

2

Having a Personal Mission

These stories illuminate the “why” of social work. Social workers describe how their personal mission is reflected in spiritual beliefs, advocacy to abolish the death penalty, addressing one’s own grief, and the promotion of cultural competence.

QUESTIONS TO CONSIDER WHILE YOU READ

- How does a personal mission become a public mission?
- How might a past experience benefit or impede social work practice?
- What are the positive aspects of social work? Do they outweigh the extreme difficulty that the job entails?
- How should self-care be integrated into professional social work practice?

Karen Van Vuren

I’ve always been a social worker. It’s just something that comes naturally. I could be with a total stranger and within five minutes know the “essence” of his or her life. I simply love people. I guess that’s just the way I am. I went back to school at age 47 because I had retired from a child care business and wondered, “What should I do next?” I never, ever intended to go on to graduate school and become a professional social worker, but the undergraduate program went so well, and I was determined I had nothing to lose. I applied and was accepted. It surprised me more than anybody.

It is now five years later. Recently, I spoke in a psychology class, and the professor asked me why I seem to have such joy and enthusiasm while working in very difficult situations (I investigate abuse, neglect, and exploitation of vulnerable adults). This may sound strange or rare, but I know that I am in the center of God's will for my life. He is my boss, and although I abide by and honor my daily supervisor, the real joy I have in doing social work comes from Him. He gives the power, strength, and joy. There is great reward in the work I do for Him.

I'm human, so there are times when I get really frustrated. I am working with a woman now who has taxed me to the limit—almost—but 99% of the time, I just love my work. What discourages me at times is the lack of interest and enthusiasm among my coworkers. There are very few who seem to enjoy their work, but maybe it's the “perks” that keep them coming back—insurance, security, annual leave. As far as I'm concerned, a social worker is someone who truly enjoys working with people and who has a genuine interest in others, versus someone who simply does the job for the paycheck.

I'll tell you about a recent case. An elderly woman in her 80s called one of the social agencies in town to request help getting her weeds cut. This sounds quite simple and basic. However, our agency was called to help out because the lady would not allow the people to come in her home to complete the paperwork. For our agency to accept a case, there must be some allegation of neglect, abuse, or exploitation. I was assigned the case, and on my initial visit, I sensed the woman might be embarrassed about her situation or fearful of what might be discovered. I literally put my foot in the front door so that the door could be opened a few inches so we could talk. I spent time building trust with this lady over several weeks, primarily over the telephone. I also learned that our agency had had this case several times previously and that there was a daughter in her 50s in the home who was suspected of abusing her mother, especially emotionally. I stressed to my client that our agency tries to help senior adults, and I stayed away from negative words like *vulnerable*, *abusive*, *mental problems*, and so on.

One morning, I lined up volunteers to cut her weeds. I tried calling her several times for three days prior, but no one answered. This was unusual; she usually answered the phone. I did discover that sometimes her words to me on the phone were more guarded than at other times. I thought to myself, “I hope she didn't die.” I met the volunteers at her property and knocked on her door to tell her that there were workers there who would be making noise with their equipment. There was no answer. I told the volunteers to begin cutting the weeds, and I called 911 and asked for a welfare check. A sheriff arrived and walked to the back of the property. He

then came to me and said the back door was not locked; he knocked, but no one answered. He looked in and commented to me, “I don’t know if there is somebody dead or alive in there, but I’m getting my gloves on and going in.” He came out about 10 minutes later and said, “I still don’t know if there is somebody dead or alive in there.”

He then called the forensic unit. They came, and I entered the house with them. They took extensive pictures. The trash was piled five feet deep in the kitchen and the dining room. The occupants evidently would use something and just throw it down, never picking up their trash. It was unbelievable. Used toilet paper was piled high in the bathroom. Empty cartons and cans were all over the kitchen. One could barely locate the kitchen countertops. One had to walk on piles of trash to navigate from one room to another. I slipped a couple times. I couldn’t help thinking about my client, who ambulated with a walker, trying to walk in her home! We did not locate my client. The hallway to the bedrooms and the bedrooms themselves had stuff piled as high as the bottom of a child’s crib. The police officer and I found a small slip of paper by the front door on a piece of furniture. It was the phone number and name of a car rental place. I contacted them, and they confirmed that a car was rented by my client’s daughter and was due back at 6 P.M. that day.

The next morning, the daughter was on the phone to me at 8 A.M. She wanted to know what had happened because the lights were on in their home when they returned. She was upset. She stated that they did not need our services. I told her it was unsafe, unhealthy, and inappropriate for her mother to be living in that environment. We made arrangements to meet the following afternoon. I had the fire department, police, and other health and social service agencies present when we met at their property. Our agency does not have the right to remove adults from their homes unless there are some significant health and safety issues. My client was a diabetic, and when we met at 2 P.M., she had not yet been given her insulin by the daughter. The daughter explained that her mother needed to eat. I explained that I had located an adult care home where my client could stay for a few days until we determined how to proceed in getting the house liveable again. The daughter and mother cooperated, although the daughter was reluctant initially. The case took amazingly creative social work skills, and the multidisciplinary approach was effective. We discovered that the mother had a broken wrist—no wonder, trying to navigate walking over all that trash with a walker. The mother eventually moved in with her granddaughter and never lived with her daughter again. The daughter had some mental health issues for which she received some treatment, but then later she became threatening toward her mother.

I've had several cases that are described as "abuse of 911" cases. One of them was a woman who was in the beginning stages of Alzheimer's disease. She and her husband were Holocaust survivors. This man gave his wife everything money could buy for 47 years, but the one thing that he couldn't give her was a cure for her disease. When the dementia started to set in, she accused him of taking her creams and lotions. As it turned out, he found these things in her flowerpots and other unusual places. She would call 911 and report that he had hit her. During about the fifth call, she reported to the police that he had stabbed her with a letter opener. The police asked why there wasn't any blood and then realized that the problem was with her, and they suggested to the husband that she should get some medical help and he should call our agency. The husband had never heard of Alzheimer's and did not know what was going on; he thought she would get better. Over the next several months, my client was in and out of geriatric psych units and adult care facilities. She was sweet and kind to most people, except her husband. He was so attentive and caring toward her. It was sad to watch. The staff of one of the psych units felt that because she had gone through the trauma of the war and being locked up, being in the secure unit of a hospital was giving her flashbacks, a symptom of posttraumatic stress disorder. They wanted the husband, whose mind was perfectly clear, to leave their home and let her live there. I took a different stand. Even though she was my client, I believed that he was the one who should remain in their home, and she needed to be placed where there were professionals trained to work with her.

We ended up in court on this issue. The client decided she didn't want to be in the hospital or go any place else, and the hospital told her that by law, they could not keep her there. They also told her she could sign an AMA (against medical advice) paper. She signed the paper, and the hospital called me and said, "Now we have a real issue. What if she leaves here tomorrow at 4:00 P.M.?" I contacted an elder law attorney, and he called the courts to get an emergency hearing to determine whether my client needed a guardian. Her husband became her guardian. His provisions for her are excellent, and it hurts to see her constantly ask to go home, but going home is not appropriate in this case. It is a sad story. Her husband has noted that surviving the concentration camps and running through the forests dodging bullets during the war was not as difficult as seeing his wife's health deteriorate ever so slowly before his eyes. He feels so helpless.

I'll describe one more case. She was young, 54, and actively working. She was known throughout the area by virtue of what she did; at her job, she made contact with countless departments every day. She was diabetic and lived alone. She had not been injecting herself properly with insulin, and a neighbor found her lying on the floor after she passed out.

I paid a home visit and could not believe my eyes. The ceiling of her mobile home was falling in. The trash in the bedroom was from the floor to the ceiling. She had so much trash everywhere—food wrapping, used toilet paper, empty spray cans. The couch, which was her bed, was missing fabric, and I could see the metal springs. She had piles and piles of newspapers. I explained to her that her environment was contributing to the decline of her well-being and asked whether she wanted to continue living like that. She said, “No, I don’t, but I can’t do anything about it.” I spent the next several months locating appropriate housing for this lady and helping her regain her health. Her mobile home was destroyed. Last week, I placed another lady in the same adult care home where this woman is now. I didn’t recognize her. The caregiver is a woman who has eight grown children and is a grandmother. The caregiver has my client walking every day. She is losing weight. Several of her medications have been eliminated. It is amazing to see the power of love and caring and its impact on an individual. It makes my job so rewarding.

Obviously, these are not the golden years for many older people. I think that the majority of society is conditioned to take care of themselves and not get involved. That doesn’t stop me. I focus on what I am called to do. It brings satisfaction to me to see someone’s life improve. For example, I went to see a 103-year-old man. He is living alone in his mobile home. He can’t hear, and he can’t cook. His 73-year-old daughter called us because she wanted to hire some help, but he didn’t want that. She is old herself and getting burned out from caring for her father, but he thought she could keep right on caring for him. He was living like he didn’t have a dime, but he had plenty of money. When I approached him and methodically explained options to him, he hired an attendant to come to the home. His daughter just couldn’t get him to understand, but sometimes, a neutral person can come in and make a difference. I just feel great joy when I see an elder person’s life get turned around. His sure did, and so did many others.

Being a professional social worker hasn’t really changed my life, but working full time has changed my personal life. Full time for me is usually more than 40 hours a week on the job, and then I still have so many outside private interests in life. At 55, life for me is full of challenges and rewards. Living is giving, and I love giving to those most vulnerable in our society: the elderly.

Kathryn Norgard

Social work is a calling, a call to do something. There is restlessness inside you, and you have an opportunity to deal with that restlessness. The restlessness

has to do with injustice in the world, specifically the world of our community, of our state, of our nation.

I stumbled into the field. I didn't even know there was such a thing as social work when I was a kid. My family lived in the San Jose area of California. We weren't very rich, so in the summer, one of the things that I did was work in the fields with Mexican farm workers. As a kid, that seemed like a pretty glamorous way of life because you were moving around. The workers were family oriented, and they had a sense of culture. It wasn't until I was in high school that I realized that it wasn't such a glamorous lifestyle. Those kids didn't go to school, and the families didn't have a permanent residence. It was my first awakening to how unjust things are in our world. Here I was, living in a housing development right next door to an orchard where there was a shack that housed an extended family of maybe three generations.

I knew then that I wanted somehow to be involved in changing some of the things that I was disturbed about, but I didn't even know there was such a thing as social work. I was taking a criminology class when I met a woman who was preparing for the master's program in social work. So I learned about social workers. I thought, "Well, gee, that sounds kind of great. Maybe that is the way that I do this." And now, I am a social worker.

I've been involved in some important community changes in my town. Some of us realized that there was nothing in town for runaways. Kids ran away, and they'd just automatically be locked up in juvenile detention. So we started a runaway shelter, and I think that was important because a lot of the kids who run away have been molested or have difficult family homes.

Then, the state hospital downsized and changed its focus, and people with mental illness were sent out on the streets. So a couple of us founded a program run by volunteers in the basement of a church. People with chronic mental illness could come in and have day treatment programs.

The other part of my life has been working on criminal justice reform, specifically the abolition of the death penalty in Arizona and nationally. I call myself an abolitionist because the first abolition in this country was the abolition of slavery. For those of us who are now working for the abolition of the death penalty, the similarities to slavery are just remarkable. Slaves were not rich. There was certainly a racial bias in slavery. Slaves didn't have the same rights—human rights, legal rights—as other people. There are a lot of parallels, and there is no way the death penalty could be administered fairly and justly, even if you put aside the moral issues. That is why we call ourselves abolitionists because we really see it as the second abolition movement in the country.

I guess we will get to the personal part now. My son was convicted of murdering two people in 1991. He was sentenced to death. It turned my life

upside down. I'm just now beginning to feel more balanced, and this is seven years later. I guess I never thought social work would become so personal. I've had a charmed life in a lot of ways. I was middle class and white, I was able to figure out a way to get through college, and I haven't had a life like so many of our clients have. I guess what has wedded me to the other side of humanity has been my son, John.

When we adopted John, we didn't really know anything about him, other than he was a really cute, charming, mixed-race 1-and-a-half-year-old. What we didn't know was what John was dealing with. Later, as we became more aware, I certainly thought about the fact that he had lived in a number of foster homes and had been shuffled around. I know babies need consistency and need to attach to their parents or caregivers. He had problems from the get go. He had a hard time learning, and yet he was smart. He had a hard time telling the truth and a hard time not stealing. When kids are little and steal and lie, you can usually help them, but we couldn't do that with John.

We were pretty concerned and took him to counselors and psychologists for testing. He didn't fit into any category. They couldn't label him. He wasn't quite this; he wasn't quite that. He wasn't learning disabled, and he wasn't really oppositional. All the interventions were aimed at trying to change our family dynamics and to encourage him to behave differently. It wasn't until after he got the death sentence and I got diligent and found his family that we discovered that his mother had been a heavy drinker. He was later diagnosed with fetal alcohol syndrome as an adult. But all that time, looking back, he certainly had all the symptoms of fetal alcohol syndrome, except for mental retardation. It didn't occur to anyone, even though people knew he was adopted.

I didn't face this trauma very well. I was overwhelmed, and I was petrified and mortified. One of the things that has been hard for me as a social worker is that I just assumed that all social workers would be against the death penalty because being a social worker means bringing forth change. What was so sad to me was to learn that social workers aren't any different in understanding the death penalty and what this really means to us than the people on the street. Probably 60% to 70% of social workers are in favor of the death penalty. That was a hard thing. It was hard enough facing the real probability that John would get the death penalty. When I found myself in a group of colleagues, I'd be quietly reflecting, "Does she want to kill John? Does he want to kill John?" I got paranoid in my thinking. It's a weird thing to be in a community and know there are certain people who want your child dead as a solution to this thing he has done. It wasn't easy at all. I considered all kinds of ways to run away.

John's sentence was overturned last year, and he now has a life sentence, but the change in me is still there. Something shifted. What I learned about the death penalty is that it embodies every evil that we work on changing as social workers. It embodies racism at its worst. It doesn't matter *that* you kill but *whom* you kill. If the person who was killed was white, you are more likely to get the death penalty. To me, it never fit with any kind of morality to say it's OK for us to kill our citizens. I've been able, to some degree, to imagine what it would be like to have a family member killed or someone that I loved killed. I certainly can get to the other side of it and know how angry and vindictive I would feel. Hopefully, there would be something that would prevent me from carrying that out. That is what I'd like to believe our laws do—help us remain civilized.

There is always going to be killing. That is a historical truth. We are not able to abolish killing. So the question is, "What do we do when it happens? How do we behave in a less violent way as a response?" The death penalty is a violent solution to violence. It's the most violent solution. But when there is a death penalty, it creates more victims, a different kind of victim. You are told that a person you love is going to be killed and has no chance of getting away from it. It's not like your loving stops because this person has done a horrible thing. You wait it out, and you watch.

Death row is a systematic kind of torture of human beings on both sides of the walls. If the person who has been condemned is lucky enough to have someone who continues to love him or her and visits and keeps in touch, then both lives are touched and are bruised and battered by it because you watch the person live in conditions that are not even approaching human. You wait until the death warrant comes and then there are appeals, but ultimately, that person is strapped down and killed. The death certificate says "homicide" because that is what it is. So it's now another homicide and another set of victims, but it's a set of victims that few people have sympathy or empathy for.

It's easy to get focused on that person who was condemned and think of how glad we might be to be rid of him. I think about Jeffrey Dahmer or other people who commit bizarre crimes. Clearly, they are not whole. The death penalty is also like a purging. We purge ourselves of some of our failures, that part of our own shadows that we don't want to deal with. It's like a sacrifice for the part of us that we don't want to look at.

It's hard for me not to be judgmental, but you know, there are a lot of people in the United States who are only concerned about making a living. I'm not talking about people who are just surviving in the margins; I'm talking about the people in the middle who probably have excess. It's hard for me when I'm trying to motivate people to get involved—even in the

simple things, like writing a postcard. I really have to watch myself not to get judgmental. I guess I see through a different pair of glasses. I don't believe it's OK to be quiet when there are things about our society that are wrong and have to be changed.

Allen Cunningham

My goal in life is to make a difference in at least one person's life in a positive way. I work for Children to Children, an organization that helps children deal with the death of someone close to them.

Recently, I was working with a mother who had an 8-year-old son and a 19-year-old son. Her husband had been in the Air Force and died suddenly of an accidental overdose of inhalant. When they came to Children to Children, the oldest son had to drive because she had just gotten out of the hospital, and she was not allowed to drive. She was in a major depression, on serious antidepressant drugs. She cried almost continually the first three or four times that she was here. Meanwhile, her younger son was in the kids' group. The son was doing a lot of work around his father's death. In the midst of all of this, the mother's sister died of AIDS, but I was able to watch her move out of the major depression that she was in. I was able to watch her move into being able to take control of her life. They were here about a year, and after they left, she went to college on a scholarship and got a degree. Watching the transformation from coming in totally debilitated to being able to move out and achieve something in her life—and at the same time watch her son move through his grief process—those are the cases that stand out for me.

We always tell our parents to let the children tell them when it's time to leave the group. Parents say, "Well, how am I going to know?" We usually say that the kids will start acting a little differently or want to do something else, but they'll let you know in their own way. We had a 4-year-old who was here because his father died. After about six months, his favorite uncle was shot in a drug-related incident. Well, this little guy was at Children to Children, and he would play with some of our medical stuff in our playroom each time he came. He was also really active in our volcano room. He had kind of a routine. He would go between the two rooms, playing at being a doctor and making the volunteers die and get well and then going in the volcano room and just punching the punching bag. After about a year and a half, one morning at breakfast, he looked at his mom. He put his fingers a little bit apart, and he said, "You know, Mom, I only have this much hurt left in my heart. I don't think we have to go to Children to

Children anymore.” His mom came to the next meeting saying, “You guys told me he would do this, but I didn’t realize it.” It isn’t usually that dramatic. But for children to be able to say, “Yes, I’m done here,” is an important part of the process.

We tell parents that children will often replay incidents from their life until they begin to make sense for them and they feel some kind of control. That is what our playroom is for. It gives them control. We had a 9-year-old whose father had been murdered, and each time he went straight to the playroom. Week after week, he would come in and put on a hat and a suit coat and use one of the canes. He was a mean 89-year-old man. He told us, “I’m 89, and you get out of my way.” He’d shake that stick at people and tell them what to do. One evening, he wore his hat out to the group, and his mom asked him about the hat. He told her what he did in the playroom. She asked him, “Why do you do that?” He said, “Because they have to listen to me.” So for the time he was here—that 40 or 45 minutes—people had to listen to him. That was a healing process for him when he otherwise felt so little control in his life.

Working with grief can be emotionally taxing. One of the things we do here is provide opportunities for what we call a *pregroup* and a *postgroup* for our volunteers. The pregroup provides an opportunity for them to get centered and deal with issues in their own life before the families come, so when the families arrive, they can be fully present. Then, one of the most important things that we do after the families leave is provide another hour during which we meet again, to provide opportunities for the volunteers to talk about what has happened: to talk about things that have excited them, things that have touched them, things that have worried them, and to get support from each other. It is one of the most powerful things that we do. A lot of our volunteers who stay many years have said that the postgroup is one of the reasons they are able to stay. Those of us who work here full time take opportunities to do that with each other at staff meetings and in coordinator meetings. Personally, when I feel everything is too much, I hide away in a science fiction fantasy novel for an hour during lunch, and it helps clear my mind.

We need patience with people. We sometimes want them to move at a pace faster than they are able. We get frustrated with them, or we get frustrated with ourselves, when we don’t see the things we think we should. So patience with ourselves, first of all, and patience with others is important. There are those who don’t want to help themselves, and we find ourselves beating our heads against a wall going, “If only they would . . .” and then realizing that we are judging what they are doing, and they may not be capable of doing more right now. And yet, there are some families who have

been to Children to Children for a lot longer than I think they probably need to be here, and they are probably in the same place they were when they walked in the door the first day. That's partly because they are unwilling to look at what is going on and make a change, and that is frustrating.

It can be a tough field. If you've had grief of your own, it's important to be willing to work through that—if not at first, at least along the way. Because what the grief field will do for you is push every button you've ever had around grief and loss and sadness, and you will be unable to be present for the person you are working with if you're tied up in your personal loss. I think it's really important to be aware of losses that you have experienced. We always make our volunteers do a loss line. It is often the first time some of them have ever done that. It is a real eye-opening experience, but it also is the first step.

I've always tried to have a really positive view of humankind. Working in the social work field—especially when I worked with the homeless population—I think I've gotten a little harder in dealing with those who don't want to change. The homeless guys on the corner, that is a lifestyle that they've chosen for themselves. At one time in my life, I wanted to fix that for them and give them things to help them change. After working with the homeless, I know I have to allow people to make their choices, which is sometimes difficult for the codependent helper in me who wants to fix everybody. I think that is why people go into the field in the first place. It's hard to temper that.

This work has helped me interact differently with my own children, which has been a pleasant surprise for them. I would not classify myself as a star parent. You know all the rules, but when it comes to your own kids, rules are sometimes hard to apply. But after being in the field and applying them so often with other people's children, it has become sort of natural for me, and I find myself doing that with my own children. Additionally, one of the things that we do here is called "reflection." You know, we reflect what people say and what they do. It's not a judgment; it just lets that person know that you are really listening to them. My mother was put into a nursing home three years ago with Alzheimer's, and when I'm visiting her, I find myself reflecting with her. She responds to it like our little 3- and 4-year-olds do here in the building. It's interesting to watch that.

Well, for the last year and a half, the agency wanted me to be the executive director in addition to working with families in the program. I knew it wasn't what I wanted going in, and after the last year and half, I know even more it's not what I want to do. At my request, I'm getting back into working more in programs. That is where my love is: working either directly with the families or doing outreach in the community telling people about the work that

we do. Those are the things that I love doing and the things I think I do much better than sitting at a desk and doing budgets. I've come back to my goal: direct service work with families, especially children—making a difference.

Danelle Joseph

I got involved in social work because of the things I saw my grandmother go through when I was small. My maternal grandmother was Native American. In the 1940s, in order to survive as a Native American, a person had to give up everything and become white—give up the dress, the customs, the way of life. As a child, I saw her struggle with that and the emotional pain that she went through in giving up her way of life. That's what Indian people were told they would have to do to survive. In recent years, I've come to understand that she couldn't advocate for herself. That's why I'm in the field. I'm advocating for the stuff that went on back then, when I was 5 years old. That is the reason that I became a social worker: to advocate for my grandmother.

I grew up on a reservation in South Dakota. All the women worked. All the role models that I had were either teachers or nurses. My sister was a nurse, so I went into teaching. I found that as a teacher, I couldn't influence any of the social problems in the area where I was working. For instance, children would come to school with six or eight shirts on because they had slept out in vacant cars during the winter nights. People would be drinking at home, and the kids would have to run away to be safe. There was the little boy in kindergarten who had a bullet in his cheek. He had gotten in the way when there was an alcoholic fight at his house, and the bullet was lodged in his cheek.

At that time, there was a lot of Title 20 money around, and a lot of state social service agencies expanded. There were job openings for social workers. I applied for a job in a town a lot of people didn't want to go to because it was rural. But it was close to where I grew up, on my home reservation, and that was where I wanted to go. I got a job there and got a BSW [baccalaureate social work degree] equivalency with Title 20 money, working on the Crow Creek Reservation in South Dakota in the mental health department. For the past two years, I've been working as the medical social worker for the Indian Health Service. The thing I find the most satisfying is that I can be a bridge between two worlds that don't understand each other, between the medical system and the families.

We have a higher incidence of alcoholism because of the grief the Indian people have gone through, the loss of culture, the loss of spiritualism.

There's been a really strong recovery movement going on in Indian country in the past 10 years, so there are a lot of Indian people gaining sobriety. The tribal alcohol program has an intensive outpatient program called "Traditions" that's effective, but lack of transportation and the high level of poverty prevents a lot of people here from using it. We have a really big void in the area of adolescent chemical dependency treatment. But the AA groups are growing, and there's a larger number of people in recovery now than there was several years ago. The "Red Road to Recovery" program uses a lot of the same concepts that the dominant culture uses in its alcohol treatment programs, but expressed in a way that's relevant to the experience of Indian people. Plus it includes a lot more traditional spiritualism because there are lots of tribes that continue to use their traditional spiritual ways. That's really been a key in their recovery. One of the things that we do is burn sage and sweet grass. The reason that helps is that people grew up using them, and it brings back supportive memories. When people grow up with something, leave it, and then come back to it, it's comforting. It's a way of praying, a purification process.

I'll tell you a funny story about when I was working as a hospital social worker. There was a family meeting scheduled, and I knew that it was going to be difficult because there was going to be some conflict. So I burned some sage, but I didn't have a shell, so I put it in a Styrofoam cup. We prayed that all the people who were there that night would be healed. Eventually, the Styrofoam cup caught on fire, and of course it set off the fire alarm. This nurse came whipping down the hall, and you know how nurses can be. "Wra wra wra. What are you doing? You're never going to burn that stuff in our hospital again. Naanaanaanaa." I felt bad because they had to take all the patients out of their rooms and take them outside because they thought that it was a real fire. They hauled all these sick people outside. I felt bad all night long. The next morning, my sister, who was a nurse at that hospital, said, "This is good; you should do this every night 'cause all our patients got well, and they all went home. Even that man who was dying, he went home." Then, I thought back to what we had prayed for. We had prayed that all the people who were there that night would be healed. And the spirits and the creator interpreted it as all the people in the building would be healed, and they were.

When people get back to their traditions and pray to a higher power, good things happen. That's the key. It's hard for people here, though, because their native traditions were lost in the early 1600s, when the Franciscan priests came. People have lost a good part of their traditional spiritual ways, and they have been replaced with Catholicism. Some people are going back to sweats, and that's a traditional part of the O'dham

Indian culture. There's a sweat lodge between here and the health department. A sweat lodge is like an Indian sauna used for healing. There's usually a sweat on Thursday and Friday nights for anybody who wants to go. That has helped some people with their healing and sobriety.

I've seen a lot of people die of alcoholism. I went to a funeral last Saturday for a person who came through our detox program. She struggled with recovery, relapsed, and was murdered. She was 31 years old. She left three children. It's sad. But I've seen successes, too. One of the patients at the hospital was in a coma from alcohol-related complications. I don't remember his diagnosis, but he was dying from alcoholism. We were going to do an involuntary commitment to get him into a treatment center, and the doctor said, "Don't bother. He's probably not going to make it through the night." His family prayed and did some ceremonies for him, and the next day he became conscious. The judge came over to his hospital room to do the involuntary commitment and sent him off to a halfway house for nine months. He sobered up and started working at some tribal jobs. Over the years, he progressed up the career ladder, and one day, I was at J.C. Penney's, and he was shopping for a suit. I said, "What are you doing? Getting a suit for the governor's inaugural?" He said, "I was elected to the council. I've come a long way in seven years." Then, he shook my hand.

I believe that each person has a path that he or she has to follow, a plan that's set. It may not be a plan that the rest of the world thinks is good for that person, but all people have a plan that's put there by the creator, and they have something that they have to learn. That's why they're here. I sometimes cross their path for a short period of time—maybe to teach them something, maybe for them to teach me something. But I don't have any control or any right to try to influence what their life is. That's already been set. That has helped me accept some of the bad things that I see that are happening to people. 'Cause there's a reason for it. That doesn't mean that some bad things don't just happen. There are a lot of bad things that happen to people. I think it's our job to try to turn that into something good.

Seven months after my son died, somebody said to me that it would be good if you could turn this into something good. I freaked out. I thought, "How can you even tell me that this could ever be something good?" His death was a sudden infant death. I thought about it, and after a year, I moved out of that town and went to graduate school in social work. I did research on grief. I received a fellowship from the SIDS Foundation and interviewed 40 parents who had experienced the death of a child, either from SIDS or some other cause of death. I found out that perinatal grief can go on for

14 years. We used to think that it went on for a year. The interesting thing that I found out, that's been published in a small SIDS Foundation of California journal, is that the first year of grief, people are in shock and they don't feel the intensity of the emotion. The second year is the worst year, and unfortunately that is when society says, "Well, it's been a year. You should be over it; you should move on; get on with your life." The second year is when you experience the most intense feelings and have the most reactions. The third year, your feelings start to decrease until sometime between 10 and 14 years, when you return to your normal level of functioning.

A friend of my family, my brother's best friend, struggled with sobriety and recovery, and he was about 25 years old. He had been sober for quite a while and decided he was going to go on the Bigfoot ride. It's a horseback ride that follows the path of Chief Bigfoot and the Trail of Tears. It's part of healing the wounds from the past and a way of getting healthy and regaining sobriety. Anyway, he had decided to go on that Trail of Tears in South Dakota, starting December 29th. That's probably one of the colder times up there. Usually, it's below zero—sometimes, 40° below zero. People ride horses and camp out for about 30 miles. Just before the ride started, his cousin came and said, "Let's have a few beers," and they started partying. Somehow, they ended up in a car. There was a gun in the glove compartment, and they started playing Russian roulette. He was in a daze; he put the gun in his mouth, pulled the trigger, shot off the top of his head, and died.

We went to a sweat a couple of nights later. The men were inside the sweat lodge, and another woman and I were outside. We heard this bridle clinking, and there were no horses there. She got scared and went back to the house, but I stayed, and his spirit talked to me. In the Indian world, if you hear spirits, it's OK. Anyway, his spirit said to me, "What happened?" I explained to him what I had heard had happened. He started crying. He said, "Tell my mother that I'm sorry and I love her." And then his spirit started to come toward me. You can't have someone's spirit touch you because it will make you sick or kill you. I said to him, "Stop and go into the sweat lodge where all the men are waiting for you." The others in the sweat lodge told me later that he did come in, and they prayed with him and sent him on to the spirit world. That was really, really, really sad because he had turned his life around. His mom was proud of him, and he was my brother's best friend. He relapsed because of social pressure. He didn't want to say no to his cousin, so he went out, drank to the point of being in a blackout, and killed himself. He didn't even know what had happened.

In my 25 years of social work, every problem that I've dealt with has had alcohol or other drugs at the bottom of it. It may not be the direct cause; for children of alcoholics, their problems are the result of the things they

have gone through growing up in an alcoholic home. There's only one thing that helps overcome alcohol and drugs and that's people having a spiritual awakening and taking personal responsibility for their life. Just think: If everybody took personal responsibility, we wouldn't have any problems because we would all do what we needed to do to take care of ourselves. We wouldn't need social workers and counselors because everybody would do the right thing.