching sentiment of this song is that when embarking on the journey of maximizing any contextual form of potential we begin to obtain a deeper sense of meaning, purpose, and self which ultimately serves to heighten emotional wellbeing and mitigate distress. The lyrics in "Possibilities" are intended to present the listener with a range of freeform imagery bound to the instrumental offering space for the evocation of individual meaning and emotion.

> It's like the calling from the highest of sanctimonious pieties / middle ages and feudalism wisdom is the newest rhythm / apprentice and merchants transcend the Gilded era filled with errors / if we spare the puritans / immigrate to innovate / structural and free thinking / everything's empirical until we peer into the mechanism / I'm talking possibilities quantum physical intervals of time exponentially increase with every beast of technological advancement / consider the abacus and dial tones / calculators milestones / alpha beta iPhones / mountains made of limestone / found a way to find home geographical / singularities apparently the downfall / humanity's the round ball we never swish / forever wish perfection was attainable / cause in elections never justify the power shift / personal advancement and progression's where you find your niche
>
> And it's the reason we live through the seasons of life just to reach for the heights / No doubt / No question / Possibilities
>
> So now I delve into the cosmos / way beyond the average comprehension so it gets a little abstract / Einstein's theory of relativity shattered conventional ways of thinking / Newtonian scientific hegemony gravitational levity / centuries millennium still applicable limited light speed / theories are incompatible lateral thought admissible / only within a mystical monolithical night dream / the obstacle's a black hole / optimistic oddities that unify dimensions all told / subatomic particles are building blocks / atomic inefficiencies

> the mysteries have been unlocked / the symphony is but a clock / string theory's but a notch / under belts wonder else we figure out / but for now the bigger route's the universe / so understand your place in it / cause otherwise you wonder why you never held relationships
>
> And it's the reason we live through the seasons of life just to reach for the heights / No doubt / No question / Possibilities
>
> So never underestimate / cognitive abilities supplying infinite horizons for intimate communication / whispering the grand design / secrecy in mathematics / listening to dandelions / meditate and transcend at a rate to make the sand bend / meet me at the lands' end / permeating space-time / heard it through the grapevine / call it all a plan fine / I'ma stick to free will / out of body experience feeling it can leave chills / apologize if I offended it / speaking to the messengers of each field / absolute synergy Greek mythological / boundaries imaginary obstacles / so reach for the nether realm I set a film and capture it / the afterlife is intricate so live it like it's limitless irrational / it tackles you to wrestle with stability / we living in uncertainty and fight for possibilities
>
> And it's the reason we live through the seasons of life just to reach for the heights / No doubt / No question / Possibilities (KON Sci, 2013)

From my humble beginnings working in the mental health field as a habilitation tech in the community, my ultimate goal has always been becoming a licensed clinical social worker and eventually starting a private practice. While these career goals have all come to fruition, I also have a secondary professional persona who lives in the creative world as a writer, producer, and performer of hip-hop music. Engaging in daily individual and family therapy sessions, enhancing my clinical knowledge base and creating, producing, writing, and performing hip-hop music are all complementary actions. At times, my mind can be overflowing with psychological theory, philosophy, and clinical modalities, and at other times it can be overwhelmed with melodies, lyrics, concepts, and patterns. Neither of which requires taking a backseat to each other, but they rather act as synergetic copilots. In 2012/2013, I capitalized on this creative energy and subsequently wrote, produced, recorded, and released my first solo full-length album titled *And Beyond* under my musical moniker KON Sci.

Acknowledgments

I am a part of a four-man hip-hop group, two MCs and two DJs, based in North Carolina by way of Washington, DC, called MindsOne. The poetic selection I am presenting is a song from my solo album, *And Beyond*, called "Possibilities," which was the second single released from the album (KON Sci, 2013).

References

KON Sci. (2013). Possibilities [Song]. On *And beyond* [Album]. Soulspazm Records.

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Creating Attachment: The Expressive Therapies as a Multisensory-Relational Modality to Foster Secure Attachment

Rami Eckhaus and Melissa Hedlund Nelson

Abstract: This article explores the use of expressive therapies as a multisensory-relational treatment approach that furthers the therapeutic process in reworking insecure attachment. We aim to shed light on how expressive therapies can rework insecure attachment schemas into secure attachment schemas. A theoretical review of the expressive therapies and their impact on fostering secure attachment is presented. Two case studies illustrating the use of expressive therapies in practice are discussed in the context of attachment. We highlight how the expressive artistic realm not only allows for the expression of unmet needs, often too difficult to verbalize, but also operates as a nourishing medium that may amalgamate the lesions of the past into a secure attachment blueprint.

***Keywords*:** expressive therapies, art therapy, dance/movement therapy, music therapy, drama therapy, attachment

Overview of Attachment

"The propensity to make strong emotional bonds to a particular individual is a basic component of human nature" (Bowlby, 1988, p. 3). The core of attachment is connection; it is a biological imperative (Porges, 2015) and impacts one's ability to feel alive, safe, and regulated. Therefore, to truly attach is a connecting of rhythms; it is a co-regulation that occurs between individuals (Schore & Schore, 2008).

Attachment theory speaks to the relationship between a child and their primary caregiver and how the caregiver can connect with the child to form a secure base (Bowlby, 1988). When a secure attachment is formed, the child is free to leave and explore the environment and then return to the caregiver. The self develops in connection to others and shifts as connections are re-enacted, validated, or tested over time (Bowlby, 1982). The first individual that a child connects with is significant and lays the groundwork for how the child will connect with others, impacting their ability to love and feel loved (Ainsworth et al., 1978; Ainsworth & Wittig, 1969). Ainsworth reiterated the importance of timing and appropriateness of response from caregiver to child (Ainsworth, 1967). The response from caregiver to child creates a holding environment (Winnicott, 1960) for the child to explore and engage within, feeling safe and secure.

A child who has a caregiver who is attentive and responsive to their needs will typically develop a secure connection to the caregiver and will return to them when in distress or feeling unsafe (Main & Wetson, 1982; Whipple et al., 2009). Caregivers can also create *affect attunement* in connection to their child which fosters increased eye contact, smiling, and closeness (Markova & Legerstree, 2006; Stern, 2010). The bond between a caregiver and a child is crucial to that child's development—psychologically, neurobiologically, and physiologically. Furthermore, attunement to the child's rhythms, behaviors, and body creates a deep connection between

caregiver and child. Thus, having a level of attunement between caregiver and child is essential (Klorer, 2000). Schore and Schore (2008) noted how a healthy attachment is a product of nature and nurture, temperament, and an early relationship with the child's primary caregiver.

Regarding attachment styles, Ainsworth (1985) found that there are three styles of attachment: *secure*, *ambivalent*, and *avoidant*. Secure attachment involves having confidence and trust in the caregiver and self. Conversely, ambivalent and avoidant attachment are two modes of insecure attachment rooted in unmet attachment needs. Ambivalent attachment will be displayed at first as clingy and overly dependent, but when needs are met by the caregiver, the child will reject the caregiver. Those with an avoidant attachment style can have low confidence, withdraw or shut down emotions, and reject the caregiver (Mikulincer & Shaver, 2015). Main and Solomon (1990) went on to add a fourth style of attachment, *disorganized*, which can manifest in hyperarousal, exaggerated startle response, agitated behavior, and withdrawal (Malchiodi & Crenshaw, 2014). Anxiety may also impact the attachment style as the child develops into an adult (Mikulincer & Shaver, 2015). Those who are prone to an anxious attachment style are more likely to exhibit manifestations of anger or despair when their attempts to connect are not met or received (Mikulincer et al., 2013).

In addition to impacting relationships, insecure attachment styles have been connected to psychological distress, mental illness, and an increased likelihood of illness as an adult (Mikulincer & Shaver, 2015; Puig et al., 2013). Disrupted attachments can lead to devaluing or dehumanizing others, creating a fragmented self (Shore, 2014). Subsequently, children who have not been able to develop a healthy attachment to another due to abuse or neglect may exhibit the following behavioral concerns: lack of happiness or joy, lack of eye contact, lack of empathy or guilt, and inappropriate communication and/or physical boundaries (Hughes, 1998). A powerful method of relational and sensory stimulating therapy to re-work these disrupted and insecure attachments is the expressive therapies.

Expressive Therapies and Attachment

The expressive therapies allow the individual to see and be seen; they engage the senses; they promote clarity, self-coherence, resilience, and safety. Klorer (2005) stated that "nonverbal, expressive therapies can be more effective than verbal therapies in work with severely maltreated children exhibiting attachment difficulties" (p. 213). Furthermore, the therapeutic connection between expressive therapist and individual is grounded in a creative exploration of self by the individual through the use of various modalities, such as art, dance/movement, drama, music, and play. These art modalities infuse the expressive therapies, all of which are explored below in relation to creating secure attachment.

Art Therapy and Attachment

Art therapy uses the creative process of visual artmaking to rework disrupted attachments through the senses (Schore, 2013). The art may be used for meaning making, connection, and/or assessment purposes. Corem et al. (2015) shed light on aspects of the therapeutic relationship in

art therapy and found a relationship between feeling securely attached to the art therapist and a positive experience with the art practice.

As an example, the bird's nest drawing (Harmon-Walker & Kaiser, 1992) assesses one's attachment story through the placement and contents of the nest. Additionally, Hass-Cohen and Carr (2008) found that "relational art activities can increase mother-child attachment patterns" (p. 29). Furthermore, it is through creating with one another, socially engaged and attuned, that secure attachment can emerge (Porges, 2015).

Dance Movement Therapy and Attachment

Dance movement therapy engages with our earliest modes of communication and connection to explore attachment to self and other through movement. Based on the notion that views our bodies as vehicles imprinted with accumulated memories and experiences (Shahar-Levy, 2004), dance movement therapy becomes an embodied exploration (Tortora, 2013). The individual experiences of the child and caregiver and the relationship between the two can be understood by both the mind and body in dance movement therapy (Coulter & Loughlin, 1999). Our earliest experiences in life are told through the body which conveys nonverbal messages. Children need to explore, to be permitted to speak with their bodies, and for their bodies to be heard and received (Tortora, 2011, 2013), thus fostering spontaneity and moments for bonding and joy (Coulter & Loughlin, 1999; Doonan & Bräuninger, 2015; Tortora, 2010). In addition, shared movement can also enhance relational aspects such as attunement, reciprocity, cooperation, and communication (Eckhaus, 2019). Furthermore, through the use of mirror neurons, dance/movement therapy employs a mirroring of movements, emotions, or thoughts that can lead to increased empathy for one another and the reworking of insecure attachment (Berrol, 2006; Jeong et al., 2005; McGarry & Russo, 2011). In this sense, a child's ability to develop empathy is connected to a mirroring of behaviors at a young age, hence the child feeling seen and understood; being able to see and understand another is a cornerstone of secure attachment. "When I look, I am seen, so I exist" (Winnicott, 1971, p. 114).

Drama Therapy and Attachment

Drama therapy is a form of expressive therapy that uses drama and/or theater elements, including play, role-play, objects, psychodrama, and performance (Jennings, 1992; Jones, 1996, 2007; Malchiodi & Crenshaw, 2014) and can explore attachment patterns and impasses that are hindering one's growth. Additionally, drama therapists can assist individuals in exploring roles that are related to their attachment style, to increase connection to self (Haen & Lee, 2017). Drama therapy employs various techniques to address insecure attachment from a safe distance, such as creating stories, the empty chair technique, and dialoguing with inner parts (Versaci, 2016). It has also been used to explore different narratives of a child's reality to enhance the *attachment bond*, closeness and mutuality, between children and parents (Moore, 2006) and rework the attachment trauma of children (Malchiodi & Crenshaw, 2014). In young adults, psychodrama has helped those with anxious-avoidant attachment understand their attachment schemas, promoting confidence and self-awareness (Dogan, 2010).

Music Therapy and Attachment

In the context of attachment, music therapy uses music as a form of healing and as a connecting point between child and caregiver. Edwards (2011) demonstrated that music therapy interventions can increase and encourage healthy attachment between caregivers and infants, especially when the secure bond has been compromised. Working on various elements, including improvisation, humming, chants, synchronicity, or timing, helps to recreate the environment for a safe and secure connection/attachment between the child and caregiver. Additionally, Clements-Cortés (2020) highlighted how music therapy can enhance child and parent relationships, foster mutual rhythm, eye contact, cooperation, and communication. These can enhance engagement and influence the formation of secure attachment. Additionally, music therapy fosters sensitivity and responsiveness from the caregiver and opportunities for co-regulation, contributing to the foundation of secure attachment (Edwards, 2011; Pasiali, 2014).

Play Therapy and Attachment

Play therapy engages individuals in expressing and reworking their attachment story. Riedel Bowers (2009) studied non-directive play therapy in early relationship developmental processes (ERDP). The data provided insight into play therapy's ability to establish a space of safety and creativity, allowing the child to develop a sense of self in connection to the therapist. The child's experience during the play therapy session was able to be applied outside of the play therapy session. Additionally, Green et al. (2013) found that play therapy assists in the healing process of adolescents with insecure attachment styles. It allowed for the development of a close relationship with the play therapist, the expression of challenging feelings, and provided a corrective, healing experience.

Expressive therapies are powerful sensory-relational therapeutic approaches that help to foster secure attachment. A closer exploration of the role of the expressive therapist in developing secure attachment schemas follows.

The Expressive Therapist and Attachment

The expressive therapist can act as a surrogate caregiver who is consistent and safe, providing means for an individual to develop a healthy attachment with a healthy adult and rework maladaptive attachments (Klorer, 2005; Mikulincer et al., 2013). Furthermore, the therapist can create a safe haven, alleviate distress, be a safe figure to attach to, be empathic, mimic the rhythms of the child, and provide a secure base for the child to freely explore their surroundings and develop a sense of resilience (Bowlby, 1982, 1988; Mercer, 2006; Mikulincer et al., 2013; O'Brien, 2004). Expressive therapy can provide a means for insecure attachments to be replaced by secure attachments, facilitating a change in one's ability to explore and experience closeness and intimacy (Bowlby, 1988). Moreover, being attuned to the individuals you are working with can foster an embodied awareness between therapist and individual that generates a strong therapeutic alliance and connection (Kossak, 2009, 2015).

Being attuned to one's needs while they are engaged in a creative process replicates a neurobiological connection between caregiver and child. It can foster one's sense of security and safety within the therapeutic relationship and over time have a positive effect on attachment (Malchiodi & Crenshaw, 2014). The therapist must be aware of their facial expressions, body language or posture, eye contact, and tone of voice, as all can impact the therapeutic relationship (Schore & Schore, 2008). In addition, it is important for the therapist to have clinical sensitivity to all present in the therapeutic space and to connect with countertransference and somatic countertransference. It is not as important what the therapist does or says in session compared to the therapist's ability to be present with the individual, especially during moments of distress, and connect with one's rhythm to help restore disrupted or maladaptive attachment and connect to healing (Schore & Schore, 2008).

The literature describes how expressive therapies are a powerful sensory-relational approach to restore disrupted or insecure attachment styles through dynamic, sensory-stimulating, relational, creative, and oftentimes nonverbal modes of therapy. Additional research is warranted about the expressive therapies serving as a means to foster secure attachment.

The following case studies further explore ways in which the expressive therapies' multi-layered use operates in facilitating change and enhancing relational bonds. In the first case study the therapist employed an intermodal approach and in the second case study the therapist used art therapy and somatic processes to further treatment. Names and other identifying information have been altered to maintain confidentiality.

Case Study: Dan

"Dan" was in first grade when we met. He was vibrant, imaginative, and full of life, and yet he carried a lot of pain. Dan's parents were not on speaking terms as they divorced in difficult and bitter circumstances that involved abuse towards his mother. Contrary to his older brother, who suffered from his father's temper and verbal outbursts, Dan was considered his father's favorite. Dan's father was unresponsive and unstable, which manifested in his sporadic meetings with his children wherein he often promised them he would come to see them but did not show up or only visited with one of them. Dan's mother was struggling to make ends meet and exhibited symptoms of depression.

Dan was characterized by his mother as having temper tantrums, feelings of inadequacy, and displaying juvenile "baby-like" behavior. During our first sessions, Dan verbalized his enthusiasm and excitement toward the meeting. He drew paintings of smiling families and colorful rainbows which he would tightly secure in his box of creations. He spoke of his father with admiration, emphasizing how much his father loved him and omitting his parents' divorce. The circumstances of Dan's life were left verbally untold; his wish for a secure base unfolded as he played with a doll house and its contents. He was compelled to arrange and put in order the furniture and little dolls every time we met. He was concerned and upset with its broken doors that could "never be mended."

The ritual of arranging the doll house and painting rainbows was followed by Dan's wish to play hide and seek. Dan repeatedly hid in the same spot until I would find him. As our alliance became more secure, the dynamics started to shift in the room. In conjunction with the reality he was struggling with—an absent father, a brother who lashed out at him, and a mother who was physically present but often emotionally unpredictable—Dan's rage and anger surfaced and became tangible in the room. Dan wanted to compete. We played ball games and used ropes, balls of various sizes, and hoops in our invented competitions. Only Dan was allowed to set the rules which would be changed or dismissed as soon as there was a slight chance of his defeat. The unbearable outcome of defeat escalated into painful breakdowns: screaming, hitting the door, and crying. Nothing could console or assuage his evident pain. The same happened when he could not reach the desired outcome in his art creations—he would tear them apart and throw them away with rage. At this time, I learned that Dan's father was involved in a new relationship. His new girlfriend had a son the same age as Dan. His father's display of affection towards his girlfriend's son was visible to him. Additionally, his father's habit of not showing up to their scheduled meetings continued. I began to see more clearly that Dan's outbursts of rage were related to the threat of losing connection with his father.

During this stage, Dan required ultimate attunement within our sessions. Any word, suggestion, or action (including reaching towards the end of session and parting) was experienced as misattunement and resulted in anxiety and temper tantrums. As we delved into his pain that reemerged every session, his tantrums subsided, and Dan became more regulated.

Once again, I sensed a change in our dynamics. In our games, Dan regressed to mumbling like a baby. Aiming to attune to Dan in these regressed states, I responded by mirroring his sounds, rhythms, and slight movements. Dan would smile and seem calmer, then he would enter into a plastic tunnel in which he lay while continuing to mumble baby sounds. He would turn his back to me and refuse to meet my gaze, but as the sessions progressed, Dan would look at me and tap the floor with his hand, signaling me to talk. I gently spoke to him like a baby until he was ready to come out the other side of the tunnel as a superhero (as he stated). With time, Dan was becoming more responsive, actively looking for my gaze until he did not need his tunnel anymore.

During treatment, Dan's mother rarely came to meetings, and his father did not exhibit any interest in participating in treatment. After a certain time, Dan's walk seemed different, his body was grounded, and the baby talk disappeared. At this point, Dan's school teacher revealed that Dan's initial tantrums dissipated, and that he engaged in the lessons. Still, the challenges were great, as Dan was coming late to class, often disorganized and missing school materials. He wanted to make friends but lacked the skills to do so and was often isolated or bickering.

As he lacked a safe and solid ground in his life, Dan and I started to build a house out of a shoe box. Dan designed it and filled it with furniture that we created together. Dan was reluctant to leave the house uninhabited, and we created hand puppets of two friends who lived inside. The hand puppets talked to each other, played, and hugged. The sessions ended by laying them to sleep in their cozy home until the next session when they could wake up and come to life once again. As the sessions progressed, the house grew bigger. Floors were added with additional

rooms and furniture made out of cardboard. Dan brought mini stuffed animals for the two friends. Dan was now smiling and laughing during our sessions. He was telling me about his week and his social interactions as he was taking care of the two precious hand puppets.

As the treatment process evolved, Dan started to teach me how to make crafts and creations. One day he taught me how to draw and cut stars. As I followed his lead, I "accidentally" ruined my star. "I cannot believe it's ruined and there is nothing that can be done to fix this. After all this work," I said. Dan was examining my face and reaction as he never saw me upset in this way. He silenced and after a quiet pause said, "Don't worry, we can fix it."

"I am not sure we can. Look, it's broken! I don't know what to do, it's ruined…" I persisted.

"Sure we can," he said.

"Really? Do you think we can fix things?" I replied.

"Of course. There is always a way, you taught me that. Here, let me, I can help you."
Dan took my star, and as he tried to arrange its edges he mumbled to himself, "Thank god I am here. What would he have done otherwise," and I tried my best to hide a smile.

Due to Dan's challenges at school and wanting to pursue a behavioral treatment plan, Dan's mother abruptly terminated the sessions shortly after without any notice, leaving Dan one session to part. Dan did not understand the rationale for the termination of the treatment. He gathered all his creations, and we separated as the two puppets hugged and sadly said goodbye.

Case Study: Nick

"Nick" was 11 years old when referred to art therapy by his school. He had been viewing inappropriate videos during class, was presenting as sad, engaging in fights, and failing several classes. He lived at home with his parents and siblings. The first time that I met Nick, he was quiet, looked down, and nervously shook his feet. He instantly thought he was in trouble. I assured Nick that he was not and that I was there to try to help him work through his struggles.

From the very first moments together, I could feel Nick's anxiety. The nervous shaking of his legs and feet, his hesitancy in using art materials, his avoidance of eye contact, and looking down at the ground were external cues to the anxious energy that lay within his body. He was very guarded and quiet at first. There were many sessions where he only spoke a few words until he could trust that I was a safe adult. His eyes would look around the tiny office that we met in regularly, assessing the space, and although not making eye contact often, his eyes would watch my body movements very closely. Nick associated spending time with an adult as a time to be scolded or punished. He shared that he was tired, having "family problems," and dealing with nightmares. He did not create art often and did not think that it would help him but was open to the process.

As our connection grew stronger while engaging with artmaking, Nick's attachment story began to unfold. Nick reported that he wanted to be close with his Dad who was frequently drinking or gone. When they did interact, the interactions were odd. Nick shared that he played a "scratching game" with Dad that consisted of seeing who could scratch the other first. He shared that his Mom was strict, worked two jobs, and was not home often. Much of the attention that Nick received from his parents was when he was being punished or scolded. He was frequently left home alone and responsible for taking care of his younger sister. He desired to spend time with his older brother, but this did not happen often as his brother was preoccupied with illegal activities. Nick shared that several gang members were trying to groom him to join a gang but that his brother was his protector and would not let that happen. Nick needed a nurturing and consistent adult who would be there for him and not leave or punish him.

Over time Nick opened up and was talkative. Creating safety in the room was paramount for Nick to engage with vulnerability and be present in the moment with his artwork and with me. Before sessions I set up art materials neatly on the table and positioned the furniture in a way where I was not facing him directly. These therapeutic interventions aimed to maintain predictability in service of lessening anxiety. When I did face him directly, he would shut down. It was too much to have the intensity of a person sitting in front of him at the table. While maintaining connection, I would sit next to Nick on the side of the table. It was a new experience for him to be in a room with a caring adult who was also a stranger to him. He would move around restlessly in sessions, but as he created and funneled his energy into creating, his movements lessened.

A turning point in treatment was when Nick drew a fight. He had been in a couple of serious fights with his peers. Nick was focused while creating, gripping the pencils tightly and firmly pressing them onto the paper. He shared that he drew a fight that he had witnessed when he was five years old. Nick did not make eye contact while describing the fight and looked intensely at the image he had created. I sat next to him while he spoke and quietly held the space. He shared that he hid in the car and watched while his brother was being beaten: "I wanted to run out and protect him, but I froze. I wanted to be brave but did not do anything." Nick was sad remembering this fight and disappointed that he did not protect his brother.

Nick was able to feel his sadness and anger. He was also able to acknowledge that he was a child, would not have been able to stop the fight if he had intervened, and was not responsible for the actions of adults. Expressing these complex feelings through artwork, with an adult who validated his emotions and loss of control, brought Nick a sense of control and relief. This was evidenced by his breath being more rhythmic and calm, his legs no longer shaking, and making eye contact with the author.

Following the processing of the fight, we had a break in treatment during the summer. When Nick returned to art therapy, he shared that his Dad and brother got into a violent fight. Witnessing this fight, Nick was paralyzed with fear. He was tearful and quick to share about this fight during our first session after the summer break, speaking to the safety, trust, and connection we had developed. His brother was kicked out of the home, which was a great loss for Nick. Shortly after this fight, Nick's parents divorced, and Dad moved out. Additionally,

Nick's Mom had a heart attack. Nick shared he was not scared of her dying since they never had a close relationship. He added that he missed his Dad and there were several times that Dad promised to visit but never did.

Nick began to decompensate over the summer and experimented with drugs. His anxiety increased, and he was having panic attacks. He did not have an adult to connect or spend time with, especially while navigating great feelings of loss, fear, anger, and sadness. He was alone with his feelings and was trying his best to disconnect from them because they were too overwhelming. Returning to the art therapy studio was essential to help Nick connect with his emotions and process everything that had happened.

Following all of his familial shifts, I missed one session due to illness. Nick went into a panic—he waited for me outside my office door despite being told by the school that I was absent on that day. When I saw him the following week, he was disengaged, was upset with me, and had thought I was never coming back. I stayed present with Nick, reassuring him that I was not leaving him. He had tears in his eyes despite not verbally communicating. I sensed this spoke to the abandonment he had experienced with his family. While it was heart-wrenching to see Nick disappointed, I knew we were working on the attachment rupture. After a couple of sessions, Nick re-opened, and we returned to the flow of creating, processing, and connecting.

Despite setbacks, Nick progressed in treatment to engage with many different types of art media. He began with controlled art materials that created finite lines and shifted to use fluid materials that he had little control over. He became comfortable with the fluidity and letting go of a need for control. Nick also enjoyed mandala making. The process of creating drawings of mandalas and then filling them in with colors was predictable, calming, and containing for him.

At the beginning of our work together, Nick would press hard with the art materials on the drawing surface and hold his breath while creating. As he progressed in treatment, his grip softened, his drawings had a soothing rhythm and repetition that fostered embodiment, and his breath slowed.

After making art, Nick looked up at me, almost seeking reassurance and permission to speak about his art. I would gently nod towards the image and then he would begin speaking about his piece. There were many pauses during our sessions. I remained calm and present during the pauses despite the many questions that were circulating in my mind. This helped Nick to stay grounded and share at his own pace. There were times that I created an image alongside Nick; this reduced the anxiety in the room, helped to hold Nick's emotions, and allowed us to connect on a deeper level. He was quiet and focused while creating and typically did not speak until after he was finished creating.

As we neared completing two years of therapy together, Nick was able to stay away from gang activity, had aspirations to join the army, had not engaged in a fight for over six months, and was happier. He continued to have challenging relationships at home, but he was finding respite in artmaking. Nick also joined the wrestling team and had a male youth mentor. When we terminated treatment, we exchanged artwork with one another per Nick's request. Nick gifted

me a flag that represented a portion of himself. The images acted as transitional objects that honored the work that had been completed and the sacredness of our connection and therapeutic bond.

Conclusion

According to attachment theory (Ainsworth, 1985; Ainsworth et al., 1978; Bowlby, 1982, 1988), the initial connection formed with a primary caregiver in our early lives shapes our attachment style. When secure attachment has been formed, the child, and the adult they become, feel safe to interact with the external environment, create positive interactions, and establish meaningful and close relationships. Conversely, insecure attachment occurs when the early bonding that has been formed was not secure but weak, uncertain, or unsteady. In these circumstances, close relationships do not come with an internal sense of peace or safety. Having an insecure attachment is linked to a greater sense of mistrust and difficulties in forming relationships, struggles with interpersonal skills and social interactions, feeling uncertain or unworthy of love, and experiencing high levels of stress (Ainsworth, 1985; Bowlby, 1982; Hughes, 1998; Johnson, 2019; Mikulincer & Shaver, 2015; Puig et al., 2013; Shore, 2014).

In the case studies our treatment focused on reworking insecure attachment through the use of multisensory-relational expressive therapies. Nick and Dan were in a state of hyper-arousal and exhibited behaviors imbued with stress and angst, lacking the capacity to trust or regulate emotions. Nick came from a family with dysfunction and had experienced immediate danger within his life. He exhibited an innate sense of anxiety and was physically agitated and restless. A connecting thread can be delineated where the foundations of trust and physical and emotional safety were lacking and violated in his early life. In this regard, Nick's early life blueprint was imprinted with the notion that care and proximity are connected with pain. He had no one to rely on but himself; relationships were unstable and threatening. Dan's narrative also portrayed a story where caregivers were emotionally absent or demonstrated unpredictable behaviors, leaving him to regulate himself emotionally. Dan had no solid base for a secure connection. His needs were unmet, and his emotional situation worsened due to competing attachment figures while the main caregiver was inconsistent and not attentive to him in moments of distress.

According to Bowlby (1980), the therapeutic goal is to assist individuals in reconnecting with unknown layers of their inner world that were excluded from the self due to the primary caregiver's misattunement in early childhood. When attachment has been severely disrupted and impaired, expressive therapies allow the re-accessing of early life events and an in-the-moment reenactment of the attachment state. The arts become an experiential gateway that supports the unfolding memories and longings that are too difficult to verbalize in the process of healing. Through the therapeutic work, Dan was able to rework a rupture in early attachment. Stepping into a metaphoric (plastic) birth canal allowed him to come out of the canal as confident and emotionally regulated while accompanied by the presence of the therapist as a substitute caregiver. As a result, co-regulation that fostered a sense of safety and relief was registered in the nervous system. In this sense, artistic modalities act as a vehicle that allows the reproduction of a neurobiological connection between the child and the therapist, or a substitute attachment

figure that favorably impacts the attachment bond (Malchiodi & Crenshaw, 2014; Shore, 2014).

While the therapeutic alliance becomes more secure, the experiential process that involves artistic expression allows for a solidification of the connection. Dan's safe haven was created in vivo through the creation of a doll house. Its inhabitants (the dolls) were securely attached, and new possibilities for exploration arose. Similarly, Nick was able to experience a corrective connection, be held and witnessed in his pain, and construct a relationship where trust and safety seemed like uncharted territories.

According to Perry (2009), attunement is established based on the ability to resonate and respond to nonverbal cues, which facilitates a therapeutic alliance and connection. Thus, the therapist provides a new relational schema where vulnerability and the expression of emotions are cherished and protected. As exhibited, the therapists' embodied attunement, mirroring, and responsiveness to both Nick and Dan's apparent distress lessened their discomfort. Through the artistic expression they were able to share troublesome life situations. As a result, Nick was able to experience a profound relationship in which vulnerability, and closeness did not come with the price of pain, but with solace and compassion. Both experienced safety in a holding environment (Winnicott, 1960) with the use of the arts, a ripple effect extended from the self to the interpersonal (Gombert et al., 2018). The patterns of Dan's interpersonal dynamics were modified; he could now express compassion and developed a sense of mutuality and resilience.

Bowlby (1982) noted that as relational creatures, we are defined within the constructs of relational and social dynamics. Contrary to their emotional template of relational mistrust, both Nick and Dan learned to soften their armors and register a sense of safety within the boundaries of the therapeutic encounter. In this sense, the arts provided an in vivo sensorial-visceral experience in the presence of a surrogate caregiver that nurtured the potential for co-regulation and building of trust. The expressive therapies imprinted a shift in attachment through connecting with the sensory. Furthermore, art, as a third entity in the therapeutic encounter, became an extension of the self that inhibited unknown parts of the individual (Kramer, 1986). In parallel, the art was also witnessed by the therapist, or sometimes created as a joined process. The therapeutic experience became embodied and all-encompassing as it stimulated a felt sense of what it means to be securely attached (Gendlin, 1981a, 1981b).

In conclusion, expressive therapies are a multisensory-relational approach to treatment that facilitates change in insecure attachment structures, imprints new possibilities for connection, and reworks disrupted attachment structures in the brain (Munns, 2000). The expressive therapies are a supportive anchor that actively engage with creativity and the interactions of a substitute benevolent attachment figure (Bowlby, 1982; Klorer, 2000, 2005; Mikulincer et al., 2013).

Summary and Implications

As relational creatures we seek connection. Our attachment schema, which defines how we form connections, is shaped within the boundaries of relationship with another. Throughout our lives

we create relationships in which we often replay earlier attachment patterns. Some of these patterns may include situations where the primary caregiver, who acted as the attachment figure, may not have been attuned or available resulting in lacerations in the formation of secure attachment.

The expression of raw feelings and emotions, such as fear, angst, loneliness, shame, or rejection, through artistic modalities, with the attuned presence of the therapist, creates a sense of safety and security that can lead the way for a corrective relational experience. Thus, the therapeutic use of the arts can release the psyche that is fossilized in a scripted attachment model, providing the opportunity to experience and rewrite a new attachment narrative.

By harnessing the power of the arts, expressive therapists provide a framework and a foundation that cultivate secure and close connections. The therapeutic witnessing and validation of primary feelings which are expressed in artistic engagement allow the burgeoning of new relational connections that create healing by laying the groundwork for a compassionate secure attachment. The expressive artistic realm not only allows the expression of unmet needs, often too difficult to verbalize but also operates as a nourishing substance that may amalgamate the lesions of the past into secure attachment.

Additional research is needed to further the understanding of how the expressive therapies create secure attachment and closeness through a multi-sensory relational model. This knowing could inform the work of mental health professionals from related fields, thus furthering the healing process across modalities.

References

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love.* Johns Hopkins University Press.

Ainsworth, M. D. S. (1985). Attachments across the life-span. *Bulletin of New York Academy of Medicine, 61*(9), 792–812.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: Assessed in the strange situation and at home.* Lawrence Erlbaum.

Ainsworth, M. D. S., & Wittig, B. A. (1969). Attachment and exploratory behavior of one-year-olds in a strange situation. In B. M. Foss (Ed.), *Determinants of infant behavior* (Vol. 4, pp. 113–136). Methuen.

Berrol, C. F. (2006). Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy, 33*(4), 302–315. https://doi.org/10.1016/j.aip.2006.04.001

Bowlby, J. (1980). *Attachment and loss* (Vol. 3) Basic Books.

Bowlby, J. (1982). *Attachment and loss* (2nd ed., Vol. 1). Basic Books.

Bowlby, J. (1988). *Secure base: Parent-child attachment and healthy human development.* Routledge.

Clements-Cortés, A. (2020). Music and parent-child attachment and bonding. *The Canadian Music Educator*, *61*(3), 48–50.

Corem, S., Snir, S., & Regev, D. (2015). Patients' attachment to therapists in art therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy*, *45*, 11–17. http://dx.doi.org/10.1016/j.aip.2015.04.006

Coulter, H., & Loughlin, E. (1999). Synergy of verbal and non-verbal therapies in the treatment of mother-infant relationships. *British Journal of Psychotherapy*, *16*(1), 58–73. https://doi.org/10.1111/j.1752-0118.1999.tb00492.x

Dogan, T. (2010). The effects of psychodrama on young adults' attachment styles. *The Arts in Psychotherapy*, *37*(2), 112–119. https://doi.org/10.1016/j.aip.2010.02.001

Doonan, F., & Bräuninger, I. (2015). Making space for the both of us: How dance movement therapy enhances mother–infant attachment and experience. *Body, Movement and Dance in Psychotherapy*, *10*(4), 227–242. https://doi.org/10.1080/17432979.2015.1063547

Eckhaus, R. (2019). *Meeting point: Partner dancing as couple's therapy*. [Doctoral dissertation, Lesley University]. Digital Commons. https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1085&context=expressive_dissertations

Edwards, J. (2011). The use of music therapy to promote attachment between parents and infants. *The Arts in Psychotherapy*, *38*(3), 190–195. https://doi.org/10.1016/j.aip.2011.05.002

Gendlin, E. T. (1981a). *Focusing* (2nd ed.). Bantam.

Gendlin, E. T. (1981b). Focusing and the development of creativity. *The Focusing Folio*, *1*(1), 13–16. https://www.focusing.org/gendlin/docs/gol_2062.html

Gombert, D., Eckhaus, R., Kuehn, D., Hedlund Nelson, M., & Lee, C. (2018). The ripple effect in the expressive therapies: A theory of change explored through case studies. *Reflections: Narratives of Professional Helping*, *23*(4), 20–40.

Green, E. J., Myrick, A. C., & Crenshaw, D. A. (2013). Toward secure attachment in adolescent relational development: Advancements from sandplay and expressive play-based interventions. *International Journal of Play Therapy*, *22*(2), 90–102. https://doi.org/10.1037/a0032323

Haen, C., & Lee, K. (2017). Placing Landy and Bowlby in dialogue: Role and distancing theories through the lens of attachment. *Drama Therapy Review*, *3*(1), 45–62. https://doi.org/10.1386/dtr.3.1.45_1

Harmon-Walker, G., & Kaiser, D. H. (1992). The bird's nest drawing: A study of construct validity and interrater reliability. *The Arts in Psychotherapy, 42*, 1–9. https://doi.org/10.1016/j.aip.2014.12.008

Hass-Cohen, N., & Carr, R. (Eds.). (2008). *Art therapy and clinical neuroscience*. Jessica Kingsley.

Hughes, D. (1998). *Building the bonds of attachment: Awakening love in deeply troubled children*. Jason Aronson.

Jennings, S. (1992). *Dramatherapy with families, groups and individuals: Waiting in the wings*. Jessica Kingsley.

Jeong, Y., Hong, S., Lee, M. S., Park, M., Kim, Y., & Suh, C. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *International Journal of Neuroscience*, *115*(12), 1711–1720. https://doi.org/10.1080/00207450590958574

Johnson, S. (2019). *Attachment theory in practice*. The Guilford Press.

Jones, P. (1996). *Drama as therapy: Theatre as living*. Routledge.

Jones, P. (2007). *Drama as therapy: Theory, practice and research*. Routledge.

Klorer, P. G. (2000). *Expressive therapy with traumatized children.* Rowman & Littlefield.

Klorer, P. G. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy: Journal of the American Art Therapy Association*, *22*(4), 213–220. https://doi.org/10.1080/07421656.2005.10129523

Kossak, M. (2009). Therapeutic attunement: A transpersonal view of expressive arts therapy. *The Arts in Psychotherapy*, *36*(1), 13–18. https://doi.org/10.1016/j.aip.2008.09.003

Kossak, M. (2015). *Attunement in expressive arts therapy: Toward an understanding of embodied empathy.* Charles C Thomas.

Kramer, E. (1986). The art therapist's third hand: Reflections on art, art therapy, and society at large. *American Journal of Art Therapy*, *24*(3), 71–86.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the Preschool Years* (pp. 121–160). University of Chicago.

Main, M., & Wetson, D. R. (1982). Avoidance of the attachment figure in infancy: Descriptions and interperceptions. In C. M. Parks & J. Stevenson-Hinde (Eds.), *The place of attachment in human behavior* (pp. 31–59). Basic Books.

Malchiodi, C., & Crenshaw, D. (2014). *Creative arts and play therapy for attachment problems.* The Guilford Press.

Markova, G., & Legerstee, M. (2006). Contingency, imitation, and affect sharing: Foundations of infants' social awareness. *Developmental Psychology*, *42*(1), 132–141. https://doi.org/10.1037/0012-1649.42.1.132

McGarry, L. M., & Russo, F. A. (2011). Mirroring in dance/movement therapy: Potential mechanisms behind empathy enhancement. *The Arts in Psychotherapy*, *38*(3), 178–184. https://doi.org/10.1016/j.aip.2011.04.005

Mercer, J. (2006). *Understanding attachment.* Praeger Publishers.

Mikulincer, M., & Shaver, P. R. (2015). Boosting attachment security in adulthood: The "broaden-and-build" effects of security-enhancing mental representations and interpersonal contexts. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 124–144). Guilford.

Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, *81*(6), 606–616. https://doi.org/10.1111/j.1467-6494.2012.00806.x

Moore, J. (2006). 'Theatre of attachment': Using drama to facilitate attachment in adoption. *Adoption & Fostering*, *30*(2), 64–73. https://doi.org/10.1177/030857590603000208

Munns, E. (2000). *Theraplay: Innovations in attachment-enhancing play therapy.* Jason Aronson.

O'Brien, F. (2004). The making of mess in art therapy: Attachment, trauma and the brain. *Inscape*, *9*(1), 2–13. https://doi.org/10.1080/02647140408405670

Pasiali, V. (2014). Music therapy and attachment relationships across the life span. *Nordic Journal of Music Therapy*, *23*(3), 202–223. https://doi.org/10.1080/08098131.2013.829863

Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, *14*(4), 240–255. https://doi.org/10.1080/15325020903004350

Porges, S. W. (2015). Making the world safe for our children: Down-regulating defense and up-regulating social engagement to optimize the human experience. *Children Australia*, *40*(2), 114–123. https://doi.org/10.1017/cha.2015.12

Puig, J., Englund, M. M., Simpson, J. A., & Collins, W. A. (2013). Predicting adult physical illness from infant attachment: A prospective longitudinal study. *Health Psychology*, *32*(4), 409–417. https://doi.org/10.1037/a0028889

Riedel Bowers, N. (2009). A naturalistic study of the early relationship development process of nondirective play therapy. *International Journal of Play Therapy*, *18*(3), 176–189. https://doi.org/10.1037/a0015330

Schore, A. (2013, April 28). *Affect regulation 2013: Clinical applications*. [Allan Schore seminar]. PsyBC Continuing Professional Development for Mental Health Clinicians, National Institute for the Psychotherapies, New York, NY.

Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, *36*, 9–20. https://doi.org/10.1007/s10615-007-0111-7

Shahar-Levy, Y. (2004). *A body-movement-mind paradigm for psychophysical analysis of emotive movement and movement therapy*. Printiv.

Shore, A. (2014). Art therapy, attachment, and the divided brain. *Art Therapy*, *31*(2), 91–94. https://doi.org/10.1080/07421656.2014.903827

Stern, D. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy and development*. Oxford University Press.

Tortora, S. (2010). Ways of seeing: An early childhood integrated therapeutic approach for parents and babies. *Clinical Social Work Journal*, *38*(1), 37–50. https://doi.org/10.1007/s10615-009-0254-9

Tortora, S. (2011). The creative embodied experience: The role of the body and the arts in infant mental health. *The Signal: Newsletter of the World Association for Infant Mental Health*, *19*, 1–9.

Tortora, S. (2013). The essential role of the body in the parent-infant relationship: Nonverbal analysis of attachment. In J. E. Bettmann & D. Demetri Friedman (Eds.), *Attachment-based clinical work with children & adolescents* (pp. 141–164). Springer-Verlag.

Versaci, R. (2016). Attachment performs: Framing attachment theory within the dramatic worldview. *Drama Therapy Review*, *2*(2), 223–237. https://doi.org/10.1386/dtr.2.2.223_1

Whipple, N., Bernier, A., & Mageau, G. A. (2009). Attending to the exploration side of infant attachment: Contributions from self-determination theory. *Canadian Psychology*, *50*(4), 219–229. https://doi.org/10.1037/a0016322

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *The International Journal of Psychoanalysis*, *41*, 585–595. https://tcf-website-media-library.s3.eu-west-2.amazonaws.com/wp-content/uploads/2021/09/21095241/Winnicott-D.-1960.-The-Theory-of-the-Parent-Infant-Relationship.-International-Journal-of-Psycho-Analysis.-411.-pp.585-595-1.pdf

Winnicott, D. W. (1971). *Playing and reality*. Tavistock.

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Death on the Farm: How I Learned that Social Work (and Everyone) Should Care about Farmer Suicide

Anna Scheyett

Abstract: Farmers and farm families are not often seen as a vulnerable population in need of social work services. This narrative reflection describes how I, a child of the suburbs, came to be involved in research examining stress and suicide rates in farmers. Through a chance conversation with a colleague, I began to learn about the high rates of suicide and multiple stressors among farmers. Together with collaborators from Cooperative Extension, we have begun working to develop suicide prevention and intervention initiatives. Through this process I learned about the rich potential for collaboration with scholars and service providers in the agricultural sector and have grown in commitment to this work. Farmers provide the food, fiber, and fuel we all need; their needs and challenges are of relevance to all of us. I believe social work should turn its attention to this vulnerable population in curriculum, direct practice, advocacy, and research.

***Keywords*:** rural, farmer stress, agriculture, cooperative extension

Introduction

"Have you seen the latest CDC report on suicide by occupations?" asked my colleague "Jim," a leader in our College of Agriculture. We were sitting together waiting for a university meeting to begin, as we usually did, but today was different. His eyes were big, and his voice shook a little. I had never seen my typically affable friend so distressed. "Farmers have one of the highest suicide rates of any occupation. This is shocking. What's going on?"

I put my hand on Jim's arm. "I don't know, Jim. But I'd like to work with you to figure it out." He smiled, took a deep breath, and said, "Can I pull together a group of us in Ag and in Extension to talk with you about this? Maybe we can do something together." (For those of you not familiar with Cooperative Extension Services, all land grant universities have a Cooperative Extension unit that provides free, reliable, research-based information to farmers, families, and others through Extension Offices that are found in local areas, usually one in each county.)

I didn't know it at the time, but this conversation would shift my research agenda, my collaborative relationships, and my social work passion in ways I couldn't imagine. As a child of the suburbs and a psychiatric social worker by training, I had never thought about rural mental health in general, much less farmer suicide. Yet in the four years since Jim and I had this conversation, I have come to learn about and respect the challenges and stressors faced by farmers and farm families in the US. I have rededicated my career to using social work skills to develop interventions and prevention initiatives for farmer stress and suicide. I've also built rich and wonderful collaborative relationships with scholars across multiple disciplines who are passionate about this work.

So, what happened next? Jim did pull together his group, and we met regularly to talk about farmer suicide and rural stress. At first, some people in the group were confused by my presence—they didn't need child welfare, so why was social work here? As we talked, I tried very hard to walk with cultural humility and responsiveness, offering what I knew about mental health from a social work perspective but making clear that they were the experts in this space. The group surveyed extension agents, looked at the issues across the country, and held a Rural Stress Summit. One member of the group talked with her dad, who is a farmer, and heard stories she hadn't heard before about local farmers who had died by suicide. We worked together, and the issue got more real and more urgent.

Research and Actions

As part of the group, I also contributed by offering to look at what was happening in Georgia, using a database with which I'd worked before—the CDC's Violent Death Reporting System (VDRS). The VDRS contains a great deal of information (including occupation), gathered from multiple sources, about all homicides and suicides in a state (Centers for Disease Control and Prevention, n.d.). Most importantly to me, the VDRS contains narrative summaries of the police reports and medical examiner reports for each death, providing a story behind the numbers in the database.

Using the VDRS, I gathered information on all suicides among farmers and agricultural workers in Georgia for a ten-year period. The findings were a gut punch for me and for the group. Suicide rates were high, and the precipitators for suicide were heartbreaking—spousal loss, financial stressors, health issues that left farmers unable to work and not wanting to "be a burden" on their families. The stories of isolated people, mostly older men, who thought their families and their farms would be better off without them haunted me. One farmer's last communication was a voicemail to a neighboring farmer, a last act taking care of his family and his farm … "Please tell my family my wallet is on the mantle, and please take care of my cows" (Centers for Disease Control and Prevention, n.d.). That one stayed with me.

The VDRS study really galvanized us into action. The research, combined with the research of my colleagues, the feedback from Extension agents in the field, and input from farming communities has led us to a novel interdisciplinary collaboration among Agriculture, Family and Consumer Sciences, Agricultural Economics, and Cooperative Extension. The *Rural Georgia Growing Stronger* initiative (https://extension.uga.edu/topic-areas/timely-topics/Rural.html) is working to combine research, partnerships with local organizations, anti-stigma messaging, and suicide prevention education to develop culturally responsive, evidence-informed, natural helper-grounded interventions. We have received funding from the Provost, blended our research and co-authored manuscripts, and worked together to identify gaps in the research and ways our combined skills could be used to fill those gaps. It is creative and dynamic work, and among the most rewarding things I have done as a social worker.

It was also one of the hardest things I have done—so very far outside of my comfort zone. The first few times I went to South Georgia to talk with farmers and Extension agents I felt that I had entered a totally new world. I was asked to speak about my work on farmer suicide to a group of

farmers and their spouses at an Extension luncheon. Before I started, the hosting Extension agent "Mary" leaned over and quietly asked me "Do you have any connections to farming at all? A point of connection will help so much." Suddenly, I remembered my grandfather, who had grown coffee in Puerto Rico. He didn't wear overalls and have a red barn (my suburban stereotype of a farmer), so I hadn't thought of him. But he cared passionately about his *finca*, and I loved visiting him as a child. I told Mary about my grandfather, and also about my daughter who is studying horticulture focusing on berry production. Mary smiled and we both relaxed, and I learned an important lesson. I have to find a point of connection to build trust, to become a point of caring. And there is always a point of connection.

As I've moved along this journey there have been some bumps in the road. My interdisciplinary colleagues and I met monthly (virtually) to share ideas and interests and projects. Understanding each other's disciplines was sometimes hard. "Wait, social workers do therapy?" "What on earth is an Ag Educator?" "I didn't know Family and Consumer Science faculty could be Extension Specialists!" But we continued to talk and work together, affectionately nicknamed ourselves the Rural Rock Stars, and have done some good work to support our farmers.

Given the lesson of connection and trust I learned from Mary, one of my early projects was to try to understand who farmers will trust—with whom they will be willing to be vulnerable. Colleagues and I spent three days at the Sunbelt Ag Expo (picture a huge state fair, but instead of rides there is farm equipment and hundreds of farmers from multiple states) where we surveyed and spoke with over 200 farmers and farmer-adjacent Expo visitors. We learned that the people farmers trust most in the world are their spouses, their farmer friends, and their faith leaders.

That finding led us to what has been, for me, one of the most profound pieces of research I've done. Along with Mary and "Sue," another Extension leader in South Georgia who was born and raised on Georgia farms, we held six focus groups with farmers' wives across the counties. The wives' stories were profound. The women spoke with true love about their farming life, how much they valued it, and how proud they were to raise their children on the farm. They also talked about knowing the crushing stress their spouses feel, and how wives do the emotional labor to "uplift" him so he can continue farming. Women talked about the impact on their children, who often are the only ones whose daddy isn't watching them play in the football game because it's planting season and he is working 16-hour days, seven days a week. They talked about the fatigue and the relentlessness of it; one woman said she had not had a vacation in 47 years. The wives shared stories, laughing and telling tales about being new brides trying to figure out what being a farmer's wife really meant … and also told the sad stories of family members who had lived with depression, or alcohol misuse, or farming accidents. I don't think there was a single group where I didn't quietly shed tears.

I felt incredibly privileged to hear these women's stories, and for Mary, Sue, and me to bring them back to the rest of our colleagues. We are now developing a toolkit for farmers' wives, with information on how they can help a farmer experiencing high stress, how they can recognize signs of potential suicide risk, and where they can go for help. It will also include lots of resources for the women's own self-care. We are looking forward to going to South Georgia

and taking the toolkit back to the women who spoke with us. I am excited to let them know that we heard them, to get feedback from them about what we did right and where we missed the mark, and to thank them for their generosity of spirit. I want them to know that they are helping many women who are farmers' wives and mothers and daughters, and that their wisdom matters. This might be the richest gift I've experienced so far in this work. I can't remember when I've felt so honored.

Lessons for Social Work

I've been thinking about what I have learned in my journey that I would like to share with other social workers. There's a lot. While I know there are dedicated rural social workers and rural social work scholars, this still seems like a boutique topic. I would like all of us to see the issue of farmer suicide and stress within the context of rural mental health as a broader interest of importance to us all. I'd like us to be aware that 85 percent of the food we eat is grown within the US (United States Food and Drug Administration, 2019)—farmers are essential workers in the US. They are also in crisis, with suicide rates of 32.2 per 100,000 (Bissen, 2020). They face many precipitating stressors, including 1) intrapersonal challenges such as isolation, mental health/substance use issues, illnesses, and injuries; 2) interpersonal challenges such as relationship issues and loss or farm succession struggles; 3) community and cultural challenges such as lack of access to health/mental healthcare, stigma regarding help-seeking, and the agrarian imperative of fierce independence; 4) systemic challenges such as high input costs, low commodity prices, supply chain disruptions, and harmful tariff policies; and 5) environmental challenges such as natural disasters, pesticide exposure, and climate change (Kohlbeck et al., 2022; Scheyett et al., 2019).

This crisis reveals some of the basic human rights denied to farmers—access to healthcare, economic security, and a voice in the systems that determine their economic survival. Despite this, we as a social work profession in the US have been curiously quiet on this issue (Bryant & Garnham, 2017). With our community-based, clinical, and policy practice skills, US social workers have so much to contribute to addressing the farmer suicide crisis. Most social worker scholars don't think about it, but we are really needed in farming communities … and most agricultural scholars don't understand the skills and capacities that social work researchers and practitioners can bring to the table. Social work and agriculture, particularly Cooperative Extension, need to find each other and become a powerful combination for building and disseminating interventions throughout rural areas.

What should social work do to address farmer suicide? First, it is crucial we understand that everyone who eats food (i.e., all of us) should care deeply about the fate of farmers. For social work students, practitioners, and researchers not in rural areas, there are still important advocacy roles we can play. We can advocate for policy changes that 1) ensure accessible health/mental health services in rural areas and 2) ensure access to broadband (without this telehealth is impossible). We can advocate for the right to economic security by 1) advocating for fair and timely natural disaster relief; 2) supporting policies that limit climate change and help farmers learn sustainable agricultural methods; 3) understanding the economics of food production and advocating for fair prices, fair costs, and an effective supply/distribution chain; and 4)

advocating against policies that create unfair tariffs impacting farmers. We also need to be engaged in both micro- and macro-level research on farmer and farm family wellbeing. By bringing out systems thinking and a social justice lens we will be able to better understand and develop effective interventions to prevent farmer suicide and promote farmer and farm family resilience.

Understanding food production, the challenges farmers face, and the need to advocate for policies that support their wellbeing should be an essential part of training for *all* social workers and social work students. Social work has an important role to play, but until we understand that this issue touches all of us, the farmer suicide crisis will continue, and we'll continue to see these tragic deaths on the farm.

References

Bissen, S. (2020). Yes, U.S. farmer suicide is significantly higher than the national average. *Organisms: Journal of Biological Sciences*, *4*(1), 17–25. https://doi.org/10.13133/2532-5876/16959

Bryant, L., & Garnham, B. (2017). Glocal terrains for farmer distress and suicide. In M. Livholts & L. Bryant (Eds.), *Social work in a glocalized world* (pp. 24–41). Routledge, Taylor & Francis Group.

Centers for Disease Control and Prevention. (n.d.). *CDC's National Violent Death Reporting System (NVDRS)*. National Center for Injury Prevention and Control, Division of Violence Preventions, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nvdrs/NVDRS-Overview_factsheet.pdf

Kohlbeck, S., Schramm, A., deRoon-Cassini, T., Hargarten, S., & Quinn, K. (2022). Farmer suicide in Wisconsin: A qualitative analysis. *Journal of Rural Health*, *38*(3), 546–553. https://doi.org/10.1111/jrh.12622

Scheyett, A., Bayakly, R., & Whitaker, M. (2019). Characteristics and contextual stressors in farmer and agricultural worker suicides in Georgia 2008-2015. *Journal of Rural Mental Health*, *43*(2–3), 61–72. https://doi.org/10.1037/rmh0000114

United States Food and Drug Administration. (2019, February). *FDA strategy for the safety of imported food*. https://www.fda.gov/food/importing-food-products-united-states/fda-strategy-safety-imported-food

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The Evolution of an Activist Pastor: Reflecting on the Practice of Listening, Learning, and Leading

Mansfield M. Kaseman

Abstract: This set of reflections captures the experiences and insights I have gathered as a senior pastor reflecting upon a lifetime of activism in search of social justice and moral direction. It begins with my early years of family and community influences followed by the impact of a premier divinity school. It then traces my congregational journey through four communities to arrive at a set of leadership principles and practices. The final phase of the journey captures my transition from serving as an activist pastor and executive director of an interfaith nonprofit community ministry to becoming Interfaith Community Liaison in the executive branch of county government. It concludes with a set of lessons learned.

***Keywords*:** moral conscience, social justice, interfaith, beloved community building, human services

Early Influences and Roots of an Activist Ministry (1941–1962)

I grew up in a religiously conservative home where I remember being taken to funerals at the age of six by my father, who was an Evangelical United Brethren pastor. Missionaries stayed in our home for weeks at a time, showing slides and telling marvelous stories about other countries and cultures. Guest evangelists spoke at nightly services resulting in my being "born again" at the age of eight.

Following the death of my father when I was 13, I became the "man of the house," and our family went on welfare. The struggle included facing discrimination against our college-educated mother who could not get a loan and whose friends took advantage of her trust in negotiating financial arrangements and handling repairs to our home. I went to work at the age of 16; that coincided with my sibling twins going into first grade, our mother going to work, my buying a car, and our family getting off welfare. I worked a 35-hour week through the last two years of high school.

After graduation I went to a small church-related liberal arts school in Le Mars, Iowa, named Westmar College. While working many different jobs, I give credit to the stories of the missionaries visiting our home for my interest in becoming the student advisor and advocate for the first two Black students from Kenya and Mozambique. My surrogate father, Dean George Thompson, was a philosophy professor who gave me the following advice: "If you want to live a rich and fulfilling life, find a cause worth dying for and commit yourself to it."

Divinity School Experiences (1963–1966)

During my college years, I lived with the creative tension between faith and reason. I founded a philosophy club that led me to Paul Tillich and subsequently chose graduate studies at Andover

Newton Theological School (ANTS), part of a consortium of highly rated divinity schools including Harvard where Paul Tillich was a professor.

In 1963 it seemed ironic to be preparing for ministry in a cloistered environment that was required by ANTS. At the risk of expulsion, I organized an alternative model for theological education in the urban setting that included four white seminarians living on the second floor of a tenement in the inner city. The model included community organizing in the Roxbury and Dorchester communities and inviting friends to all-night social events leading to resourceful partnerships developing the Stokely Carmichael Park for children, writing grants, and organizing demonstrations.

Different from the unofficial activities located where I was living, my official student ministry in the upper-middle-class suburban Dover Church was laced with creative tension beginning when the church committee asked me not to live in a highly segregated and impoverished neighborhood. Instead of following their request, I engaged suburban Dover youth with urban youth in the inner-city Columbia Point low-income housing project. I also involved church members in projects serving the inner-city residents and brought Black leaders for seminars and speaking into suburban worship services.

This form of community engagement led to planning the first initiative calling for systemic change outside the South by the Reverend Dr. Martin Luther King, Jr., where I also was part of his security corps. He was affectionally known as "Brother Martin" within the movement, and he became my role model, mentor, and spiritual guide. A pivotal moment in my life came as we were forming our prayer circle following rehearsal for his protection in a subsequent demonstration on the Boston Commons and were instructed in the event of his assassination to unlink our arms and allow the press through to do their job. I, too, had found a cause worth of dying for and committed myself to it. With it came a sense of freedom, responsibility, solidarity, courage, and energy characterizing the rest of my life.

From Divinity Student to Congregational Pastor (1966–1976)

I cried leaving Boston's poorest inner-city neighborhood and felt guilty leaving the Dover Church that had come to embrace my ministry to the point of raising sufficient funds to hire me full-time. I was leaving cherished relationships believing I could accomplish more for the disenfranchised in New Haven.

I had been recruited by the Senior Minister of the New Haven United Church on the Green who knew that the survival of this dying church depended upon its relevance in a troubled city. He was aware of my commitment to creating Dr. King's (1956) vision of the beloved community as well as my ambivalence in joining the establishment. Our negotiation resulted in an agreement that I would be free to develop a mission program with a $50,000 budget and share a $10,000 discretionary account.

While I was nervous and insecure, my anxieties receded in the light of the confidence of the senior pastor, and the small size of the 60+ congregation made it easy to become acquainted.

Within weeks the city was facing rebellion within inner-city neighborhoods, and I was back in my comfort zone working with inner-city leaders—and finding that being white and based at the United Church on the Green were assets in developing resourceful relationships with faculty and students at the Yale Divinity and Law Schools, which helped me become recognized as a credible community organizer.

In initial meetings with the senior pastor, I was told "sincerity is no excuse for incompetence," and learned we were high achievers, shared a common sense of mission, argued constructively, and complemented each other's strengths. We were serving a small congregation of older people who knew they needed to change in order to survive. Being a pastor's son, acquainted with grief and having clinical training, prepared me for enjoying pastoral ministry. By recruiting divinity school students, we created programs that enhanced the life of the congregation and appealed to new members. Many of our accomplishments are noted in Table 1.

Table 1

Community Engagement Activities at the New Haven United Church on the Green (1966-1976)

- Organized and incorporated the Downtown Cooperative Ministry (DCM) to serve as "agents of human empowerment to address the needs of the disenfranchised."
- Organized and led the Churches Act Against Poverty program that was engaged in political advocacy and funded inner-city nonprofits and schools.
- Organized and incorporated the Killiam's Point Conference and Retreat Center, saving an ecological haven on Long Island Sound and serving inner-city youth.
- Organized and incorporated Community Housing, Inc. that bought, renovated, and sold affordable houses to inner-city residents.
- Organized and funded the first hospice in America, beginning with homecare and resulting in Branford Hospice.
- Administered the United Community Nursery School with bilingual staff, full scholarships for inner-city children, and training for staff and parents with the Yale Child Study Center.
- Facilitated the formation of the Black Coalition and empowered it with a grant of $10,000.
- Organized and administered daily noontime prayer services for Peace in Vietnam running over two years.
- Organized and funded a Peace Center that, following the war, was devoted to serving the veterans.
- Organized a movement to fire the police chief replaced by James Ahern; Ahern's community policing initiatives led to his becoming a consultant for the National Advisory Commission on Civil Disorders.
- Coordinated the Memorial Service for the Rev. Dr. Martin Luther King, Jr. on the New Haven Green with public officials, Council of Churches, and Black and Latino organizations, and served as moderator.
- Organized and administered a month-long Black Cultural Festival featuring Black writers, lecturers, musicians, singers, dancers, and artists.
- First religious institution to fund liberation movements in Southern Africa led to advising the World Council of Churches in forming their Program to Combat Racism.
- Organized a network of indigenous community leaders and clergy for responding to incidents of community disruption to neutralize conflict and monitor the police.
- Involvement with the Black Panthers, including testifying in defense of a leader that led a judge to threaten me with jail and anonymous life-threatening messages.
- Aware of phone lines being tapped in the office and home.
- Founding member of the Center for Social Responsibility in NYC and the National Impact Program in Washington, D.C.

Signs of hope within the parish included successfully leading a movement to fire the police chief, incorporating four nonprofits, and hosting daily anti-Vietnam war noontime prayer services for over two years. I was also able to complete my divinity school thesis on the

response of American churches to liberation movements in Southern Africa that coincided with the establishment of the World Council of Churches' Program to Combat Racism.

Like my discomfort with studying in a confined, cloistered divinity school environment led to forming an alternative form of theological education in an urban setting, the revitalization of a suburban church prepared me for my activist role in New Haven. However, I was ready for another bold step that would take me to the Deep South.

United Church in Tallahassee (1976–1979)

The move from a prestigious church on a New England green to an inner-city community center in the Deep South to develop a new church with a budget less than my salary in New Haven seemed ridiculous to my colleagues. I was attracted by 23 individuals believing that "the church exists by mission just as fire exists by burning" (Brunner, 1931, p. 108) along with a promise to invest half their budget in social justice and mission-oriented programs. I shared their countercultural vision and felt equipped to develop an alternative church making an impact in the city and state.

My excitement upon receiving their call was deadened by my wife telling me she wanted to remain in New Haven for teaching the following semester. I received counseling and informed the United Church in Tallahassee that I would be coming as a person who is separated from his wife, and they should turn to other candidates. They responded by sending flowers, wishing us well, and telling me they hoped to minister to me as I would be ministering to them. I was grateful and found being a wounded healer elicited compassion that led me and others to more authentic relationships. It was a reminder of our common need for love that is at the heart and central message of the church. My receiving counseling and being spiritually grounded and present for others greatly benefitted the congregation.

As I entered an overtly racist and ideologically conservative culture, I was confronted by a stranger observing, "you're a Yankee—ain't ya!" The cultural shock energized me and deepened my appreciation of the congregants who chose to share worship space with the World Community of Islam in the West in the Black inner-city neighborhood. We advertised as being an alternative church and the congregation grew with folks I identified as "religious refugees" because they had given up on finding a relevant church. We quickly became the most racially integrated and social justice–oriented church in the capital city of Tallahassee.

I felt honored being asked to offer invocations at events such as a national assembly of women's rights advocates for the Equal Rights Amendment. With subject matter experts in the congregation, it was easy to advance progressive legislation related to migrant labor, gun safety, hunger, and poverty. I traveled throughout the state gaining endorsements from religious organizations.

Strong interpersonal relationships and teamwork led to the creation of the Florida Impact program (https://impactfl.org/) that involved leaders from Christian denominations and Roman Catholic orders advocating for legislation meeting basic human needs and defending human

rights. Achieving legislative reforms meant working with elected officials, staff, and advocates whose positions on issues were often opposite of mine. Within a year, a statewide network was created that impacted state government, and Governor Askew attended our first annual meeting. Witnessing our shared vision of a church balancing love with justice—and being as politically active as we were spiritually grounded—attracted highly resourceful members to chair committees responsible for worship, education, pastoral care, fellowship, social action, and finance—and engaged allies in some cases before they joined the church. Per capita financial support better than doubled New Haven and acquiring our own facility in the second year was amazing. To sustain our 50/50 formula requiring us to spend as much serving others as ourselves meant providing a home for human service programs, including Habitat for Humanity and Planned Parenthood. The subsequent warnings and bomb threats were interpreted as our doing the right thing and in turn drew additional support.

My pastoral and administrative capacities and focus on shared leadership and coalition building helped us accomplish most of our five-year goals in three years. Both the church and Florida Impact were on solid ground. I was being heavily recruited to take a position in Rockville, MD, and felt lured upon learning that a United Church of Christ parish had died—in the sense of giving up its name, church home, and some members—in pursuit of social and racial justice. They were looking for someone with experience in both community and parish ministry to be a co-pastor with the minister of the parish ministry. In addition, I had come to love and envision a new and more promising future with my second wife and her two children after getting married by a rabbi in Tallahassee. Once again, it felt providential to move to Rockville, Maryland.

Rockville United Church (1979–2006)

I was proud of what we had accomplished in Tallahassee, impressed by the commitment of Rockville United Church to promote social and racial justice, and quite confident about being able to balance both community and parish ministries. I had done my homework related to community ministries but was blindsided when I learned that congregants were calling for the resignation of the co-pastor who was primarily responsible for parish ministry. The controversy lasted two years, causing the church to lose members and finances to the point of no longer being able to afford co-pastors. Our consultant provided multiple reasons for the future failure of the church that would thereby threaten the future of congregation's community ministry programs.

That proposition was unacceptable and after agreeing to serve as both a parish minister and community minister, my skills in balancing parish and community ministries was successfully put to the test. We reorganized the parish around the same statement of faith developed in Tallahassee, attracted and engaged highly resourceful leaders (that at one time included sixteen professors, clergy, and seminarians), and hosted community organizations that represented 36 percent of our budget being invested outside the parish.

Since failure was not an option, I took on the dual role of pastor of the church and executive director of community ministries. We made major changes in governance that included forming a Church Council, and the revitalization included annual planning conferences, gaining

unanimous approval for a statement of faith affirming our inclusive and cutting-edge approach to ministry, empowering volunteers, developing a stewardship program embracing community service, providing meaningful worship and education, and developing a cadre of gifted and committed individuals offering exceptional pastoral care.

Rockville United Church expanded its facilities twice to accommodate growth in mission, stewardship, and membership. The incorporation of Community Ministries of Rockville included becoming interfaith, expanding its staff from a quarter-time secretary to a staff of 72 serving a broad spectrum of human need, and exceeding a $2 million budget.

My needs and those of our family to be part of a loving parish community, and my interests in creating a more beloved community, were being met through the balance of parish and community ministries. I enjoyed close relationships with faith leaders, including four Black churches, three Roman Catholic, the full spectrum of Protestant, one Unitarian Universalist, and two synagogues in which I preached and participated in installations and memorial services. My engagement in Rockville City Hall and Montgomery County government led to participating in hiring appointed officials, adding commissions, changing major policies, and funding human service programs.

I felt blessed after seventeen years of building a faith-based human service organization that the budget for community ministries was over $2 million (Kaseman & Austin, 2005). In addition, parish membership was growing and drawing people from four counties, and our space for worship and education had been expanded twice to accommodate membership and mission growth. We ordained nine members into similar ministries and others became ordained in communities they were called to serve. Many of our accomplishments are noted in Table 2.

Table 2

Community Ministries Human Services to Individuals and Groups

Human Service Programs

- *Rockville Emergency Assistance Program (1981)*.
- *Elderly Ministry Program (1983)* engaged teams of trained volunteers to go door-by-door through neighborhoods identifying persons 55 years of age and older to document unmet needs, calling for changes in city and county programs.
- *Manna Food Center (1983*) was created to meet the growing needs of hungry people.
- *The Latino Outreach (1993)* provided vocational and language instruction in basic English for adults and tutors for children.
- *Mansfield Kaseman Health Clinic (2004)* was developed in partnership with Mobile Medical providing healthcare for the Latino community.

Community Advocacy and Coordination Programs

- *Rockville Caregiver's Coalition* was designed to coordinate the services of all nonprofit human service organizations.
- Participation on the *Citizen Advisory Search Committees* requiring candidates for city manager to have experience working with nonprofits and human service programs.
- Participation on a statewide *Maryland Interfaith Legislative Committee*.

Specialized Housing Programs

- Helped develop local *Habitat for Humanity* to engage the faith communities in building and renovating affordable homes.
- *Victory Housing Project*, a model for using church property in developing affordable housing for low and moderate-income seniors and families.
- *Steppingstones Shelter*, made by acquiring the historic Dawson farmhouse in Rockville.
- *Chase House* was the first shelter for men in Montgomery County, made by converting an old bus maintenance garage.
- *Jefferson House* became the first personal living quarters in the county for homeless men graduating from treatment programs.
- *Fireside Apartments in Rockville* consisting of 236 units to serve more low-income seniors and handicapped individuals.
- *Sophia House* for 24 homeless women with breakfasts and dinners provided by faith communities.
- *Safe and Habitable Services* added to Elderly Ministries for residents to remain in their homes by widening doors, building ramps, renovating bathrooms, and changing floor surfaces.
- *McAuliffe House* was a group home for young adults leaving mental health facilities.

Community Building Through Celebration and Interfaith Observances

- *Rockville Ministerial Alliance* utilized monthly meetings addressing self-care and social justice issues by focusing on relationship-building, learning about different faith traditions, and creating interfaith worship services.
- *Interfaith Thanksgiving Services* were designed to embrace faith communities across lines of race, ethnicity, and religious traditions as well as feature music from various traditions and acknowledge public officials.
- *The Annual Martin Luther King, Jr. Observance in Rockville* included a multi-faith resource package of litanies, scripture, poetry, music, and homilies for faith communities to develop their own service observing the life and ministry of the Rev. Dr. Martin Luther King, Jr.

Leadership Principles and Practices Emerging from Four Congregational Experiences

Four leadership traits emerged out of my experiences in Boston, New Haven, Tallahassee, and Rockville.

Independent Thinking, Risk-Taking and Living Comfortably on the Margins

Thinking independently, taking risks, and living comfortably on the margins of society characterized my entire ministry. For example, the Dover Church experience was precedent-setting and confirmed the benefit of thinking outside the box and living with creative tension. The decision to serve the Dover Church was made while I was risking expulsion from ANTS for breaking the requirement of living in a cloistered environment. I pursued my vision for a new model of theological education in the inner-city after the church committee asked me not to do it because I thought it was best for the church.

With the support of the senior minister, I engaged the youth from Dover with youth in a low-income housing project, Dover adults in meetings with indigenous inner-city community leaders that led to developing anti-poverty programs and civil rights demonstrations, and Dover parents with parents from the inner-city to discuss their mutual fears related to school busing.

Thinking outside the box, breaking cherished traditions, facing resignations by church leaders, and enjoying unexpected growth in membership and stewardship validated my vision of

ministry and made me increasingly comfortable living with creative tension and spanning boundaries in pursuit of the beloved community.

Not Accepting "No" for an Answer (Or "Failure Is Not an Option") by Preferring Persistence to Patience and Forgiveness to Permission

My reputation for not taking "no" as an acceptable answer is best illustrated by my refusal to accept a consultant's report on the five reasons that the Rockville United Church was bound to fail: 1) five competing mainline protestant churches existed in same neighborhood; 2) the conditions of neighborhood homes and businesses were on the decline and newcomers were largely Jewish, Roman Catholic, and Pentecostal; 3) Rockville United Church was the least visible of all the churches; 4) the church had inadequate facilities, with no first-floor restrooms and a social hall serving as the sanctuary with uncomfortable metal folding chairs; and 5) decline in membership and stewardship appeared too great to overcome. The prediction of this type of failure was not an option for me.

Throughout the years my colleagues have learned not to tell me something cannot be done because I have a positive attitude, focusing on solutions rather than problems, identifying additional resources, and investing more energy. I have found that having a reputation for proving naysayers wrong and being impatient to the point of preferring forgiveness to permission attracts the people and resources that assure success.

Accepting and Using Conflict as a Given in Creating the Beloved Community

The mission of creating a more beloved community through the United Church on the Green necessarily meant confronting the white power structure embedded in the church, City Hall, Yale University, Chamber of Commerce, and the public schools with the need for radical change. Awareness of the inherent conflict within such a ministry convinced me not to sign a job contract, thereby alerting everyone of my higher calling and keeping me focused on creating the beloved community.

For example, conflict was inevitable as I identified the racist and abusive practices of the police department and developed a network of indigenous leaders in the inner-city neighborhoods and allies in the city power structure who documented abuse. We scanned the police dispatch calls, went to reported trouble sites to monitor police behavior, and some of us spent nights in centers where neighborhood leaders feared a police raid. I was getting through police curfew lines and maintaining effective communication with clergy and reporters.

Within a year, the police chief was fired, and a new chief with a commitment to community policing was installed. The entire process was filled with conflict because the citizenry at large was racist, and the majority favored traditional policing. I was criticized for fomenting trouble, encouraged to get a gun for self-protection, and my home phone and office lines were tapped. It was a small price to pay for promoting systemic change. My credibility grew as a pastor and community organizer, leading to more impactful collaboration with community leaders.

I recognize that using conflict as a means of constructive change, and focusing on creating the beloved community beyond parish lines, is an unusual way for reviving churches, but it works.

Fostering Strong Interpersonal Relationships and Building Strong Teams

The development of a new church in the university, state-capitol town of Tallahassee attracted strong individuals who were largely dissatisfied with traditional churches and wanted to develop a church in their own image that would have a strong impact in the greater community. By the time we had 36 members, three were tenured professors in the religion department, one was a hospital chaplain, another was an ordained minister who served as an educational consultant, and another ordained minister was Executive Director for Florida Common Cause. The congregation spanned the ideological conservative and liberal spectrum, ranging from evangelical to agnostic.

We advertised as being an alternative church that embraced diversity in faith, race, ethnicity, gender, age, and political ideology. A key for attracting and sustaining members was listening, identifying their particular gifts and interests, and engaging them in serving a common mission. It was important to build strong relationships and align their gifts and interests with committees responsible for education, membership, stewardship, social action, pastoral care, and worship.

Community-building retreats identified and affirmed our differences in the context of being a community grounded in love and creating the more beloved community. Our favorite call to worship included celebrating diversity and encouraging teamwork with the following words: "We are different, we are the same. We are separate, we are one. We are a community in love."

Periodically people ask me how I have been so successful, and I have generally responded by saying, "Isn't it obvious that I need help! All kinds of help." I have never seen myself as the smartest person in the room nor the one with all the answers. I see my strength in terms of caring deeply for others and particularly God's favorite people who are oppressed, poor, and vulnerable. My success relates to being spiritually grounded, identifying with people, helping them define their predicament, and connecting their needs with those who possess financial and political resources. I am a person always in need of assistance who is fortunate to work with wonderful teammates committed to a common mission.

Making the Transition from Activist Pastor to County-Employed Interfaith Liaison (2013–2020)

Historical Context

Based on his election platform, the County Executive embraced the emerging diversity of Montgomery County, Maryland, and empowered the Office of Community Partnerships (OCP) to build a strong policy environment with broad community participation aiming to become America's most welcoming community. Special attention was given to the underserved, emerging communities, and neighbors in need. In 2013, I was appointed to the half-time

position of Interfaith Community Liaison (by 2016 the position had grown to full-time along with administrative assistance).

Previously developed advisory groups serving the Latino, African American, and Asian communities were expanded to include the Continental African, Caribbean, Middle Eastern, and Faith Communities as well as the Gilchrist Immigrant Resource Center, Montgomery Sister Cities, Fund for Montgomery, and the Montgomery County Volunteer Center.

I chose the title of Interfaith Community Liaison with the vision of engaging the full range of faith communities, spanning Anglican to Zoroastrian, in creating a more inclusive, equitable, and resilient community. Unlike the other advisory councils that consisted of some 12 to 15 members, I quickly had over 60 faith leaders serving on the Faith Community Advisory Council (FCAC). It meant creating an Executive Committee consisting of the most highly respected faith leaders within their religious traditions who had special skills and experience related to the issues being addressed by various working groups and subcommittees.

The FCAC was unique by including representatives of all races, ethnicities, genders, and faith traditions. Beyond crossing all lines of difference, the FCAC represented the most trusted voices, particularly within the immigrant and marginalized communities. The FCAC also addressed the needs and interests of all communities—and had access to significant resources, including facilities, volunteers, and money. FCAC members frequently had professional credentials and experience equal and superior to their partners in government and that recognition facilitated collaborative relationships.

Creating an Updated Database of Faith Communities

Serving as a county official made it possible for me to partner with Geographic Information Systems (GIS) staff in identifying 767 US faith communities to create a database including their community engagement, availability of space, staff, faith tradition, and contact information. This database, whose user base grew to over five thousand, made it easy for leaders of the FCAC working groups, regional directors, police and all public sector departments, elected officials, and nonprofit executives to collaborate and communicate with faith communities based on zip codes and issues of common interest.

We also developed our own connected website with relevant resources such as a digital map of the faith communities in the database, an annotated interfaith calendar, newsletters, educational videos, and guidelines for respecting different faith traditions. Readers of the related newsletter derived insight and inspiration from spiritually grounded messages addressing social issues. The database was particularly helpful in responding to crisis situations and disseminating resource material related to the 2020 Census and COVID-19. Through the use of faith-related networks, thousands of the hardest-to-reach immigrant and marginalized communities became informed and engaged.

Formation of Working Groups and Subcommittees

The formation of the Executive Committee and the working groups occurred simultaneously in the winter of 2013. They were based on identifying highly credentialed and respected leaders within their faith traditions who had the skills and commitment to lead specific working groups and subcommittees. The outcomes of the initial meetings included the formation of major working groups and committees (several evolving over time):

- Faith Leaders Response Team (FLRT): A coalition of faith leaders, police, Fire and Rescue Services officers, Office of Emergency Management and Homeland Security staff, and Office of Human Rights staff and its Committee on Hate and Violence responding 24/7 to acts of hate and violence.

- Emergency Preparedness Coalition for Emotional and Spiritual Care Volunteers (ESCV): Trained faith leaders, social workers and counselors providing pastoral care for victims of fire, violence, or natural disasters as first responders on 24/7 basis.

- Education Committee (EC): Faith leaders meeting regularly with the Superintendent of Montgomery County Public Schools to enhance quality religious education; assure respect for all religious traditions; and secure an environment free of discrimination, bullying, and harassment.

- Religious Land Use Working Group (RLUWG): Advocates for the unique land use interests of faith communities related to unfair burdens within the planning and permitting process resulting in amending zoning and tax regulations.

- Neighbors in Need Working Group (NIN): Developed "Welcoming Our New Neighbors Resource Guide" for faith communities to serve refugees, asylum seekers, and immigrants.

- Healthcare Committee: Developed inter-organizational partnerships featuring wellness-oriented systems of prevention, health maintenance, patient-centeredness, and integrative healthcare.

- Hunger Reduction Committee: Raised awareness of the harsh reality of hunger, gained collaboration among principal hunger-related programs leading to a five-year Food Security Plan, and created a digital map of exemplary faith-based programs and communities of greatest need used for developing hubs to provide food throughout the pandemic.

Informal Networking "Behind the Scenes" of the Work Groups

In addition to the formation of multiple collaborations and related programs, behind-the-scenes confidential conversations were critical to the success of interfaith community-building.

Responding to community issues as well as proactively advocating for governmental attention are at the core of 24/7 informal networking with leaders in both the public and nonprofit sectors. This section includes examples of "behind the scenes" responses to community harassment, welcoming asylum seekers, responding to hate violence, securing houses of worship, and maintaining community-wide communications through a newsletter.

Turning Fear into Appreciation

At a time when the Muslim community was increasingly harassed and under suspicion of terrorism, the Imam and President of the Board of a mosque called me because a family reported a missing member who was feared to be in police custody. I called an assistant police chief who said the person was not under arrest by county police and that he would check with other security offices. He understood the importance of handling the case prudently and within hours reported the man had been arrested by the FBI for stealing a truck and intending to kill people. I think the trust implicit in the relationships between the faith leaders and police, and the FBI learning of this man's honorable reputation within the mosque, contributed to his being transferred to a mental health facility with limited publicity. The outcome preserved respect of the man, his family, his mosque, and the Muslim community. It also led to the chief speaking during Jum'ah Prayer and police being increasingly invited to share in their youth and other programs.

Facilitating Countywide Welcome

A minister called saying his church was having a press conference at 11 am the next day to welcome an asylum seeker and provide her sanctuary. He hoped I could arrange some semblance of support from county government. Within hours the county executive authorized me to welcome and assure her and her three children of his support. I called the president of the County Council, who sent a letter for me to read commending the asylum seeker for her courage and pledging support on behalf of the Council. I talked with the chief of police, who instructed the commander of her district to provide security and me to reassure the church that our police would be providing protection within the jurisdiction of county law. I talked with the director of the Department of Health and Human Services (DHSS), who asked me to extend her welcome and ensure the asylum seeker support for her and her children. The press was able to report that county officials and faith communities were united in affirming fundamental human rights at the core of religious faith and American values.

Solidarity with the Muslim Community

Hate and violent incidents increased by 42 percent in Montgomery County according to police records (described to me verbally) the week after the inauguration of President Trump. After the President's Muslim ban, I heard from and about Muslim women being afraid to be seen in public wearing the hijab and children being afraid of going to school. I was encouraged to have the county executive voice solidarity with the Muslim community. Instead, I arranged an off-the-record meeting with Muslim leaders in a mosque where county and state officials could listen to their needs and interests.

The officials included the county executive, County Council, state's attorney, county attorney, county sheriff, chief of police, superintendent of schools, director of the DHSS, and representatives from the State Senate and House of Representatives. Forty-some imams, board officers, and leaders of the Montgomery County Muslim Foundation and Council were seated around a table where everyone could see each other and feel equal. The county executive underscored the invaluable contributions that the Muslims were making to Montgomery County, acknowledged the presence of Islamophobic rhetoric and action, and asked for assistance in learning about the needs and interests of their community. The Muslim leaders expressed special interest in working more closely with the police, public schools, and county DHSS.

Follow-up meetings were held with the chief of police and his assistant chiefs to develop a program whereby the police department received training related to the beliefs and practices of the Muslim community, the first Muslim chaplain was appointed, and meetings with police were held in several mosques. Similarly, meetings were held with the school superintendent and his deputies resulting in the Parent Academies, designed for orienting parents to a partnership with the school system, being moved from public schools to mosques, which was the preference of the Muslim community.

Another summit of Muslim leaders was held to hear and critically review progress and establish next steps. Two years after the initial summit, the county executive and council president signed a joint "Statement of Solidarity" in a mosque. The listening, learning, and leading approach had formed trusting relationships and produced institutional reforms that made the Statement of Solidarity credible. Replicas of it were presented to the Muslim leaders for posting in their offices.

Security for All Houses of Worship

The county executive called for a press conference in response to bomb threats of two Jewish day schools and asked me to bring faith leaders and speak on behalf of the interfaith community. Over 80 leaders spanning Anglican to Zoroastrian came to the Jewish Community Center and found more security barriers and systems in place than most had ever experienced. The Jewish Community Relations Council and Federation had been receiving county security grants for many years and during the press conference, the county executive announced an additional six-figure grant would be released immediately for further enhancing security for the Jewish community.

I called a colleague in the office of the county executive immediately after the meeting, saying we needed a supplemental grant program for all houses of worship. I talked with members of the County Council the next day, who agreed that similar resources should be available for all faith communities. Within several months master plans were being developed for faith communities free of charge, and in excess of $300,000 was granted for implementation.

Lessons Learned from Informal Networking

Public Officials. Most elected public officials share the same values and commitment to public service as faith leaders and readily recognize and appreciate the resourcefulness of faith communities in achieving common goals. Becoming a public official provided me with respect and authority that facilitated highly productive and mutually satisfying partnerships.

Success in working with public officials depends upon building credibility through honest, transparent, and mutually beneficial relationships. Nothing can replace relationships of trust characterized by sharing cell phone numbers and being able to talk off the record in terms that include constructive criticism.

Faith Leaders. Faith leaders are naturally concerned about basic human needs and social justice, and meetings with high-ranking officials and subject matter experts can lead to remarkable achievements drawing upon the joint resources of government, nonprofits, and faith communities.

The experience of every working group and committee, community forum, and interfaith vigil demonstrates strong interest in crossing lines of difference and celebrating the richness of their diversity. The evidence is found in a volunteer mailing list of over 5,000, engagement of hundreds welcoming immigrants, development of a 5-year plan for ending hunger in the county, extended multicultural dialogues on racism, the development a community-centric model for policing, and the hosting international delegations for learning how we create social cohesion and public safety.

Lessons Learned from This Life-Long Journey

There are many lessons that can be drawn from this life-long journey of an activist pastor. They include the following: a) use of a wide-angle lens to view human behavior within the social environment, b) the powerful influence of the Rev. Martin Luther King, c) engaging key leaders and audiences throughout the community, d) making the transition from a congregation-based activist pastor to a community-based community pastor, and e) exploring personal self-reflections over a lifetime (see Acknowledgements).

Use of a Wide-Angle Lens

Upon reflection I can see that I tend to view human behavior and the social environment with a wide lens. Such a lens enabled me to balance parish needs with community needs, love with justice, and political engagement with spiritual grounding. It has meant living with creative tension (risking expulsion from a theological school, facing calls for termination, tapping of my phone lines, life-threatening calls, and being arrested). Yet, every church grew in mission, stewardship, and membership, and nonprofits grew in their capacities to serve human needs and promote human rights. The vision of creating working groups with highly credentialed and respected faith leaders working with county officials has led to changed laws, altered policies, and increased funding for programs advancing racial equity, welcoming refugees, improving

community policing, responding to acts of hate and violence, and otherwise creating a more compassionate, inclusive, and resilient county.

The Impact of the Rev. Dr. Martin Luther King (Speaking Universal Truths on Behalf of All Humanity)

The Rev. Dr. Martin Luther King, Jr. had a greater influence on my life and ministry than anyone else because he was spiritually grounded and throughout his life, ministry, and death, he demonstrated the power of love to be far greater than all forms of loveless power. The seeds of being drawn to him were planted by my father whose ministry embraced conscientious objectors, migrant workers, African and Native Americans, and faith leaders of different traditions. My experience of being on welfare has also sustained my empathy toward all who needlessly suffer in a world of plenty.

The sense of community that I found in the Roxbury neighborhood (augmented by training in nonviolence and community organizing as well as engaging in demonstrations) motivated me to develop an alternative model for theological education grounded in the spirituality of Jesus, Gandhi, and King. It was humbling and a blessing to become friends with the parents and children suffering under the yoke of systemic racism, and to work with them in bringing "Brother Martin" to address the media from the front steps of their school.

Like many others in the Civil Rights Movement, I experienced something of the same freedom from fear in the face of threats along with a genuine desire for restorative justice rather than revenge. Brother Martin Luther King continuously reaffirmed his undying belief that "unarmed truth and unconditional love will have the final word in reality. This is why right temporarily defeated is stronger than evil triumphant" (King, 1964, p. 106). Continuing to share his belief makes it possible for me to continue standing and embracing arms to sing. "We shall overcome" (Bobelsky, 2014, p. 1) and believe it.

Engaging with Key Audiences

I had the vision that organizing faith leaders and developing partnerships with county officials would maximize the effectiveness of county government in meeting human need and expanding human rights. These partnerships called for the tools of effective advocacy that require solid research. It was important to be in command of the issues, engage the hierarchy of faith traditions, and host strategic town halls and conferences. By virtue of my ecclesiastical standing and reputation within the greater community, I was able to engender trust across faith traditions that led to engaging them in serving both their needs and interests and those of the greater community.

My experience as a pastor, community minister, and executive of an interfaith nonprofit contributed significantly to serving as the interfaith community liaison. I understood that most faith leaders had neither studied world religions nor met colleagues of diverse faith traditions. I knew that many (particularly those serving immigrant, minority, and marginalized communities) were neither trained, experienced, or comfortable in working with public officials. It was

helpful, therefore, to be a "reverend" who could listen appreciatively to their stories. It was by developing trust one-by-one that they could move out of their comfort zones, meet with public officials, and work on common needs and interests with different faith leaders.

My approach was to lead by example. It meant being nonjudgmental and trusting the process by which working together and getting to know "the other" would change perceptions. I was impressed by the courage and wisdom of faith leaders stepping into new roles. In some cases, their engagement with government officials and different faith leaders drew criticism from their members and boards. Their commitments were sustained through valuing personal relationships and being part of a working group or partnership with public officials that served them, as well as the greater community.

I think the dynamic by which strangers, and assumed adversaries, became teammates deserves special recognition. The lives that were transformed and the relationships that crossed all lines of difference may prove to be of greater significance than the achievements of the working groups and committees.

Making the Transition from a Congregation-Based Activist Pastor to a Community-Based Interfaith Community Liaison

My roles as pastor, executive director of nonprofits, and interfaith community liaison were highly complementary because I was following the mandate of the Christian gospel bidding me to promote love, justice, and righteousness (traditionally known as the Kingdom of God). Serving in the tradition of the Protestant reformer John Calvin, I understand elected officials are like clergy in holding a sacred trust, and the separation of church and state exists to preserve the freedom of the church in fulfilling its responsibility in holding public officials accountable for preserving human rights and administering justice for all.

My engagement with public officials led to being known as "the conscience of the community" and "chaplain." Being respected as a pastor and able to offer personal counsel strengthened relationships and led to influencing changes related to official job descriptions, policies, budgets, and zoning codes. In a similar way, my public ministry informed my parish ministry by enhancing worship, empowering lay leaders, strengthening educational programs, improving pastoral care, expanding the organization's mission, increasing stewardship, and expanding membership.

Reflecting on Doubts, Missed Opportunities, and Unexpected Roadblocks by Keeping an Eye on the Prize by Building Upon One's Strengths AND the Strengths of Others

I learned that doubts, self-criticism, and facing trauma inextricably strengthened my faith and made me a stronger pastor, community minister, nonprofit executive, and public official. My theological mentors set me on the path toward a mature faith by linking doubt and courage with faith as well as looking directly into the face of evil and death with the capacity to love, dream, and create the beloved community.

The integrity of love will always be more important to me than the purity of doctrine. My parishioners knew it was more important to be living with questions than presuming to have all the answers. The churches grew because members knew they could raise critical questions; enjoy friends of different beliefs, genders, races, ethnicities, sexual orientations, and ideologies; deepen their spirituality; and improve the quality of life within their greater community.

The advantage of self-reflection is evident in my continuous search for improvement. Our staff knew that regardless of how well anything had been done, weekly staff meetings would include a critical review of every program noting how it could be improved next time. Surveys of programs and worship services were common as were annual evaluations of programs and staff.

Highly resourceful members were attracted by the opportunity to work collaboratively in parish and community ministries. The balance of parish and community, love and justice, and political engagement and spiritual grounding attracted people who had given up on the church. They expanded their understanding of faith-based involvement through training and mentoring in such areas as strategic planning, nurturing volunteers, leading meetings, managing conflict, and providing pastoral care. Many credited their engagement with keeping them in a faith community and advancing in their professional careers. Prior members of religious orders, chaplains, seminary professors, and students were among the resourceful new members whose engagement empowered both parish and community ministries.

In summary, my self-doubts, critical reflections, vision of the beloved community, and high expectations led to a shared sense of ministry and close relationships through which my colleagues, parishioners, and elected officials reportedly grew as much personally and professionally as I did. I am a blessed man moving into an open and promising future.

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References

Bobelsky, V. (2014). The complex ancestry of ‘We Shall Overcome’. *Choral Journal, 54*(7), 26–36. https://acda-publications.s3.us-east-2.amazonaws.com/choral_journals/BobetskyFeb14.pdf

Brunner, E. (1931). *The Word and the World*. Charles Scribner.

Kaseman, K., & Austin, M. J. (2005). Building a faith-based human service agency: A view from the inside. *Journal of Religion and Social Work, 24*(3), 69–91. https://doi.org/10.1300/j377v24n03_05

King, M. L. (1956, August 11) [Speech Transcript.] *The birth of a new age.* Stanford University, The Martin Luther King, Jr. Research and Education Institute. https://kinginstitute.stanford.edu/king-papers/documents/birth-new-age-address-delivered-11-august-1956-fiftieth-anniversary-alpha-phi

King, M. L. (1964). The Nobel Peace Prize acceptance speech. In Adams, R., *Great Negroes Past and Present* (pp. 106–107). Afro-American Publishing Company.

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Why Don't We Self-Reflect on the Small Encounters? A Question Posed by a Japanese Student during a Multicultural Field Placement

Saori Yamashita and Nada Eltaiba

Abstract: This paper illustrates my (Yamashita's) critical self-reflection as a female social work student from Japan living in Australia while conducting my first placement in an organisation that provides refugees and asylum seekers with holistic mental health support. The self-reflective process on a small miscommunication enabled me to learn lessons and identify strengths as a future social worker by unpacking the influence of my own cultural background. The main implication of this paper is that, particularly in the multicultural setting, applying self-reflection and self-critique even to small encounters enables social workers to grow as professionals.

Keywords: critical self-reflection, refugee, cross-cultural practice, supervision

Working in a cross-cultural setting is exciting but complex and requires additional skills and knowledge for effective social work practice. Self-reflection is an important process for social work students and practitioners, especially those working in such a setting (Furman et al., 2008). Reflecting on their personal upbringings, cultures, and privileges both in positive and negative ways leads to improving their practice by developing critical consciousness. In this paper, I (Yamashita) would like to present the importance of applying the process of self-reflection and self-critique to seemingly insignificant encounters to achieve progress in professional development. This is a lesson learned in my first field placement, with my Japanese upbringing's value of harmonisation being a significant factor in the facilitation of this self-orientated learning.

My first placement as an MSW student from the University of Western Australia took place in an organisation that provides refugee survivors of torture and trauma with holistic mental health services. I was assigned to work in the community development team for three months. This was a privileged opportunity for me since I have been passionate about supporting refugees and asylum seekers since I was a teenager. When I was in high school in Japan, my world was turned upside down when a Burmese refugee guest speaker shared with students his experience of being jailed and tortured because of his engagement in democratic activities in his country. His speech also revealed hardships of settling in Japan as a refugee due to issues such as systematic and social discriminations. As a naive young woman, born and raised in an upper-middle-class family, I couldn't hold back my tears when listening to his story. I was shocked that I did not know about such pain and suffering being experienced by refugees and asylum seekers living in Japan; I developed a sense of responsibility and passion for supporting people like him and was inspired as an individual by his resilience and strength.

Meanwhile, I was worried about whether I could interact with people from refugee backgrounds in an appropriate way. This thought came particularly from the understanding that treating

refugees and asylum seekers with disrespect may result in re-traumatisation (Deljo, 2000). Kaplan (2020) addressed that this is because humiliation and degradation are widely experienced by refugees as the consequences of persecution and severe human rights violation. Furthermore, my limited experience of interacting with refugees and being unfamiliar with their cultural background were also reasons for my lack of confidence.

Prior to recounting my self-reflective story at the placement, I believe that it is essential to explain my background and main cultural roots. Now in my early thirties, I moved to Perth as an international student in 2018 from a metropolitan area of Japan. Although I lived in California, USA, for six years in my early childhood and enjoyed working in a multinational business environment in my mid-twenties, the experience of living in Japan for more than twenty years formed my core values, thoughts, and behaviour. My primary focus in terms of interpersonal relationships is to harmonise with others, which is said to be the value prominent in Japanese culture. In order to harmonise and maintain the connection with others, I unconsciously developed self-critical tendencies (Heine et al., 2000), which will be illustrated in the following narrative.

On Fridays, the placement organisation hosted women's gatherings to rebuild their self-esteem and to facilitate the healing process of females with refugee backgrounds. Part of my role as a student was to participate in this community group. An event occurred while I was providing participants with some refreshments. A lady from a Middle Eastern background approached me, looked at me, and pointed with her thumb to a bag of doughnuts which was close to where I was standing. As I immediately interpreted her non-verbal communication to be that she wanted some doughnuts, I gave some to her and was then about to throw the bag away. In a sudden move, she picked up the bag before it reached the bottom of the bin. I was surprised and quickly realised that the lady had wanted the bag, not the doughnuts. She then started to fill it with food to take back home. Her action hit me straight away, made me feel guilty, and I responded with an apology, to which she replied with her own apology, saying: "Sorry, my English is bad."

Several days later, I shared this story with the external supervisor during our meeting. Surprisingly, my supervisor (co-author Eltaiba) seemed to be impressed with the story and the fact that I had brought it to her attention. In order to have a rich learning experience, she encouraged me to explore my thoughts and underpinning values. Thanks to her suggestion, I was able to not only learn lessons for future practice but also identify my professional strengths formed by my Japanese background.

Lessons Learned

Looking back at the reason why I misunderstood that the lady wanted a doughnut instead of a bag, my assumption was based on my insufficient understanding of the refugee's situation, especially around food insecurity. I had a bias that refugees arriving in Australia are less likely to face food shortages because they receive sufficient financial assistance from the federal government to fulfil their physical needs. Seeing the woman act to take the food was surprising to me. When I talked about this with my supervisor, I became aware that people who go through refugee experiences will likely face food shortages even in a resettlement country. This was

confirmed by various literature. According to research conducted to reveal the food insecurity of refugees living in Western Australia, 70.5 percent of them ran out of food the year before, which was significantly higher than the general population at 5.2 percent (Gallegos et al., 2008). Refugees' food shortage is said to occur because of multiple barriers such as transportation, language, and the new shopping environment (Hadley et al., 2007). Sending money to family members back home and paying for health care costs due to not having health insurance further limits money available to purchase food (Nunnery & Dharod, 2017). Self-reflection on this misunderstanding allowed me to acknowledge my bias towards refugees living in Australia and understand more about their situation.

Furthermore, I have understood that being genuine is an important element in emotionally connecting with clients with refugee backgrounds. For me, saying "sorry" is a natural verbal reaction to build a relationship based on trust. This is because the practice of *sumimasen*, the Japanese expression of apology, has multiple functions and the exchange of sumimasen is the ritualised formulate that facilitates and sustains everyday face-to-face interactions in Japan (Ide, 1998). This differs from the Western perspective which insists on protecting an individual's autonomy and defines apology as behaviour accompanied by justification and liability (Wagatsuma & Rosett, 1986). I had authentically and spontaneously expressed my feeling of sincere apology when I realised my misunderstanding. Upon seeing the lady's generous response with a relieved smile, I had understood that she recognised my act as genuinely caring and so recognised my willingness to maintain a respectful relationship with her. I came to learn that such an attitude is especially important for those who have experienced trauma as they are sensitive to surrounding people's emotional and cognitive states. Herman (2015) stated that a traumatised individual "scrutinizes the therapist's every word and gesture" (p. 139) as part of their defense mechanism. Social workers' genuineness is, therefore, an important quality to build an emotional bond with clients.

Identified Strengths

The biggest question regarding this exchange is "Why did I interpret this as a serious event?" This event can be seen as just a small miscommunication, which is neither a failure of the lady nor me. Nonetheless, I instantly blamed myself, thinking "What a terrible thing I have done!" and was conquered by feelings of guilt. The exploration of the rationale for feeling guilty enabled me to realise that this is greatly influenced by my Japanese background. From this, I found that the aspect of myself to question my internal framework can be identified as not only a personal strength but also a professional strength, an especially important skill in a role that involves service to marginalised and vulnerable people.

Unconsciously capturing the power imbalance between the lady and myself was the first reason why I felt guilty. I had realised that I was in the position to control the resources in the community gathering and able to influence her condition. Responding inappropriately to her request in such a situation made me feel uncomfortable, which led me to quickly redress such an imbalance by apologising. Yamagishi (2014) mentioned that Japanese people are apt to feel guilty when they sense disequilibrium in an interaction between oneself and others, which is suggested to be interrelated with Japanese culture. Being attentive to a power imbalance

between clients and social workers is an important skill. Japanese aspects of myself enabled me to unconsciously fulfil the Australian Association of Social Workers' (2013) *Practice Standards* requirement for social workers to "Critically [reflect] on the role of social worker paying particular attention to power imbalances" (p. 14).

In addition, empathising with the lady's feelings through the sensitivity I have developed in Japan was another reason for the feeling of guilt. When I realised that I had reacted in a way which is different from the lady's expectation and saw her non-verbal reaction, I thought that I had possibly made her feel hurt or embarrassed. I believe the Japanese literacy education, *kokugo*, greatly contributed to me making such an assumption. Kokugo focuses on in-depth identification and exploration of main characters (Takayama, 2018). Gerbert (1993) addressed that "*kokugo* textbooks often invite the child to imagine the feelings of another and to merge his or her identity with that of the character" (p. 161) whereas American textbooks facilitate the child to objectively analyse the situation. Almost 10 years of kokugo education enabled me to nurture a skill to place myself in the client's world and feel from her perspective by paying attention to detail. Empathy is clearly one of the central skills for social workers to build an effective therapeutic relationship with clients (King, 2011). Identification of the clear alignment between important skills as a social worker and my Japanese background made me confident to pursue this profession.

Conclusion

In conclusion, self-reflecting on seemingly small events, such as a minor misunderstanding, in the cross-cultural setting can expand and enrich social work students' and practitioners' learning opportunities to grow as professional workers. By reflecting on the minor miscommunication that occurred during the placement, I was able to gain valuable lessons about the experience of refugees and how to establish an emotional bond with them. Furthermore, I have identified my strength of being sensitive to power imbalance and others' feelings for my future role as a social worker. I appreciate my core value of harmonisation derived from Japanese culture as a positive driver for being self-reflective even in such a small event. Although social pressure to harmonise in Japan sometimes made me feel stifled, I have realised that my background provides me with advantages to practice effectively in the social work field. In order to be committed to lifelong self-reflective and self-critique processes, I would like to remain attentive to the potential significance of subtle errors in interactions, especially in the multicultural environment.

A couple of weeks after the event, I was packing up the venue on my own after women's group participants left. One lady came back by herself, saying in a low voice "May I have a plastic bag?" Learning from the previous experience, I immediately understood that she wanted a bag to take some leftover catering back home. I gave her a bag with a humble smile and an accepting response. After expressing gratitude, the lady filled the bag with food, pushed it to the bottom of her handbag so that no one could see it, and left the venue. This happened a couple more times on subsequent days with different participants. Realising that they were comfortable sharing with me their vulnerable aspects, which they may not be willing to show to others, made me feel more confident. I felt that they were starting to have a trust in me and that they considered our

relationship to be a safe space. For the very first time, I felt a sense of achievement as a practicing social worker.

References

Australian Association of Social Workers. (2013). *Practice standards*. https://www.monash.edu/__data/assets/pdf_file/0018/1063314/aasw-practice-standards.pdf

Deljo, A. K. (2000). Refugees encounter the legal justice system in Australia: A case study. *Psychiatry, Psychology and Law*, *7*(2), 241–253. https://doi.org/10.1080/13218710009524991

Furman, R., Coyne, A., & Negi, N. J. (2008). An international experience for social work students: Self-reflection through poetry and journal writing exercises. *Journal of Teaching in Social Work, 28*(1–2), 71–85. https://doi.org/10.1080/08841230802178946

Gallegos, D., Ellies, P., & Wright, J. (2008). Still there's no food! Food insecurity in a refugee population in Perth, Western Australia. *Nutrition & Dietetics*, *65*(1), 78–83. https://doi.org/10.1111/j.1747-0080.2007.00175.x

Gerbert, E. (1993). Lessons from the *kokugo* (national language) readers. *Comparative Education Review*, *37*(2), 152–180. https://doi.org/10.1086/447180

Hadley, C., Zodhiates, A., & Sellen, D. W. (2007). Acculturation, economics and food insecurity among refugees resettled in the USA: A case study of West African refugees. *Public Health Nutrition*, *10*(4), 405–412. https://doi.org/10.1017/S1368980007222943

Heine, S. J., Takata, T., & Lehman, D. R. (2000). Beyond self-presentation: Evidence for self-criticism among Japanese. *Personality & Social Psychology Bulletin*, *26*(1), 71–78. https://doi.org/10.1177/0146167200261007

Herman, J. L. (2015). *Trauma and recovery*. Basic Books.

Ide, R. (1998). 'Sorry for your kindness': Japanese interactional ritual in public discourse. *Journal of Pragmatics*, *29*(5), 509–529. https://doi.org/10.1016/S0378-2166(98)80006-4

Kaplan, I. (2020). *Rebuilding shattered lives: Integrated trauma recovery for people of refugee background* (2nd ed). Victorian Foundation for Survivors of Torture, Inc.

King, S. H. (2011). The structure of empathy in social work practice. *Journal of Human Behavior in the Social Environment*, *21*(6), 679–695. https://doi.org/10.1080/10911359.2011.583516

Nunnery, D., & Dharod, J. (2017). Potential determinants of food security among refugees in the US: An examination of pre- and post-resettlement factors. *Food Security*, *9*(1), 163–179. https://doi.org/10.1007/s12571-016-0637-z

Takayama, K. (2018). How to mess with PISA: Learning from Japanese *kokugo* curriculum experts. *Curriculum Inquiry*, *48*(2), 220–237. https://doi.org/10.1080/03626784.2018.1435975

Wagatsuma, H., & Rosett, A. (1986). The implications of apology: Law and culture in Japan and the United States. *Law & Society Review*, *20*(4), 461–498. https://doi.org/10.2307/3053463

Yamagishi, A. (2014). Four types of guilt and guilt in the Japanese. *Pásonariti Kenkyú*, *22*(3), 213–225. https://doi.org/10.2132/personality.22.213

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Reflections on the Loss of My Grandson: How Life Events Change Social Work Practice

Ann Gantt and Geoffrey Greif

Abstract: This firsthand account sheds light on my (Gantt's) experience as a grandmother and former victim advocate who lost her young Black grandson at the hands of another young Black male. I was a school social worker at the time. In this piece, I and second author Greif describe how I received support from colleagues and clients. My experiences have made me a better social work practitioner as I work to make meaning of my loss.

***Keywords*:** Black males, homicide, gun violence, grief, loss

Introduction

This article is dedicated to the memory of the first author Gantt's beloved grandson, DeVonte.

The inaugural issue of *Reflections: Narratives of Professional Helping* published an article by Agathi Glezakos (1995) who described arriving at her dying mother's bedside too late. Her grief was abated over time by providing for a female client, who reminded her of her mother, what she could not provide her own mother. In essence, she had the opportunity to work through her guilt and sadness in an adaptive way. Twenty-seven years later, in this same journal, Clary and Hernandez (2022) advised social workers to practice self-care in light of the COVID-19 pandemic. They wrote, "I witnessed many colleagues reach—and some surpass—their breaking points, needing to take multiple days off to take care of themselves and reset" (p. 9). These parallel narratives collectively express the opportunities and the struggles that social workers often face. Glezakos (1995) had an opportunity to take care of herself following a death and Clary and Hernandez (2022) want social workers to practice self-care to minimize the impact of the pandemic and future traumas.

Social workers, like many helping professionals, not only have to take care of people in extremis but must manage their own reactions to what they are witnessing, especially if it resonates with their own experiences as it has for many with the COVID-19 pandemic (Davies & Cheung, 2022). The last few years may have been especially difficult for social workers of color. Ross et al. (2022) found that social workers of color experienced more significant concerns during COVID than White social workers. Lipscomb and Ashley (2020), two Black social workers, described the enormous pressure they felt providing clinical services in 2020 while experiencing the simultaneous stress of COVID and racial protests.

Coping with tragedy and death, as Glezakos (1995) did, unfolds over time and takes many forms. These can include integrating aspects of the deceased into one's identity, keeping the deceased alive through memories, and finding meaning in the loss (Knight & Gitterman, 2014). In working with the bereaved in a group context, Knight and Gitterman (2014) extol the value of mutual aid where people can learn from each other's experiences and give and receive from

each other in ways that do not unfold with individual treatment. Boss (2006), in writing about trauma and resilience, wrote about the search for meaning: "It means that one can eventually find some logic, coherence, or rational reasoning about what happened" (p. 74). How one socially constructs oneself can be key to coping with death; who one is as a person is a reflection of one's interactions with others. Social workers help clients make meaning out of their losses and may call upon their own resources to make meaning when they experience a loss.

As a social worker who has practiced for more than thirty years, I have helped many individuals and families who experienced a tragedy. However, despite my skills and training, I was not prepared when a tragedy landed in my own backyard. That phrase carries both figurative and literal meaning for me. On January 4, 2015, my 22-year-old grandson DeVonte was shot. Shortly after, he was found deceased in a nearby backyard. He was a young Black male, and he was murdered at the hands of another young Black male.

After a period of turning inward to process the deep pain that I was experiencing, I had a desire to turn outward and to use my experience to help others in some way. Eventually, and it has taken years, I chose to make meaning of his death by sharing my story with other practitioners. My hope is that by sharing, social workers would be better able to help others experiencing a similar situation … whether they are a client, a colleague, or themselves.

Background

But it is not only my own journey that prompts this writing now; it is what we see every day in the news with gun violence. When I look at the following statistics, I know my personal experience is not unique. "Homicide is a leading cause of death for young people in the United States aged 15–34, but it has a disproportionate impact on one subset of the population: African American males" (Sharkey & Friedson, 2019, p. 645). The Centers for Disease Control and Prevention listed homicide as the leading cause of death in 2017 (the most recent year that these data were available) for Black males ages 15 to 34 (Heron, 2019). This was higher than for the comparable groups of White males, Black females, and White females. According to the Violence Policy Center (2020), the homicide rate for Black male victims in 2017 was 37.32 per 100,000 as compared to 4.45 per 100,000 for White males. Furthermore, statistics from the FBI et al. (2019) reveal that young Black males are most often murdered by another young Black male.

The Shooting

On Sunday, January 4, 2015, my day began as usual. I attended church service. (In her research, Boss, 2006, found spirituality can help with coping.) That evening, while at home, my youngest daughter and I were reminiscing about the holiday break. It was so joyous for me. I gave gifts to many of my family members. I also delivered gift donations to many families with whom I was working. As a school social worker, I was off for the holiday break and was to return the next morning. Then we heard on the news that a shooting had occurred in our city. I shudder when I remember the fast-moving footsteps down the stairs and the shrill voice of my daughter who exclaimed, "It was DeVonte. DeVonte is dead." As happens so often, she became aware because

of a post on Facebook. Immediately, we left the house to figure out what had happened. After spending some time going to different hospitals and then to the police station where we were joined by many others, the police confirmed that it was DeVonte. The confirmation was given first to his mother (my oldest daughter) and me while we were upstairs in a separate room. I then had to go downstairs to bring up his siblings. Although very difficult, I did not allow my facial expressions to reveal this heart-wrenching news until they had the chance to get upstairs and have the solace of their mother. However, on the inside I had already begun to wail.

A very long and sleepless night followed for me. I wanted to get to my elderly aunt to tell her the news before she found out by hearing it on television or seeing it in the newspaper. After I gave her the news, we cried together. I felt so sad but also comforted to have the support of the most senior member of my family. I also told DeVonte's mother that we needed to drive in the morning to the state correctional institution where DeVonte's father was incarcerated to break the news to him. I had traveled many times to the prison, but this time the hourlong ride felt like the longest ever. We sat in the waiting area as the guard went to get DeVonte's father. Finally, he came into the room where we were sitting. He looked at us and said, "I know. It is my son." He broke down, triggering us to do the same. The sadness that I felt for him was even deeper because of the physical distance that resulted from his incarceration. I stayed in touch with him throughout the subsequent events, trying to ensure that he had the support that he needed within the prison. He later described how some of the other inmates stood by him. He ended up doing the same for other inmates who later experienced a similar loss. While not a formal group, this is the mutual aid process that Knight and Gitterman (2014) describe when doing group work that can help the bereaved cope with death. A friend whose son was also murdered while he was incarcerated shared a powerful statement with me that validated my feelings about DeVonte's father. He said, "Sometimes society looks at other inmates and says they're losers. In my book, they're amazing people who still have feelings, who actually care." This serves as a reminder that, as a social worker, it is important to find out about and include, in any way possible, family members who may be incarcerated.

Looking back, I remember how excited I was on Christmas Day, 10 days before he was murdered, when I heard from DeVonte's mother that he would be coming to my house to join us for dinner. I rushed to get his favorite foods, especially the macaroni and cheese that he loved so much. He would be bringing along his six-week-old son. I was so happy, and I remember telling him before he left after the family dinner to stay in touch. He replied, "I will, Grandmom." I did not know that would be the last time that I would see him.

The Viewings, Funeral, and Burial

I was the family member in charge of contacting the coroner's office and the funeral home. It was a grueling process as we wanted to see DeVonte's body as soon as possible but could not until certain tasks were accomplished and his body could be released. The day or two that we had to wait seemed so much longer to me. It was a cold winter day when my family and I had the first chance to view him. Despite his mother being an adult now, my maternal instincts kicked in. I felt she still needed to be comforted in a way that only a mother can do. This reminded me how important a mother's role is no matter the age of her child. She was

"paralyzed" in a way and needed to be taken inside the funeral home by wheelchair. In many ways, I felt powerless. Nothing I could do or say would be able to take the pain away. I was jarred with a beginning sense of finality as I looked at DeVonte's body lying still upon the bier.

My family held two public viewings before DeVonte's funeral. Because there was also coverage in the local newspaper, many people attended. It was overwhelming to me to witness the outpouring of love and support. I wondered if DeVonte realized how much he was loved and valued when he was alive. At one of the viewings, a mother who had a son who I was working with at school saw me. She realized that there was a familial connection between her husband and DeVonte. The encounter did not make me feel uncomfortable. Instead, I gleaned from her expression that she saw me in a different light; not just as a helper but also as someone who also experiences difficult events. During my own time standing there in front of DeVonte's body, I could smell what I suspected to be embalming fluid emanating from his body. That smell haunted me for a long time afterward.

I was sitting in the front row at DeVonte's funeral. It was painful to see the grief-stricken faces of all, but especially the young people that were close to his age. Sadly, for many of them, despite their young ages, this was not the first time they had lost a friend or family member to gun violence. My heart still mourns for them. While I was thinking about those friends and family members in attendance, my mind was also on those who were not able to attend. One friend was also shot that night and therefore witnessed the entire event. On this day, he was still hospitalized. I think about how there is no one else in this world who saw firsthand what he did. And then there was also DeVonte's father who, because of being incarcerated, could not be there. I obtained permission from the warden for him to view a recording of the funeral that I had arranged for someone to make. I set this up with DeVonte's father specifically in mind. I also spoke with his counselor who granted permission for him to make a brief phone call to me right after he viewed it. He commented that he could hear us crying on the recording. I was thankful that he had the opportunity to view the funeral though it was difficult to hear the sadness in his voice. As was also mentioned by two of the pastors there, I felt like someone was stolen from us. This was a life gone too soon. All of this happened for a very senseless reason. I still grapple with the question of why. All I can do now is imagine the man DeVonte had yet to become. I looked with deep sadness at his young son who would not even remember his father. DeVonte's children have begun to ask questions. I expect that there will be many more. I stand ready to assist with answering their questions as they arise. I will do so honestly but also in a way that is appropriate for their ages. Since DeVonte's death, I have heard others share that this is their greatest fear—deciding what to say to the children. I share this uncertainty.

The wailing that occurred when the casket was finally closed pierced my soul. I was reminded of the significance of my role as DeVonte's grandmother as I was the first person to speak. I also stood beside his mother as she went up front to share some words. At that time and throughout this experience, I had to be strong for her and others even as I was dealing with my own grief. Sometimes it baffles me that I was even able to be so strong. As we exited the church, the weather was comparable to what I felt inside … cold, rainy, and dreary.

I was quite moved by the responses of DeVonte's friends. Many were willing to lend support from the moment of his murder. Several of his closest friends and family members served as pallbearers. As can be seen in Figure 1, his pallbearers, leaning over his casket, displayed loyalty and camaraderie up until the very end. Watching them, I could not help but think how, as young Black males, they often seem misunderstood. I have been behind closed doors as a social worker with many young Black males with similar life experiences. Despite the tough shell that is often displayed outwardly, many have deep pain and trauma inside. This experience reminded me that they grieve just like all individuals do. I was struggling to make sense of all of this even as an adult. How much more difficult was it for them at such young ages? Losing DeVonte has prompted me to fight and stand up for these young Black males even more.

Figure 1

Pallbearers Leaning Over DeVonte's Casket[1]

[1] The photograph used in this article is purely for educational purposes. The authors do not claim ownership of the image used, and no copyright infringement is intended. All rights go to their respective owners. If you are the photographer and would like the content removed, please contact the journal publishers, and we will comply with your request immediately.

I think back to my first client death as a social worker. I was a graduate student at the time. I remember how I contemplated whether to attend the funeral. This was a family with whom I had a great deal of involvement. I decided to attend. I did not say much, but I was present. Later I learned that my presence was important to them. I was reminded of this when several colleagues attended one of the viewings or the funeral. It meant so much to me. If they spoke to me, I do not remember what they said, but I do remember their comforting presence.

My Own Spiritual Coping

Mancuso (in Alton, 2019) defined *spiritual coping* as

> any form of coping that incorporates what a person holds sacred. Spiritual coping can consist of behaviors (e.g., praying), but can also take the form of thoughts (e.g., remembering that God is by one's side through a crisis), feelings (e.g., experiencing emotional intimacy within one's religious community), or attitudes (e.g., trusting in a larger spiritual plan for one's life). (para. 4)

Growing up as the child of a preacher, spirituality has always been an important part of my life. I am not sure how I would have survived this experience without having my spirituality and faith to draw upon.

For example, on the night of the shooting, while a multitude of people and I were gathered at the police station, I asked those who so desired to come aside with me while I prayed. That prayer was happening at an extremely difficult time. We were awaiting confirmation that DeVonte had indeed died. Yet, I felt a peace come over me even though I did not have an answer. I felt that, despite what had occurred, God had not left my side.

While at the police station, I also called a couple of pastors whom I had known for many years. I did so despite the very late hour. Both responded promptly. I truly felt supported by them on that night and beyond. DeVonte's mother chose one of them to speak at his celebration of life service.

On the morning following the shooting, when I was due to return to work, the first colleague I called was a woman who attended my church and who was also one of the school administrators. We had grown close, and I felt more comfortable sharing the news with her first. I asked her to notify the appropriate personnel and inform them I would follow up later. Because of the relationship we had, I also trusted that she would take care of that for me until I could contact people myself.

Another example of how my own spirituality enabled me to cope was through music. I have always loved and found comfort in songs of the faith. I enjoy songs of worship and praise. The words in many of the songs helped me, as they do still, to get through difficult days. Praise and worship music playing in my house became a constant, whether anyone was at home or not. Upon returning home from a long day of all I had to do following DeVonte's death, the music allowed me to come into an ambiance of peace.

Words from "My Testimony" by Marvin Sapp (2012) have particular meaning for me following this experience:

> So, if you see me cry,
> it's just a sign that I'm
> I'm still alive
> I got some scars, but I'm still alive
> In spite of calamity
> He still has a plan for me
> And it's working for my good
> And it's building my testimony
> (stanza 3)

I believe that part of the plan is for me to share my story with others to enlighten them in a way that can be of help as I am doing through penning this article.

Social and Emotional Support

As social workers, we are accustomed to being the helpers. We can be on the receiving end also.

Support Received from Colleagues

One colleague set up a schedule which enabled others to sign up to provide meals to my family and me. I felt very supported by another colleague who added that I was someone who had helped so many others and encouraged others to now do the same for me—the mutual aid process. This was extremely helpful considering the myriad of things that needed to be done while also dealing with very intense feelings. This support continued on for weeks. Another colleague brought a warm pot of soup to my house. I remember its smell when he came inside my house and gently made his way to the kitchen. His calm presence was so comforting. I'm also reminded of the seemingly small needs that are very appreciated when taken care of by another. For example, a colleague that was on her way to DeVonte's funeral texted me to see if I needed anything. The weather was inclement, and I had forgotten my umbrella. I asked her to bring me one. She instantly replied that she would.

It has been more than nine years since DeVonte was murdered and colleagues still at times make gestures that let me know they are there for me. One colleague has texted me each year on the anniversary of DeVonte's death. I am not sure she realizes how much that means to me. Social workers spend so much of our time reaching out to our clients that we can easily overlook the needs of those who are working right alongside of us (Clary & Hernandez, 2022).

While there have been many instances where I felt supported by colleagues, there have been a few others where that support and empathy felt absent. On one occasion I was in a meeting with members of a student services team. Most, if not all, were aware of my experience. Right before the meeting, a homicide took place in the nearby community. Most present were aware of this. Only one person, a school counselor, checked with me to see if this may have triggered me in

any way. I don't have the expectation that everyone in my workplace should be available to respond to me. But it was disappointing that in a room full of helpers it seemed like only one was in tune. And not just for me, but for the community in which this was unfolding and for our colleagues who worked at the nearby school.

Support Received from Other Professionals

I soon realized that I needed to pursue ongoing professional help for myself. I am grateful that by this point in my career I had learned the importance of self-care and that it was okay for me to seek help. Furthermore, help was necessary if I was going to be able to continue functioning in my personal and professional life. I realized that I needed to fill my own reservoir so that I could resume pouring into others.

Having natural abilities and tendencies as a helper, I am often the one whom others looked toward both inside and outside my family. Following the sentencing hearing, my family and a few family friends gathered to debrief with the prosecutors. My brother declared my role as the matriarch of the family. While humbling, and a position that I do not regret, that sometimes feels like a lonely place. While I am operating from a strong and functional position, others often do not notice my needs. It reminded me that I communicate that to others. Even if I was not able to express my feelings and needs to those in my immediate circle because of the intensity of their grief, I had to let someone know. At many points, I had to remain strong and carry out tasks that needed to be done while others were not able. In some ways, this also delayed my own process of mourning. This was a reminder to me of the importance for social workers and others to provide support in the long term and not just during the immediate aftermath of such a tragic loss as this.

The victim advocate, working on behalf of the district attorney, provided one-on-one support. She also connected me and my family to a monthly support group for families that had experienced the homicide of a loved one. While led by a social worker, we were encouraged to talk to each other, the hallmark of group work (Knight & Gitterman, 2014). Short-term counseling was also provided through that office. I continue with counseling as needed. My colleagues have been godsends and have helped me to process and make meaning of such a horrible experience.

Navigating the Legal System

In my work, I often assist individuals and families with navigating systems with which they are unfamiliar. Following my experience, it was the legal system about which I had to quickly educate myself.

On the same night a vigil for DeVonte was held, a detective offered to walk me through the area where DeVonte was murdered and to explain his theory of how the murder occurred. Initially I felt conflicted about whether to take him up on his offer. However, as difficult as it was, I took the opportunity. It helped me to fill in some of my gaps in understanding.

Others (including DeVonte's mother) have shared with me their uncertainties about how much they were able to handle during court proceedings that involved the defendant despite the need to know and hear certain information. One mother told me, "The worst experience was listening to the coroner on how he died. I couldn't watch the video. I didn't want the last thing that I see is him fall." Although the victim advocate encouraged me and my family to step out while the coroner gave his presentation, I decided I needed to hear what was presented.

Attending court presented another difficult task for me as I was the one in the family who gave the victim impact statement prior to sentencing. I spent days working on it and relied on my personal faith (see Boss', 2006, consideration of spirituality as a coping device) in order to write what I would say to the defendant face-to-face. I did not allow any family member to read it beforehand. So, they all heard it for the first time when I presented it. It seemed that my words were powerful and piercing because, although I was told in advance by the attorney that the defendant may not look at me, he made brief eye contact when I addressed him directly. Also, a friend later reported that the judge appeared moved as evidenced by his body language. I felt satisfied that I had completed the daunting task that was assigned to me.

As a social worker trained in family systems, and as a fellow human being, I am acutely aware that the defendant is also part of a family. This brings to mind a comment I heard from a father whose son was similarly murdered. After meeting the mother of the defendant, he told her, "I'm looking at two victims. We're both victims. Nobody won out of it. Nobody won out of the whole deal." In essence, two families are affected.

Returning to the Work of Social Work

Eventually, it was time to return to work. I remember wondering if I would ever be able to. I tried but was not ready on the first scheduled date. My colleagues recommended an extension of my leave. It was reassuring when several said, "We got this. Take care of yourself."

When I finally returned, sympathy cards littered my desk. After a while I was able to read them and was comforted by the words that were shared. But it was not only colleagues that comforted me. As I walked into a middle school emotional support class to provide a social skills lesson, I was greeted warmly by the teacher and students. With the teacher's guidance, the students made cards for me. I showed one of the cards to my supervisor who was brought to tears even though she told me that she rarely cries. Its author was a student whom many associated only with negative behaviors. His card showed that there was so much more to him as a person, something that resonated for me with my grandson. Another student commented to me, "Let us help you." While being mindful of boundaries, I felt it was important for me to be receptive to their kind gestures as modeling for them how to be open to help can be powerful metaphorically.

I experienced the same kindness from parents. Given that my experience was so public because of the nature of it, many were aware of what happened without me telling them. One parent gave me flowers on a home visit and expressed that she realized I could identify with her own struggles. Through all of this, my heart was filled with gratitude. I was grateful to be seen not simply as a social worker but as a human who also needed love, support, and empathy just like

everyone else. These gestures also reinforced my understanding of the importance of both giving and receiving support. The time that I quietly spent reading these and other cards, emails, and condolences that were posted on the funeral home's website was an enormous help to me. I eventually read each and every one of them. On many occasions they triggered my sadness in a way that brought tears. But I also understood that these expressions by others helped me in my healing process.

Then, as well as now, I must be mindful of the use of self-disclosure. There have been times when it was appropriate to share my experience with the goal of helping the person to whom I was disclosing. On other occasions, it was sufficient that I could just draw from my experience without disclosing it.

In Remembrance

As difficult as it is, I have acknowledged some negative choices that DeVonte made the night he was murdered. Boss (2006) might refer to this as the ambiguity and ambivalence that accompany some deaths and which can make coping with death more difficult. I understand that in order for me to heal, I must acknowledge the truth. I don't mind telling the darker side of the story about DeVonte, as long as I can tell the whole story about DeVonte.

Yet, it is also important to me that DeVonte is remembered for more than just the snapshot of time during which his life tragically ended. There are so many other parts to who he was than what transpired on that tragic night. I am reminded of how he so willingly helped my mother (his great-grandmother) during the later years of her life. He would empty her commode even when some of the adult family members did not want to do that job. DeVonte graduated from the high school where I had previously been employed. On many occasions following his death, people had stopped and given me unsolicited feedback and praise about something he did to help them. All of this reminds me that he was valued.

On the other hand, I remember some of the insensitive and hurtful comments that were posted online about DeVonte after his death. In one instance, I responded online in a polite but direct manner. Some people even tried to attach a negative connotation to DeVonte's nickname, "Slowbucks," as if it was all about money. But, oh, it meant so much more to DeVonte. Slowbucks is a clothing company originating from Queens, NY. Being the man of fashion that he was, the brand was something he really liked wearing. I eventually decided not to respond because there were so many ugly comments. I felt hurt but also angry that others could make comments about someone who they did not know at all. How did they think they had that right? I stopped reading media material for a while.

The year in which DeVonte was murdered was the second deadliest so far in the century for homicides in that county. Eight months after he was murdered, the police chief Keith Sadler held a news conference September 10, 2015, which is no longer publicly available. Of the victims, Sadler said, "No one is going to shed a tear in here." Insensitive comments from the public were one thing. But hearing them from a law enforcement professional took my anger to a deeper level. How cold! His response raised questions inside of me. Would his response have

been different if the victims of the recent spate of murders had not been young Black males? Where was his concern? Did he even think about the mothers, fathers, grandparents, siblings, friends, children, and others who were hearing such a comment? Did he think that the lives of young Black males such as these (and indirectly their families) are worth caring about? As I taught clients throughout the years, I decided I needed to advocate for myself (and my family). I reached out to him to express my thoughts and feelings in a productive manner. He never responded. I wrote a letter to the editor of the local newspaper instead to express my concerns. I included comments about how the detective, contrary to him, responded in a very compassionate and personal manner by offering to come to my home to speak with me. I gladly accepted with much appreciation.

To honor and remember DeVonte's life as well as to support young Black males who are vulnerable to involvement with gun violence based on the statistics shared previously, I have established a scholarship in his name. It is awarded annually to a senior who is graduating from a local high school.

Implications for Practice and Research

As noted by Hudgins (2020), homicide of young Black males at the hands of other young Black males is a topic often marked by silence. Considering this observation and my own experience, several implications for practice and research come to mind. First, social workers are in a prime position to engage with those, like myself, who have this lived experience. I was lucky to be helped by a network of services that included a compassionate detective as well as group support and a victim advocacy system, often staffed by social workers. Social workers can provide opportunities for these individuals (and families) to share their stories when appropriate. I believe there are those that long to be heard. A mother who had lost her son to murder once said to me, "I am really glad that God leads you from your heart to listen so you can know firsthand from the people that experienced the loss of a loved one through gun violence … that you're willing to even just speak out and go places and take our experiences and take how we feel with you so people can hear what it's like." Sharing narratives can be powerful, and the search for meaning-making (Boss, 2006; Knight & Gitterman, 2014) could enable social workers to deepen their understanding of these individuals and their families and develop strategies that meet their needs.

Such strategies must include other children in the family and family members who may be incarcerated (Hurd, 2017). Talking about death with children can help them understand it better. They too should be given a means of expressing loss that is age appropriate. Further, by including DeVonte's father in the community of those who were in pain, not only was he helped, but a potential healing force was unleashed for other incarcerated individuals when he provided solace to them.

While sharing narratives may help the bereaved, we must also work toward prevention. Lindsey et al. (2017) point out that "building positive, trusting relationships with African American boys is vital to their ability to cope with life challenges" (p. 381). As a former school social worker, I know that these relationships must start early in the home, in the community, and in the schools

where we must be on the lookout not only for those who appear to be at risk but for all children. Connections that are made early can sustain people through difficult times.
Research on working with families following a homicide has been ongoing and includes potential interventions for families and in group settings (e.g., Sharpe et al., 2022). Individual stories gained through qualitative research also need to be gathered in a sensitive manner. Talking through experiences can be healing and potentially traumatizing for children and adults. Padgett (2017) writes, "the sensitive nature of qualitative research almost guarantees that emotionally laden information will surface" (p. 129). This raises the research question of *when* to interview someone who has experienced what I have. I am a different person today than I was nine years ago. Thus, the purpose of and the methods behind research must be carefully thought out before research enters this complex world.

My Journey Continues

Papachristos and Wildeman (2014) found that the risk of homicide is highly concentrated in urban areas: Among gun homicides, 41 percent took place within a network composed of less than four percent of the population of the neighborhood. This parallels Goldberg's (2015) documentation that the shooter today is often the victim tomorrow. Because I was working in an urban high school, this hit home for me. The Black male students that I interacted with were in the age range of those for whom homicide is the leading cause of death (as cited previously). Because this is more likely to occur at the hands of another young Black male, it was a grim reminder that these Black males were at risk of being a victim or a perpetrator.

A longtime colleague and friend said (of young Black males), "their village is different" than what he had. He grew up in circumstances like those of DeVonte and many other young Black males. However, he pointed out a key difference. He believed that having an intact family and great community support made a difference for him. Losing my grandson in this manner and having acquired knowledge energizes me to do all I can as a part of their village, to make it more responsive to their needs, and to bring others into the village—Black, Brown, White, male, female, and non-binary.

Additionally, in my work with families, I share in the journey of those who have a similar experience as I walk alongside them. I believe that my personal experience enables me to empathize with them in a deeper way.

Conclusion

Scheyett (2021), in writing about social work's role after the death of George Floyd and others, urges social workers to surround ourselves with people who give us hope and to give hope in return. Clary and Hernandez (2022) described the social workers who successfully coped with tough times: "They maintained boundaries at work; responded to their mental, emotional, and physical health needs; and came to work refreshed and ready to take on their responsibilities each day" (p. 9). My personal journey continues as well. A friend whose son was similarly murdered said to the young Black male who had murdered her son at his sentencing, "You know, we have something in common. We're both doing life. Because my life will never be the

same." The same goes for me. I know that my own journey, because of this experience, will be a part of my life for the remainder of my days and will have a profound impact on my practice. By taking care of myself and making meaning of DeVonte's death, I can receive hope and give hope to others.

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References

Alton, J. D. (2019, February 19). Is spiritual coping in your toolkit? An interview with Dr. Elizabeth Krumrei Mancuso on spiritual coping & resilience. *Psychology Today*. https://www.psychologytoday.com/us/blog/hope-resilience/201902/is-spiritual-coping-in-your-toolkit

Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. Norton.

Clary, K. L., & Hernandez, L. M. (2022). Dear social work educators, teach and model self-care. *Reflections: Narratives of Professional Helping*, *28*(1), 7–20. https://reflectionsnarrativesofprofessionalhelping.org/index.php/Reflections/article/view/1877

Davies, H., & Cheung, M. (2022). COVID-19 and first responder social workers: An unexpected mental health storm. *Social Work, 67*(2), 114–122. https://doi.org/10.1093/sw/swac007

Federal Bureau of Investigation, US Department of Justice, Criminal Justice Information Services Division. (2019). *UCR: 2019 crime in the United States*. https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/expanded-homicide-data-table-6.xls

Glezakos, A. (1995). My "conscious" countertransference. *Reflections: Narratives of Professional Helping*, *1*(1), 41–47. https://reflectionsnarrativesofprofessionalhelping.org/index.php/Reflections/article/view/361

Goldberg, J. (2015, September). A matter of Black lives. *The Atlantic*, *316*(2), 70–80.

Heron, M. (2019, June 24). Deaths: Leading causes for 2017. *National Vital Statistics Reports*, *68*(6). National Center for Health Statistics. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

Hudgins, J. (2020, April 3). Homicide is a "devastating plague" on Black communities, and it is time we stop ignoring it. *Baltimore Sun.* https://www.baltimoresun.com/2020/04/03/homicide-is-a-devastating-plague-on-black-communities-and-it-is-time-we-stop-ignoring-it-commentary/

Hurd, D. (2017, November 10). The singular sorrow of grieving behind bars. *The Marshall Project.* https://www.themarshallproject.org/2017/11/10/the-singular-sorrow-of-grieving-behind-bars

Knight, C., & Gitterman, A. (2014). Group work with bereaved individuals: The power of mutual aid. *Social Work*, *59*(1), 5–12. https://doi.org/10.1093/sw/swt050

Lindsey, M., Brown, D., & Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet needs of African American boys. *American Journal of Orthopsychiatry*, *87*(4), 377–383. https://doi.org/10.1037/ort0000198

Lipscomb, A. E., & Ashley, W. (2020). Surviving being Black and a clinician during a dual pandemic: Personal and professional challenges in a disease and racial crisis. *Smith College Studies in Social Work*, *90*(4), 221–236. https://doi.org/10.1080/00377317.2020.1834489

Padgett, D. K. (2017). *Qualitative research methods in social work research* (3rd ed.). Sage.

Papachristos, A., & Wildeman, C. (2014). Network exposure and homicide victimization in an African American community. *American Journal of Public Health*, *104*(1), 143–150. https://doi.org/10.2105/AJPH.2013.301441

Ross, A. M., Cederbaum, J. A., de Saxe Zerden, L., Zelnick, J. R., Ruth, B. J., & Guan, T. (2022). Bearing a disproportionate burden: Racial/ethnic disparities in experiences of U.S.-based social workers during the COVID-19 pandemic. *Social Work*, *67*(1), 28–40. https://doi.org/10.1093/sw/swab050

Sapp, M. (2012). My testimony [Song]. On *I win.* Verity Records.

Scheyett, A. (2021). Voice and justice. *Social Work*, *66*(1), 5–7. https://doi.org/10.1093/sw/swaa051

Sharkey, P., & Friedson, M. (2019). The impact of the homicide decline on life expectancy of African American males. *Demography*, *56*(2), 645–663. https://www.jstor.org/stable/45199456

Sharpe, T. L., Iwamoto, D. K., Lee, K. A., & Anderson, J. M. (2022). Development and validation of the inventory of stress and coping for African American survivors of homicide victims. *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(5), 791–799. https://doi.org/10.1037/tra0001246

Violence Policy Center. (2020). *Black homicide victimization in the United States: An analysis of 2017 homicide data.* https://vpc.org/studies/blackhomicide20.pdf

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“Please Don’t Ask!”: A First-Person Narrative of Coping with Loss

Laurie Blackman

Abstract: This narrative discusses my experience of pregnancy loss from the perspective of an “insider.” Issues of grief, frustration, and confusion are explored as they influence my decisions, coping mechanisms, and actions. Despite the challenges and disappointments associated with the loss of motherhood, there is a sense of resilience and strength through my self-reflection.

Keywords: grief, motherhood, pregnancy loss, self-reflection

Introduction

Research suggests that between 10 to 20 percent of medically confirmed pregnancies will end in miscarriage for women in the United States; of these, 80 percent will occur during the first trimester (Mayo Clinic, 2021). Pregnancy loss at any point in the pregnancy is often a devastating experience for mothers and can result in feelings of inadequacy, grief, powerlessness, depression, and guilt (Slot et al., 2022). Mothers experience complex and conflicting emotions after a pregnancy loss. For a hopeful mother experiencing her first pregnancy, her shift in maternal status is among the losses.

Disenfranchised grief (or hidden grief) is more challenging for people to understand. Disenfranchised grief is not usually openly acknowledged; consequently, individuals do not receive the social support and degree of sympathy from others that they need to move forward in healthy ways (Walter & McCoyd, 2015). It is not in the DSM-5; therefore, it is not even a diagnosis that mental health practitioners can ascribe to their clients. When pregnancy loss occurs, women are simultaneously coping with the loss of identity as a parent while also mourning the loss of their baby (Harden, 2018).

For sufferers, disenfranchised grief can be extremely painful and isolating. The loss of “identity” can be perceived as less tangible and, as a result, less understood and/or validated. This narrative provides insight into the loss of motherhood so that in the therapeutic process, disenfranchised grief does not go unnoticed, undiagnosed, and untreated as mental health professionals work with the more “noticeable” losses.

An Insider’s Perspective

When you’re married and of a certain age without kids, the first question that everyone seems comfortable asking is “when are you all planning to start your family?” It is an expectation, assumption, and conversation that even strangers seem comfortable initiating. I always wanted kids and was told to “have fun trying,” but I must admit, when you try over and over and don’t get pregnant, the fun starts to fade away, and frustration begins to set in. With science and medical professionals, a couple can now have a more deliberate approach to pregnancy. But

even this process is daunting and invasive. Privacy becomes impossible when seeking medical assistance for fertility issues for persons who prefer to be discreet about their bedroom activities.

My first experience was humiliating. When I shared with my physician that I had been trying to conceive for several months, she flippantly told me to try harder and keep a log. I burst into tears when I left her office and vowed to change doctors. I was angry and sad that she would be so simplistic with her response and have such a poor "bedside manner." She never allowed me to tell her that I had done extensive research and tracked my ovulation cycle taking detailed notes, to no avail.

When I met with my new doctor, recommended by a friend, her approach was much different. She understood that I wanted to try something different because of my age and failed efforts. But first, my husband and I had to undergo a series of tests to ensure that we didn't have any medical issues interfering with my ability to get pregnant. I had a hysterosalpingogram; the pain I experienced was severe. But what the excruciating pain from that procedure did for me was reconfirm my commitment to being a mother. Armed with positive test results, we proceeded to the next step, and I started fertility medication.

As I saw it, this miracle pill worked, and I became pregnant. I read everything I could find about the first trimester, including when to share your pregnancy. Although many blogs and posts recommended waiting until after the first trimester, I was eager to have others share my joy. Conflicted, I battled with feelings of happiness and feelings of caution. But, on Mother's Day, when sitting with family and being around women who were experiencing and sharing their joy of motherhood, I blurted out, "I'm pregnant and will be a mother too!" Cheers, embraces, and congratulatory exchanges followed. I was a part of the club and was initiated into this special group. I was six weeks pregnant and overjoyed. I miscarried five days later, and things were never quite the same.

I am not a quitter. I licked my wounds, put aside my extreme disappointment, and started the process again—ending in another miscarriage. By this time, my ob-gyn had referred me to an endocrinologist. This man and his team quickly became close allies in my quest for motherhood. After consulting with my team and other medical professionals, my husband and I decided to try in vitro fertilization (IVF). IVF meant entering a whole new world of weekly tests and checkups, scheduled procedures, and daily injections/medications. This was a scientific process with detailed requirements and specific instructions. The calendar outlined every aspect of the process, and there was little room for errors or missed appointments. Everything was on a schedule. During this process, my weight fluctuated, leading persons to speculate on my pregnancy status. This was difficult because I continued to have miscarriages even with IVF: one after eight weeks, another after six weeks, and another after five weeks. The physical, psychological, and emotional toll this took on me and my husband is hard to describe, but we were fortunate to have different support systems. But there were still a lot of hard times. One of the most challenging times was when so-called "friends" would say things like, "you're glowing; are you pregnant?" And my answer was, "No! I miscarried." This response would leave an uncomfortable silence. Often the person would sheepishly move away. Feeling

embarrassed by the question and ashamed to have prompted the blunt answer led to infrequent interactions and superficial conversations.

I still wonder why you thought that it was appropriate for you to ask.
If I didn't share, it's because there was nothing that I wanted you to know.

My longest pregnancy was five months—a little girl. I thought that I had finally done it. But, yet again, I had another miscarriage. I had seven miscarriages before telling my doctor, husband, and friends that I couldn't do it anymore. I had mounting medical bills and nothing to show for it. I considered donor embryos and was on the waiting list for over a year with no viable prospects (African American embryos are somewhat scarce). I wondered if the world was ready for me to give birth to a Caucasian baby, but I decided not to pursue that avenue. I gave up. I was on the mat and finally tapped out. I was mad, sad, ashamed, frustrated, prayerful, and confused. But also stoic, resilient, and optimistic that I was experiencing and following the path that was paved for me. I appreciated the numerous options, such as surrogacy, fostering, adoption, etc. A child does not have to be biologically related to me for us to have a mother-daughter or mother-son relationship. Reflecting on my experience, I also realize that I was very fortunate. My ability to pursue motherhood was primarily due to my robust health insurance plan. It provided excellent coverage for fertility treatment. Not all states require insurance companies to provide coverage for infertility treatment. As such, many women with fertility issues have limited options.

I share my story because I don't want to feel ashamed about not having kids, and I don't want pity, either. I want the world to be more sensitive when discussing infertility because many of us wish to discuss this very personal issue in a safe space. The World Health Organization (2022) states this:

> Whatever the circumstances surrounding the loss of a baby, every single woman deserves respectful and dignified healthcare that acknowledges her loss, provides support for any psychological issues she may face, and empowers her to make future decisions about having a child. (para. 2)

Coping with the loss of motherhood is an ongoing journey. You occasionally question if you should have tried harder to conceive, different doctors, different medication, etc. For me, it's a complicated struggle where you learn to manage the feelings associated with the loss of motherhood, but you don't truly achieve that fifth stage of acceptance. I found a quote that I believe speaks to me in a therapeutic way: In your journey to healing, "you must let the pain visit. You must allow it [to] teach you. But you must not allow it [to] overstay" (Umebinyuo, 2015, p. 182). The kindest, most thoughtful, and compassionate message I received after losing my daughter was a card that read, "Sorry for your loss." This empathetic message was instrumental to my healing process.

Implications for Social Work

Social workers frequently work with clients facing adverse situations. With the extensive COVID-19–related loss and grief, there has been increased exposure to trauma-related experiences. Social workers need to watch for signs of compassion fatigue. Helping others heal can take a mental, physical, and emotional toll on the practitioner. Professional self-care is paramount for competent and ethical social work practice (Murray, 2021). Self-care suggests activities or strategies that social workers make time for that help to provide them with the emotional and psychological capacity to cope with the demands of the profession (Smullens, 2015). Recognizing its importance, the National Association of Social Workers' *Code of Ethics* advises social work organizations, agencies, and educational institutions to promote organizational policies, practices, and materials to support social workers' self-care (Murray, 2021).

Conclusion

As a gerontological social worker, I have had significant experience helping older adults cope with grief and loss. As such, I understand that there is no ideal way to deal with a loss. However, some strategies that can help with depressive symptoms include boosting self-esteem, staying active, building support systems, and seeking early therapeutic intervention (National Institute of Mental Health, 2021). Practitioners must be aware of the compounding factors and experiences accompanying a woman's grief journey in providing therapeutic care for a pregnancy loss.

The loss of motherhood is more than a loss of identity; it includes a loss of purpose, a loss of belonging, and a loss of possibilities. For practitioners working with women who have experienced pregnancy loss, they will need to unpack the meaning of motherhood with their clients. In doing so, they will be better able to provide targeted support, appropriate coping mechanisms, and effective treatment surrounding their loss.

References

Harden, V. (2018). Holding onto motherhood during the grief process. *International Journal of Childbirth Education, 33*(3), 18-21.

Mayo Clinic. (2021). *Miscarriage*. https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298?p=1

Murray, A. (2021). *2021 amendments: NASW code of ethics: Self-care and cultural competence*. National Association of Social Workers. https://www.socialworkers.org/LinkClick.aspx?fileticket=UyXb_VQ35QA%3D&portalid=0

National Institute of Mental Health. (2021). *Depression*. https://www.nimh.nih.gov/health/publications/depression

Slot, A., Krog, M. C., Bliddal, S., Olsen, L. R., Nielsen, H. S., & Kolte, A. M. (2022). Feelings of guilt and loss of control dominate in stress and depression inventories from women with recurrent pregnancy loss. *The European Journal of Contraception & Reproductive Health Care*, *27*(2), 153–158. https://doi.org/10.1080/13625187.2021.1943740

Smullens, S. (2015). *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions*. NASW Press.

Umebinyuo, I. (2015). *Questions for Ada*. CreateSpace Independent Publishing Platform.

Walter, C. A., & McCoyd, J. L. (2015). *Grief and loss across the lifespan: A biopsychosocial perspective*. Springer.

World Health Organization. (2022). *The unacceptable stigma and shame women face after baby loss must end.* https://www.who.int/news-room/spotlight/why-we-need-to-talk-about-losing-a-baby/unacceptable-stigma-and-shame

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Down the Rabbit Hole: The Mental Health Implications of Adoption Trauma on People Adopted at Birth

Ashley M. Toland

Abstract: The mental health impact of adoption on people adopted at birth has been largely neglected in social work research and literature. Authored from my perspective as a clinical social worker experiencing reunion with my birth family, seeking guidance, and coming up empty, I explore the relationship between adoption, trauma, and mental health, challenging the perception that adoption is singularly and only good. I propose a framework, the Adoption Trauma Spectrum, from which mental health professionals and adoptees can better understand adoption trauma. This framework suggests adoption trauma may occur across the spectrum of human development, potentially affecting bonding, individuation, and relationship and attachment styles. This paper emphasizes the need for more research on the impact of adoption trauma on people adopted at birth and identifies implications for future research on adoption related issues such as the psychosocial impact of at-home DNA testing on adoptees, first families, and adoptive families.

***Keywords*:** adopted, mental health, research, social work practice

It was nearly midnight on the eve of my 46th birthday when it hit me: We don't separate animals from their mothers before eight weeks; why on earth do we do this to humans? This epiphany was followed rather quickly by the chorus of things well-meaning people have said throughout my life. Quietly at first, and then louder. Don't you know how *lucky* you are? You're so *lucky*. *Lucky* you had a privileged life. *Lucky* you were adopted. *Lucky* you got to live.

Lucky you weren't aborted.

Lucky.

Born in Gulfport, Mississippi, in February of 1975, I learned about my adoption just before my fourth birthday, days before we got my little brother. My mom read a book describing the concept of adoption to me, setting such a loving tone, I started telling anyone who would listen that I was chosen especially for my parents. Chosen by God! Through my parents I learned about the boy from New Orleans and the gal from Mississippi who had done the right thing by giving me up for adoption. Of course, that story relies upon the assumption that this was an autonomous decision made by my teenaged birth parents in the mid-1970s. Since my adoptive parents, whom I refer to as mom and dad, also hailed from the Gulf Coast, I spent many holidays there enjoying time with them while guiltily looking for faces which may have resembled my own. Each potential hurricane caused my stomach to churn with worry for my people. When Katrina hit, I was especially fearful for their safety, these strangers to whom I felt so connected. I donated blood, collected money, gathered donations, water, and supplies. Every woman on the television became my first mom, every man my first dad.

When mom and dad picked me up from a courtroom in Gulfport, I was four days old. They recount the tale of the judge warning them that they were about to adopt a very sick baby, that I may not live. But my parents insisted—I was already theirs, they had the means to provide the care I needed, and they couldn't possibly turn me away, so the adoption was finalized. We drove a couple of hours north to my maternal grandparents' house where they waited along with my big sister, also adopted. After a few days we left Mississippi and headed home to Kansas City, Kansas. The birthplace of predigested formula. The only formula my underdeveloped digestive system could handle. The formula upon which my life would very literally depend. Pretty lucky, right?

Growing up with this narrative I felt like the luckiest kid in the world. Physically, I favored my dad so much that for a time I was convinced that his sister was my first mom. My mom was a favorite among my friends, who often referred to her as June Cleaver. She threw creative birthday parties, took us berry picking, prepared the most delicious meals, and spent summers watching us swim at the country club pool. We had such a full life, provided for in every way, that I never associated my low self-esteem, sense of not belonging, or social anxiety with my adoption. So, instead of reveling in my good fortune, I found myself feeling as if I had been plucked from one world and plopped down within another, much like Alice after taking the shrinking potion in Wonderland. Uncomfortable in this world, I went inward. Luckily, my appearance served as a mask, allowing me to fit in on the outside even while my insides were tied in knots, a constant state of anxiety, hypervigilance, and play-acting. I told myself it was me: *There was something wrong with me*. Because no matter how good I had it, I never felt like I truly belonged.

As I faced some midlife health issues—without the medical history required to make an informed decision—my husband gifted me an at-home DNA and medical information kit. I spit into that little tube on my 43rd birthday and put it in the mail the same day. When completing my profile in the DNA app, I chose to make it public and included what little information I had about my birth and adoption. While I knew making connections was a possibility, finding my birth parents was beyond my comprehension, and at that time I could not fully grasp the lightning speed at which these things happen. My primary goal was medical information; anything else was cake. Six weeks later, the day before Easter Sunday, I received the results. What happened over the next eight days would forever change my life and the lives of my entire family, adoptive and biological. The results connected me with over 1,100 blood relatives, two of whom are cousins. Within the first four days, my cousins had identified my first mom and many siblings, aunts, and uncles. On the eighth day my first mom and I shared our first phone conversation. In that moment I felt the gulf within me, the one I was unaware existed, fill with the warmth and knowing I had longed for.

"I am breathing in; I am breathing out." This became a mantra as I found myself feeling overwhelmed and unsure about how to navigate the influx of information, names, and dates flowing in. When friends and family learned of my newfound family, the most consistent piece of advice I received was not to rush in. This is reasonable advice. It's advice I believed we followed. But how do you measure time when learning your life story? How do you determine the threshold for readiness before meeting this person to whom you owe your life? In this case,

the threshold was 10 weeks. Considering we lived only a few hours from one another, 10 weeks felt like an eternity. We spent the time before meeting conversing via phone, text, and messenger apps. I learned about her family—*my* family—its history, my siblings, her husband, and career. We shared pictures, told countless stories, wept, laughed, and reveled in this most bizarre and beautiful thing called reunion. When we were both ready, we set a time and date to meet.

The reunion with my first mom was exactly as I had hoped it would be. Meeting at my birth sister's house, we embraced in the doorway, tearful and grateful and joyful. For me it felt like the razor's edge between disbelief and complete knowing. We went for lunch and toured the community which is home to both sides of my birth family, driving by family homes, schools, churches, cemeteries. I eventually met much of my extended family, a rich and vibrant coterie of aunts and uncles, siblings, cousins, and family friends. It was truly an extraordinary time in my life. Several months after finding my first mom, after many discussions about my first dad, and with her blessing, I reached out to him.

Since he hadn't known of my existence, we agreed an at-home DNA test was necessary for confirmation. Five weeks after our initial conversation, we received validation of paternity. A week later my family and I were standing in my first dad's kitchen with his wife, one of my siblings, several cousins, family friends, aunts and uncles, and grandparents! I hadn't had living grandparents in my life in over 20 years! I think back to that time, how he could have easily turned me away or chosen not to engage. I certainly would have understood that choice. But he didn't. And neither did anyone else on that side of my family. That is not to imply it has all been seamless or of equal interest to every person involved, but there has been a measure of grace and kindness across the board that still humbles me to this day.

I would compare those early days of reunion to the feeling of falling in love. Is there anything more intoxicating? Everyone on their best behavior, hesitant yet curious, showing their best selves. My parents had concerns about my newfound family, but they were largely supportive, especially in the beginning. Dad shared my excitement. He took time to learn about my ethnic and racial history, began communicating with my first dad, and expressed his approval with the process overall. Mom was a little more hesitant, concerned I would be hurt or disappointed in what I may discover, afraid of how she would be affected too.

I was fortunate to be present when my parents met my first parents. They met my first mom and her sisters, my aunts, at an Italian restaurant halfway between our homes. Tears flowed immediately among talk of nerves and gratitude, feelings of relief and knowing. As the intensity of the moment began to relax the conversation flowed easily among these Mississippi women who were strangers and family all at once, all at the same time. Similarly, my parents met my first dad and his wife at a restaurant. My first dad, an earnest man, felt compelled to explain his position to my parents, which was that he had no clue of my existence—that he did not abandon me. My dad, with his kind eyes, said, "well, if you had kept her, we wouldn't have gotten to have her, so it's okay … it worked out." All in all, the interactions between my parents and first families were rare, brief, and surface in nature. A lunch here, a coffee there. I believe this is how everyone preferred it to be. While our lives, the lives of the adoption triad, were being rocked to

the core, everyone else's lives were moving on. It would have been unhealthy for every gathering to be centered around reunion.

As relationships grew within my first dad's family, the distance stretched out between me and my first mom. Being received openly, with curiosity brimming on both sides, made reunion feel like a destination of sorts. A true homecoming. But it wasn't my home, and once the newness wore off, I began to view my role as the party crasher more than the daughter come home. Looking back, I cannot identify the catalyst, but the downward spiral was swift, and the result left a vacuum that resonates to this day. The pandemic contributed to some of this, creating literal distance as we worked to protect ourselves and our families, but the emotional distance began before COVID. Phone calls became less frequent, as did visits. Discussions about the pandemic, whether to homeschool or not, and masking felt personal and argumentative. Attempts to meet for lunch or coffee were met with requests to include other family members, as if to provide a buffer. As I felt my first mom pulling away, I found myself talking more frequently to my maternal aunts with whom I had grown so close. In my heart I believe my first mom must have interpreted that behavior as my pulling away from her. In the end no discussion was had about any of this. I simply received a text message asking for no further contact. This was undoubtedly the most painful moment in my conscious life. Like being pushed into a black hole, I felt the air around me disappear as the warm gulf inside me became ice cold, the pit of my stomach once again in knots. That was October of 2021. Thirty months after our first contact. Not that I'm counting.

I am lucky to have had so much support from my family, friends, and therapist to help me cope. My mother was appropriately livid, but my inability to process my feelings with her magnified the existing strain in our relationship. My dad, ever the observer, was there for me in his kind and quiet way. My first dad said all the things I needed to hear while maintaining respect, and my aunts continue to be a bright light in my life. As I moved through my grief, I saw more clearly the roles and relationship dynamics within each family, birth and adoptive. I began to see how the lack of history and contextual understanding caused missteps throughout reunion, resulting in discord and feelings of broken trust. Still wanting to move forward, I chose to focus on relationships that were reciprocal and organic, because come what may, these were my people, and this is how I would come to know myself.

Like taking the red pill (as in *The Matrix*; Wachowski & Wachowski, 1999), reunion has given me a glimpse of what might have been, the good, the bad, and the unexpected. Seeing the effect nature played, to a greater degree in my opinion, with nurture, has been rewarding while providing context and perspective about my personality and emotiveness where before there seemed to be none. Each interaction is like looking through a warped magnifying glass: Bits and pieces of my personality are magnified and clear, but the details are blurred at the edges even as I recognize in others the gestures or vocal patterns I know to be my own. True knowing takes time and reciprocal investment, but I have learned that the recognition of myself in others feels like an explosion of instant connection to me. Knowing who I look like, where I got my smile, my freckles, the copper flecks in my eyes, and good posture—I have those answers now. My hands, I've been told, are like my maternal grandmother's. I have my first dad's eyes. The women in my family, on both sides, are strong.

In life, what goes up must come down, and so among the beauty lies the pain. It is in the secrets; the conflicting accounts of my own adoption story; the memories affected by time, trauma, repression, guilt, and shame. It exists in my own occasional feeling that everyone would be better off had I kept my DNA app profile private, remaining grateful and content in my own life, or when I acknowledge that they may be right to feel that way. The pain is there in the knowledge that reunion is complicated, each person having their own experience irrespective of mine, and vice versa. But if I'm honest, the pain is ugliest when I experience rejection, real or perceived. While my mind knows it is absurd to expect total and complete acceptance, my heart has ached at the cruelty of some, leaving me to wonder what I have done other than exist.

Since entering reunion four years ago (at the time of writing), my perspective on adoption has changed. Eyes wide open, I am now out of the fog (Bruce, 2021). I have come to see the lie of adoption—that it is one-dimensional, only good—for what it is. And while it can indeed be beautiful, adoption can also be traumatic. In fact, I would say that adoption is always traumatic. There is pain among the girls, teens, and women who become pregnant; the women and men who experience infertility; those who don't have a say in the adoption process; those who wished to keep their babies; and those who are glad to be rid of them. There is trauma among every child taken from its mother at birth, and as a mother myself, I dare say there is trauma among birth mothers and birth fathers, a group I believe to be grossly understudied. These precious, crucial first moments of life, the moment for bonding and creating secure attachment, are stolen before they can ever begin. How has this system in which animals receive more humane treatment than human babies been allowed to exist for so long?

A Brief History

There are currently about seven million American adoptees alive today, with two percent of American children under the age of 18 adopted (Adoption Network, 2022). The first modern adoption laws in the Unites States were passed in Massachusetts in 1851 (The Adoption History Project, 2012).

These laws recognized the need for adoption as a child welfare issue as opposed to the desire of adults who wished to have more children, and appropriateness of placement was determined solely by judges (The Adoption History Project, 2012). Throughout the early 20th century adoption law evolved to the placement of children in homes rather than orphanages, increased religious involvement in the adoption of children, and the development of the first private adoption agencies . In the 1950s, Congress began to address black market adoptions, human trafficking, and special needs adoption laws .

The last quarter of the 20th century revealed a brave new world in which reproduction rights took center stage as abortion was recognized as a constitutional right (Temme, 2021). Also during this time, the National Association of Black Social Workers (2022) expressed opposition to transracial adoption practices, a stance which remains unchanged today, and adult adoptees began advocating for their rights to gain access to information with the desire to experience the full spectrum of self-knowing (Stromberg, 2013). While the world changed, adoption practices

did not, and the industry continues to grow financially and in number, but not in principle (Root, 2021).

Naming the Issue

Looking back, I see that within the first moments of contact, the meaning of the word "parent" began to change, evolving minute by minute. My worldview forever changed. I have also learned that I am not alone in this experience. Assuming there are multiple points of trauma across the adoption experience, it seems prudent to define this spectrum so adoptees, adoption workers, lawmakers, agency workers, and clinicians can begin to address adoption trauma proactively and with more precision.

Throughout reunion I sought help from my primary care provider and a therapist to manage the stress and anxiety I experienced. Over the years my provider along with others in the community have referred adult adoptees to me for outpatient therapy concerning adoption issues. Anecdotally, and in my own personal experience, I have found trauma to be a consistent theme when talking with other adoptees about their lived experience. And while adoption may be the umbrella under which this trauma resides, I began to question at what point the trauma occurs. Is it at the initial separation from the mother at birth, described as the *primal wound* (Verrier, 1993)? Maybe. We know that infants can experience trauma in utero (Papadopoulou et al., 2019). Or was it during adolescence, in the struggle for individuation and identity formation? Perhaps trauma occurred during reunion. Or failed reunion. What about rejection, or when adoptees first see themselves in their own children? I am learning that it is all of the above for some people. A cumulative and non-linear experience, shaped by joy and pain. While there is an abundance of research on adoptees from the perspectives of parenting, adopted child syndrome, developmental theory, and special needs and transracial adoptions, I propose a shift of focus from the adopted individual to a trauma theory perspective and the impact of adoption on the family system.

Theoretical Framework

Trauma Theory

Trauma is generally described as an emotional or psychological response to a distressing event such as a car accident, sexual assault, or combat experiences in war (Herman, 1992). In her seminal work, *Trauma and Recovery: The Aftermath of Violence*, Judith Herman (1992) describes trauma as "an affiliation of the powerless" in which distressing events contribute to feelings of powerlessness and "overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning" (p. 33). That loss of connection is critical to understanding the roots of adoption trauma, as it begins with the separation of the infant from their mother at birth. Although the traumatic event occurs prior to an infant's conscious knowing, a physiological impression of that trauma leads to "disruptive physical reactions in the present" (van der Kolk, 2014, p. 208), a reminder of subconscious trauma. The lasting impression of trauma remains active, causing people to experience feelings of trauma throughout their lives,

shaping perceptions of self and others, and affecting how people cope in the present (van der Kolk, 2014). Van der Kolk (2014) further explains:

> Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves. (p. 97)

As trauma affects individuals, it also disrupts the systems in which they live. Solomon and Heide (2005) write that "psychological trauma disrupts homeostasis and can cause both short- and long-term effects on many organs and systems of the body, leading to physiological changes in the cardiovascular, respiratory, nervous, and muscular systems" (p. 54). Looking beyond the individual, it would be beneficial to gain a deeper understanding of the pre-conscious and remembered traumatic experiences of adoptees, how that affects adoptees and how it may affect their future offspring, and in what ways clinical intervention may mitigate undesirable outcomes.

Systems Theory

Watson (2012) writes that there are three parts to any system. In the context of a family system, Watson identifies the following three components: (1) *individuals*, people; (2) *interconnectedness*, or the way in which families communicate and connect; and (3) *purpose*, the intrinsic desire of family members to protect one another. Watson goes on to explain that systems are affected by feedback loops in which "one's behavior is affected or influenced by the system's reaction to the behavior of another" (p. 189). Unbalanced feedback loops which are driven by unresolved emotional issues may evolve into protective behaviors, often learned and passed down generationally, that contribute to unhealthy patterns of communication and behavior within family systems (Watson, 2012).

Research suggests that when change occurs within a system it ripples out, affecting the system in its entirety and its members individually (Friedman & Allen, 2014). It makes sense, then, that researchers and clinicians would benefit from learning about the systems in which adoptees are reared, and those from which they were born, as opposed to the examination of individual adoptees. Grotevant and McRoy (1998) describe this perspective as the "adoption kinship network" (p. 80), a system in which the adoptee is at the center of both adoptive and birth family systems, regardless of whether those systems ever interact with one another. Viewing adoption from this perspective, along with the assumption that trauma exists within both sides of the network, would allow those affected by adoption to dive beyond the surface and get to the roots of adoption trauma.

The Adoption Trauma Spectrum

Seeking the most ethical approach to gain insight and discover answers to my own questions around reunion and adoption trauma appeared to be via academic research which led me to the

doctoral program at the Tulane University School of Social Work. The program nearly complete, my post-doctoral plans are to conduct ongoing research focused on the non-linear spectrum of adoption trauma and its impact on the mental health of adoptees and their family systems, whether biological, chosen, or adoptive. A working hypothesis suggests that the Adoption Trauma Spectrum includes multiple points of trauma which affect adoptees and the systems in which they exist simultaneously, sporadically, and individually. Much like the stages of grief, the points of adoption trauma are not ordered and there is no definitive beginning or end. The only constant is the catalyst, the wound which occurs when an infant is separated from their mother at birth. At the time of this writing, the proposed points of the Adoption Trauma Spectrum are outlined below.

Birth

An infant enters the world seeking one singular entity for comfort: their mother (Bowlby, 1969). The mother provides food, comfort, warmth, familiarity. A mother's presence can calm a crying infant, lower its blood pressure, regulate temperature, heart rate, and breathing, while also reducing stress hormone levels (Cleveland Clinic, 2018). From the moment an infant is taken from its mother to the time they are given to their adoptive parents who, despite all good intentions, smell and sound different from the first mother, the infant's brain is flooded with stress hormones such as cortisol, leading to relinquishment trauma (Dolfi, 2020). I believe this trauma influences the development of, or susceptibility to, chronic pain, inflammation, mood disorders, generational trauma, anxiety, attachment issues, parenting and partnering issues, and fears of abandonment, among other things (Dolfi, 2020; Grotevant & McDermott, 2014; Maté, 2003; van der Kolk, 2014).

Consciousness of Self as Adopted

Learning about one's adoption is … strange. My experience allowed me to view adoption as a special and loving experience. I was chosen. This fed the belief that adoption is only good and that to question otherwise was ungrateful and rude. This is a fact that adoptees just know. Gratitude is modus operandi. Like most children adopted prior to the aughts, my adoption was closed. There was no contact with the birth family; no medical, genetic, or ethnic information was shared. My birth certificate was changed. It was as if my first parents vanished once the adoption was final. The history of closed adoptions goes back to 1917 when Minnesota implemented closed adoption laws; by 1940 most other states followed suit for the purposes of "protecting children from paying for the sins of their birthparents … a way to keep them from being viewed as different" (Bauman, 1997, p. 315). But while the intention was good, the outcome has caused generations of adoptees to feel lost in their own worlds, unsure of who they really are or how to identify ethnically and racially, impacting self-esteem, sense of self, and attachment.

In the 1960s, David Kirk began to distinguish between open and closed communication styles within adoption. Kirk (1964) characterized closed communication as that which rejects differences between adoptive and non-adoptive families; open communication acknowledges the differences between adoptive and non-adoptive families, theoretically allowing for more open

conversation about differences adoptees may notice about themselves and the functionality of their own family system. Studies have found that adolescents and emerging adults reared in families with open communication styles report a more positive sense of self and higher self-esteem than those reared in families with closed communication styles (Levy-Shiff, 2001; Stein & Hoopes, 1985). Aside from the acute realization of difference, studies of adoptees who know of their adoption suggest "a significant interest in obtaining more information about the genetic, medical, and health backgrounds of their birth relatives" (Wrobel & Grotevant, 2019, p. 49). These researchers suggest that in the absence of contact with the adoptee's birth relatives, adoption workers and agencies could work as mediators between adoptees seeking personal information and birth family members. This would validate adoptees' needs and concerns while maintaining the dignity, respect, and privacy of birth families who wish to remain anonymous.

Adolescence

Individuation, the process by which one develops a clear sense of self, or ego identity, separate and apart from that of one's parents, is a physiological and developmental process occurring during adolescence (Graafsma et al., 1994; Levine et al., 1986). While these changes are part of the human experience, they can be especially challenging for adoptees. Research suggests the absence of a firm identity foundation, one which provides historical, racial, and ethnic context for a person's personality, behaviors, and appearance, may cause adoptees to feel lost at sea (Graafsma et al., 1994). Grotevant and Von Korff (2011) found that creating links between one's past, present, and future through open communication about adoption can be helpful techniques when working with adolescent adoptees. The effects of the unknown are compounded for transracial and transnational adoptees who may not have a single known family member with whom they share physical traits or characteristics, never mind a shared history (Grotevant, 1997).

A period marked by extreme physical, emotional, and psychological change, adolescence challenges even the most secure people, leaving the insecure ill-prepared for adulthood or, in some cases, traumatized. In my case, I struggled with individuation. I spent years wavering between my authentic self, the one I felt in my bones, and the self I knew people expected of me.

I was a defiant, curious, and strong-willed teen, and like many rebellious adolescents I started smoking. It was the 90s. I knew it was bad, but I was "badder" and tobacco was just dangerous enough without being illegal. When mom busted me, she shrieked, "And to think I worked so hard to keep you alive! How could you do this to me?" This was not the first time I was made aware of the conditions of our relationship: I saved you; you owe me. Once, while visiting my maternal grandparents, I described to my grandmother's friend a movie I had watched, a true story, about a birth mom who got her son back several years after adoption. During the nine-hour car ride back to Arkansas my mother cried, asking intermittently, "What will they think?! That you want to go to your birth parents?! Is that what you want?! How could you do this to me?! What is wrong with you?! Why would you say something like that?!"

So, I would capitulate, a little more each time. Assuaging, emulating, pretending, adapting, learning, becoming, fighting with my mother, with other girls, with myself, until any remnant of my authentic self was a blur, covered by the mask of expectations. Predictably, continuously playing a role led to serious issues with intimacy, my ability to be vulnerable, imposter syndrome, and fears of rejection.

As a parent, I understand mom's fear and anger, but as an adopted child I only felt my own otherness. While studies, including one conducted by Stein and Hoopes (1985), revealed no significant difference between adopted and non-adopted adolescents in terms of ego identity, Grotevant (1997) counters that these studies are inconclusive because they do not include questions about adoption status and its role on identity. As found in previous research, creating historical links, learning about one's birth family even anonymously, and open communication about one's adoption can act as a facilitator for curious adoptees going through individuation and identity formation (e.g., Grotevant et al., 2000; Grotevant & Von Korff, 2011; Lieberman & Morris, 2003; Passmore et al., 2006). On the other hand, adoptees who are denied open communication or do not have access to biological or historical information—underage adoptees, for example—may continue to struggle with individuation and ego identity formation (Grotevant & Von Korff, 2011; Lieberman & Morris, 2003; Passmore et al., 2006).

Childbirth and Parenting

Greco et al. (2015) suggest the dawn of parenthood often invites adoptees to review their own experiences, combining their lived experiences with that of parenting expectations and natural concerns regarding child rearing (Penny et al., 2007). In short, the experience of becoming a parent brings forward the reality of what it means to have been adopted (Grotevant, 1997).

I was a latecomer to motherhood. At 35 I gave birth to my first child, a daughter, via emergency cesarean section. I remember feeling scared, actually afraid, that my baby would be injured by the lack of immediate skin-to-skin contact I had been reading about over the last nine months. I could not fathom how that time, those precious bonding moments, could ever be regained. Once out of recovery, I asked for my baby. The nurses refused to bring her to me.

"Her blood pressure is elevated," they said.

"Bring her to me now," I countered.

"Ashley, don't upset yourself," my mother said.

"I want to see my baby now," I demanded.

In the end my partner advocated for me and our child, and the nurse reluctantly wheeled my hours-old daughter into our room. I took my child—who was crying, face scrunched up, red as a beet—cradled her to me, and tried to breathe. After minutes of me talking to her, cooing as new mothers do, the nurse commented that my daughter's blood pressure was better. "Guess she just needed her momma," she quipped. It would only be moments later that I thought of myself as a

distraught baby who just needed her momma. I also thought of my first mom as a peer for the first time. A momma without her baby.

Reunion

Reunion was never my goal, but I knew it was a possibility. As a lifelong fan of DC and Marvel comics, I always found the idea of piecing together my own origin story thrilling. After all, curiosity about one's history is natural; seeking is healthy. For me, seeing the map of my lineage, brightly colored from one side of the world to the other, filled me with such satisfaction. I am all of those bright colors. I am mostly French and Irish, but I am also Portuguese, Native American, Congolese, and Bengali. Aside from the initial rush of knowing, I felt a sense of relief upon learning medical history for myself and my children. Scrolling through the list of people in my DNA relatives list instantly grounded me in the knowledge that I come from somewhere, from a family. Not just a courtroom in Gulfport, Mississippi.

While everything leading to reunion with my first mom happened quickly, the unraveling happened slowly. I was caught off guard feeling so unprepared for the stress and anxiety provoked by reunion, even when it felt positive, and the difficulties that cropped up felt unmanageable at times. I believe many of my birth family members experienced similar feelings. If I had it to do again, I would have consulted with my therapist, a preemptive strike to prepare for the possibility of connection. Cubito and Brandon (2000) suggest "mental health professionals should be alert to the possibility that searching for one's biological heritage, however valuable it may be to the adult adoptee, could be either a stressful process or a marker for psychological distress" (p. 412). If the process of seeking is in and of itself a trigger, it seems probable that reunion may also provoke a stress or trauma response.

I attribute some of the stress in my situation to the swiftness between receiving information and making real-life connections. The combination of easy access and technology has led to a surge in at-home DNA testing with nearly 100 million kits having been sold worldwide at the time of this writing (Wood, 2021). The reasons people complete these tests are varied, so outcomes will impact populations other than adoptees such as unknowing birth fathers, siblings, sperm donors, survivors of incest or assault, and so on, leading to a multitude of implications for research on the psychological effects of at-home DNA testing. Add to that the ethical concerns regarding privacy, the validity of testing resources and outcomes, the potential secondary use of personal data, and the at-home DNA industry begins to look like a Pandora's Box of information, impossible to contain once opened (Phillips, 2019). Positive outcomes of at-home DNA testing include inexpensive access to medical, ethnic, and racial information which may act as an equalizer for adoptees who often experience health disparities due to a lack of family medical history knowledge (May et al., 2016).

Second Rejection

Reunion, coming together again, implies mutual desire, but that is not always the case for adoptees or birth parents. It is not uncommon for first mothers to keep secret the child given up for adoption. So, what happens when people open those closed boxes without permission?

Secrets, lies, and indiscretions are revealed and sometimes people get hurt, leaving relationships forever changed at the least or irrevocably broken at the most. Not everyone wants to be found.

Since losing contact with my first mom, I have replayed conversations and events over and over in my head, trying to pinpoint the moment everything went wrong. Recalling early conversations with my first mom, I remember sensing hesitancy, joy, fear, caution, and excitement among other emotions. I must wonder if she would have rather not been found. It is a painful thought, but one I can truly understand. She had settled in her life with a rewarding career and a family full of kids and grandkids; my arrival most certainly created upheaval. The weight of expectation was enormous on all sides. Thoughts, feelings, and memories that had been buried for decades were unearthed in a moment.

Marcy Axness (1995) proposes first rejection occurs when the infant is separated from their mother, and second rejection occurs during reunion, when a birth parent experiences overwhelming emotions. Birth parents may experience feelings of pressure to be more to the adoptee than is possible, or grieve for what could have been, causing one to turn away. When this happens, negative feelings override the positive, causing one person to terminate the reunion, fundamentally rejecting the relationship. This can be traumatic for both parties. Grotevant (2003) suggests that all relationships require a period of negotiation in which both parties accept agreed upon roles but goes on to say that "in [adoption] there is a heaviness, an expectation due to blood connection, and this may be affected by varying affinity among family members from one to another" (p. 756). In short, blood does not solidify connection; that may only be achieved through mutual agreement and investment.

Conclusion

Looking back, I can see why I believed the insecurities, the feelings of not belonging, of inadequacy, my chronic health issues, and immune system failures were all in my head. I taught myself that I was the problem because I did not have a frame of reference for any other explanation. But it wasn't in my head. It was the very real result of adoption trauma. In my examination of adoption and its effects on adoptees, I have come to view this as a both/and situation: I am grateful for the life I lived as a child, *and* I am grateful for the life I have now with my birth family. I feel fortunate to have been adopted by a loving couple who cared for me, *and* I feel sad that I didn't experience earlier life with my birth family. I love my parents, *and* I love my birth parents. I feel thankful that I was adopted, *and* I feel robbed.

When I think of my clients, future adoptees, and future birth and adoptive parents, I feel motivated to contribute something to the knowledge base, proactive in nature, so that adoption can live up to its ideal of goodness. For people seeking deeper knowledge of themselves there are vast implications for future research. These include issues surrounding informed consent for birth mothers and fathers, adoption as a money-making industry, adoption as human trafficking, and the psychological impacts of the emergence of at-home DNA testing. Looking outside the scope of traditional adoption-related issues, more research is needed on the impact of adoption trauma on adoptees' parenting styles, trust building, vulnerability, and relationship style.

As of this writing, I am still learning. Several years into reunion has provided perspective. I would do some things differently, but I would not take any of it back. I have more family than I ever could have imagined, and gaining the knowledge of where I come from, the love and acceptance, the deepening of meaningful relationships with my family, the evolutionary knowing of self; it is priceless. So, I will continue searching for answers among the roots of my enormous family tree, with four branches now instead of two. And this time I will revel at my good fortune, soaking up the positive interactions, learning from those which present challenges. I will give thanks, I will ask for grace, I will continue to seek answers, and I will continue to learn. Ultimately, I will contribute to the literature and social work research focused on the prevention of and healing from adoption trauma, as well as policy development to protect and empower members of the adoption triad. In the end, I want to close my eyes knowing the adoption process is safer, kinder, more humane. I want to feel the relief that restoring human dignity to the adoption process will bring. But I will not consider myself lucky. I will not resign myself to a life of false gratitude for something decided long before I took my first breath. After all, my existence is more than sheer luck. Surely it is more than that.

References

The Adoption History Project. (2012, February 24). *Timeline of adoption history.* https://darkwing.uoregon.edu/~adoption/timeline.html

Adoption Network. (2022, February 1). *US adoption statistics.* https://adoptionnetwork.com/adoption-myths-facts/domestic-us-statistics/

Axness, M. W. (1995). The second rejection. *Bastard Nation*. http://bastards.org/second-rejection/

Bauman, C. (1997). Examining where we were and where we are: Clinical issues in adoption 1985–1995. *Child and Adolescent Social Work Journal*, *14*(5), 313–334.

Bowlby, J. (1969). *Attachment: Attachment and loss, vol. 1*. Basic Books.

Bruce, G. (2021). Finding my way out of the adoption fog: Guest post by Gilli Bruce. *How To Be Adopted*. https://howtobeadopted.com/blog/2021/finding-my-way-out-of-the-adoption-fog-guest-post-by-gilli-bruce

Cleveland Clinic. (2018, January 1). *Rooming-in: Rest is healing.* https://my.clevelandclinic.org/health/articles/15275-rooming-in-rest-is-healing

Cubito, D. S., & Brandon, K. O. (2000). Psychological adjustment in adult adoptees: Assessment of distress, depression, and anger. *American Journal of Orthopsychiatry*, *70*(3), 408–413. https://doi.org/10.1037/h0087856

Dolfi, M. (2020). Relinquishment trauma: The forgotten trauma. *Marie Dolfi*. https://mariedolfi.com/adoption-resource/relinquishment-trauma-the-forgotten-trauma/#_ftn1

Friedman, B., & Allen, K. (2014). Systems theory. In J. Brandell (Ed.), *Essentials of clinical social work* (pp. 3–20). SAGE. https://dx.doi.org/10.4135/9781483398266.n2

Graafsma, T. L. G., Bosma, H. A., Grotevant, H. D., & deLevita, D. J. (1994). *Identity and development: An interdisciplinary approach.* Sage.

Greco, O., Rosnati, R., & Ferrari, L. (2015). Adult adoptees as partners and parents: The joint task of revisiting the adoption history. *Adoption Quarterly*, *18*(1), 25–44. https://doi.org/10.1080/10926755.2014.895468

Grotevant, H. D. (1997). Coming to terms with adoption: The construction of identity from adolescence into adulthood. *Adoption Quarterly*, *1*(1), 3–27. https://doi.org/10.1300/J145v01n01_02

Grotevant, H. D. (2003). Counseling psychology meets the complex world of adoption. *The Counseling Psychologist*, *31*(6), 753–762. https://doi.org/10.1177/0011000003258388

Grotevant, H. D., Dunbar, N., Kohler, J. K., & Esau, A. M. L. (2000). Adoptive identity: How contexts within and beyond the family shape developmental pathways. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *49*(4), 379–387. https://doi.org/10.1111/j.1741-3729.2000.00379.x

Grotevant, H. D., & McDermott, J. M. (2014). Adoption: Biological and social processes linked to adaptation. *Annual Review of Psychology*, *65*(1), 235–265. https://doi.org/10.1146/annurev-psych-010213-115020

Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family connections.* Sage.

Grotevant, H. D., & Von Korff, L. (2011). Adoptive identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 585–601). Springer Science.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. Basic Books.

Kirk, D. (1964). *Shared fate: A theory of adoption and mental health.* Free Press of Glencoe.

Levine, J. B., Green, C. J., & Millon, T. (1986). The Separation-Individuation Test of Adolescence. *Journal of Personality Assessment*, *50*(1), 123–139. https://doi.org/10.1207/s15327752jpa5001_14

Levy-Shiff, R. (2001). Psychological adjustment of adoptees in adulthood: Family environment and adoption-related correlates. *International Journal of Behavioral Development*, *25*(2), 97–104. https://doi.org/10.1080/01650250042000131

Lieberman, M., & Morris, J. (2003). Long-term effects of adoption: An empirical study of adult adoptees. (2004). *The Internet Journal of Academic Physician Assistants*, *4*(1). https://print.ispub.com/api/0/ispub-article/10593

Maté, G. (2003). *When the body says no: The cost of hidden stress*. Knopf Canada.

May, T., Strong, K. A., Zusevics, K. L., Jeruzal, J., Farrell, M. H., LaPean Kirschner, A., Derse, A. R., Evans, J. P., & Grotevant, H. D. (2016). Does lack of 'genetic relative family health history' represent a potentially avoidable health disparity for adoptees? *American Journal of Bioethics*, *16*(2), 33–38. https://doi.org/10.1080/15265161.2016.1240255

National Association of Black Social Workers. (2022, February 4). *NABSW position papers & statements.* https://www.nabsw.org/page/PositionStatements

Papadopoulou, Z., Vlaikou, A. M., Theodoridou, D., Markopoulos, G. S., Tsoni, K., Agakidou, E., Drosou-Agakidou, V., Turck, C. W., Filiou, M. D., & Syrrou, M. (2019). Stressful newborn memories: Pre-conceptual, in utero, and postnatal events. *Frontiers in Psychiatry*, *10*(220), 1–9. https://doi.org/10.3389/fpsyt.2019.00220

Passmore, N. L., Foulstone, A., & Feeney, J. (2006, November 11–12). *Openness and secrecy in adoptive families and possible effects on the interpersonal relationships of adult adoptees* [Paper presentation]. T. Bowles (Ed.), 6th Annual Conference of the APS Psychology of Relationships Interest Group: Relationships Near and Far, Melbourne, Australia. https://research.usq.edu.au/download/3821d928454be770edc8e59ffb038f2bb81accab5f88932b8815681f5afa7c01/48680/Passmore_Foulstone_Feeney_AV.pdf

Penny, J., Borders, L. D., & Portnoy, F. (2007). Reconstruction of adoption issues: Delineation of five phases among adult adoptees. *Journal of Counseling and Development*, *85*(1), 30–41. https://doi.org/10.1002/j.1556-6678.2007.tb00441.x

Phillips, A. (2019). Buying your genetic self online: Pitfalls and potential reforms in DNA testing. *IEEE Security & Privacy*, *17*(3), 77–81. https://doi.org/10.1109/MSEC.2019.2904128

Root, T. (2021, June 3). The baby brokers: Inside America's murky private-adoption industry. *Time*. https://time.com/6051811/private-adoption-america/

Solomon, E. P., & Heide, K. M. (2005). The biology of trauma: Implications for treatment. *Journal of Interpersonal Violence*, *20*(1), 51–60. https://doi.org/10.1177/0886260504268119

Stein, L. M., & Hoopes, J. L. (1985). *Identity formation in the adopted adolescent.* Child Welfare League of America.

Stromberg, J. (2013, March 8). *Adult adoptees have the right to know.* The Imprint. https://imprintnews.org/featured/adult-adoptees-have-the-right-know/2207

Temme, L. (2021, September 21). Roe v. Wade case summary: What you need to know. *Find Law*. https://supreme.findlaw.com/supreme-court-insights/roe-v--wade-case-summary--what-you-need-to-know.html

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

van der Kolk, B. (2021). This conversation will change how you think about trauma. *Bessel van der Kolk*. https://www.besselvanderkolk.com/blog/this-conversation-will-change-how-you-think-about-trauma

Verrier, N. N. (1993). *The primal wound: Understanding the adopted child*. Gateway Press.

Wachowski, L., & Wachowski, L. (1999). *The Matrix*. Warner Bros.

Watson, W. H. (2012). Family systems. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (2nd ed., pp. 184–193). Academic Press.

Wood, L. (2021). $1,095.5794 million consumer DNA (genetic) testing market: Global forecasts from 2021 to 2026. *Business Wire*. https://www.businesswire.com/news/home/20210625005342/en/1095.5794-Million-Consumer-DNA-Genetic-Testing-Market---Global-Forecasts-from-2021-to-2026---ResearchAndMarkets.com

Wrobel, G. M., & Grotevant, H. D. (2019). Minding the (information) gap: What do emerging adult adoptees want to know about their birth parents? *Adoption Quarterly*, *22*(1), 29–52. https://doi.org/10.1080/10926755.2018.1488332

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