

Christina Szewczyk

Practicum Placement

Dr. Marilyn Orr

18 April 2005

Stories in the Social Work Setting

Stories are an integral part of our experience as human beings. They are how we relate our lives and experiences to each other. They are how we experience the outside world. They are what connect us as members of a community. Fundamental to our stories, argues Joseph Gold, author of *The Story Species: Our Life-Literature Connection*, is emotion. Gold describes the importance of acknowledging emotion as part of what guides our thoughts, behaviors, and perceptions as we function as part of society. He explains:

We need to know that emotion provides us with information crucial to our well-being, and we need to learn to pay attention to it as part of our thinking apparatus. [...] Emotion guides and shapes the stories of our lives, the organization of our experience, and the choices that we make. We need to know that the control centres for emotion, like other parts of the brain, are connected to everything else about us. (76)

In essence, the role of emotion in each of our lives influences our stories, how they are connected, and how they are relayed. Furthermore, Gold emphasizes the value of experiencing emotion through the sharing of stories, whether they are written or oral.

As a summer student working at Our Children, Our Future/Nos enfants, notre avenir (OCOF)¹, I believed the organization focused on creating an environment for children to play, learn, and socialize with other children as well as with their parents or caregivers. From my perspective—and according to the organization's title—this was an organization for parents and

caregivers to *sign children into*. Although I realized that there was information and programming available for parents about raising children, I did not realize how much of it involved helping parents understand and feel comfortable in their position as parents. However, after my Humanities M.A. practicum placement, I realized that OCOF is an organization for *people with children to join* that provides a space for families to interact in order to foster a better sense of community as well as to share experiences as parents and as individuals. Although I was somewhat familiar with some of the staff, programs, activities, protocol, and members, my perception of the organization has changed since I worked there as a summer student. Through my practicum, I discovered the value of such an organization to the community as a whole, as well as to individual members and children, as this is a space in which stories are shared, interconnect, and sometimes even change directions.

A Space to Share Stories

OCOF is a non-profit organization funded by Health Canada that caters to families in and around the Sudbury area with children ranging from ages zero to six. The organization functions as a resource center where parents can find support by attending free programming, family activities, workshops, playgroups, and discussion groups. OCOF also provides its members with free access to toy lending libraries, resource libraries, clothing exchanges, and healthy snacks. These services are offered in exchange for ten hours of volunteer work (or “time sharing,” as it is called by the organization) for the organization over the course of one year. I volunteered for my practicum placement at the Valley East location, where I had previously worked as a summer student and occasional childcare provider. Stephanie and Joy are the Family Resource Workers at the Valley East site.

Originally, as a summer student, my role at the center focused primarily on catering to the children through providing childcare during programs and workshops, preparing crafts and activities, singing songs and reading books during circle times, as well as helping parents who have more than one child during playgroups. When I first began my practicum placement, although I did not provide childcare and was instead invited to participate in programming, I continued to perform many of my previous tasks during playgroups. However, as the weeks progressed, my role seemed to shift away from tending to the children and more towards the adults attending various programs. I attended the Steps and Stages discussion groups, which are designed for parents, with children between the ages of three and six months, to share their experiences and learn about various topics of interest such as making baby food and keeping physically fit after pregnancy. I attended the Creating Healthy Babies program, which is geared toward promoting a healthy lifestyle for expectant mothers and their families. I also attended all five Parent Education Series presentations on the theme of “Healthy Relationships.” During these programs I would interact with parents and participate in discussions on any topic from dealing with stress to child development. Most often, though, my involvement in these discussions was simply to listen—to listen to the participants share their stories.

Story #1 (Exchanging Stories): While participating in Creating Healthy Babies sessions, I saw just how important a space for sharing stories can be in a community. During one session where the topic of discussion was sleep, many of the participants attending shared their personal experiences regarding their infant’s sleep patterns and the sleep patterns of their previous children, as well as how adult sleep patterns are affected by pregnancy and feedings. However, the most interesting discussion and sharing of personal stories occurred at the end of the session. A friend of one of the regular participants recently discovered that she was pregnant

and accompanied the regular participant to the session. Although she remained quiet for most of the discussion about sleep, near the end she quickly began to open up to the group about her anxieties concerning her pregnancy. She asked plenty of questions to the other women, being the only person there having her first baby. It was nice to see how ready everyone else was to share their concerns about the delivery, becoming a parent for the first time, and choosing between a doctor and midwife. Everyone seemed very genuine. No one tried to make things out to be worse than they actually are to *scare* her into reality, and no one embellished their stories to make them sound like whimsical, *miraculous* experiences either.² Everyone was honest about their experiences and sounded as though they were really trying to be reassuring. Complete strangers who are being brought together at OCOF because of their pregnancy appear to be more apt to address significant issues and questions that go beyond ideas for baby names and making comments such as, “You’re never going to get a decent night’s sleep again!” (although these do come up in Creating Healthy Babies too).

I had originally perceived the Creating Healthy Babies program and many other programs at OCOF as being for people who lacked any kind of support from family and friends. I thought they were for individuals who had questions and did not know where else to turn. However, an individual can have supportive friends and family who simply do not have all the answers. Nobody could ever possibly know everything about parenting because everything occurs differently for different people. And, when it comes to raising children, anyone close to the child will often be biased and may either praise the child inordinately or dismiss behavioral problems, learning disabilities, or developmental delays. I observed an example of this phenomenon one day during my practicum.

Story #2 (Theories on Exchanging Stories: Workers as Listeners): A parent returned to the center one day in order to apologize for her child's supposed misbehavior; in the course of the discussion, she confided to the staff that her child was "gifted." At OCOF, parents get a chance to put both bad behavior and special qualities into perspective, as they see their child interact with others. In this case, talking to one of the Family Resource Workers about her child allowed this parent to get a truer sense of what constitutes healthy child development. What's more, she was able to see the child in the context of a larger community. By interacting with other parents at OCOF, this woman could hear stories about children and parenthood and could learn from other experiences. She could gain a better understanding of her child and his behavior by seeing herself and her child from a slightly altered perspective. As Gold explains in the context of using bibliotherapy to help individuals come to terms with their own experiences, emotions, and behavior, hearing other stories might "take her outside herself, and help her construct a workable identity by allowing her to see her story in a wider context" (130). After all, hearing of this woman's story shifted *my* perspective of OCOF further towards its being an organization geared to helping parents.

The Family Resource Worker's role in these stories is significant in that her expertise is what allows for the dissemination of stories within this setting. The staff at OCOF play the role of guides who help facilitate the storytelling process. However, while it is important for staff to provide members with comfort and care, they must attempt to maintain some distance and treat all members equally. There is a fine line that social workers must walk: they act as part of a support network for individuals who require one, as confidants who learn very personal information about the lives of many individuals, and yet they cannot be "friends." The delicate nature of the work of the OCOF staff lies in how their stories become woven into an intricate

web of human stories. The staff is a part of the community. However, they must not allow their stories to become too entangled with those of others. Appropriate disclosure is a means often used by the staff at OCOF to be able to contribute to the discussions and share parts of their stories without becoming personally involved. Disclosing appropriate personal experiences also allows for the staff to encourage the further sharing of stories on the part of members.

Healthy Need versus Habitual Need

While it is true that this particular woman and her child could benefit greatly from OCOF, some individuals come to rely quite heavily on the support the organization provides to the community. The Our Children, Our Future (OCOF) internet website states: “Working in partnership with individuals, families, groups and organizations, our mission is to develop and promote innovative and sustainable community resources that nurture healthy children, healthy families and healthy communities” (*About OCOF*). At the beginning of my practicum placement, I questioned whether this mission would be entirely beneficial to the community. Although OCOF may have been created because of a need for the education of new, young, or single parents who may be lacking adequate emotional support from family and friends or basic physical necessities, might some people not become unhealthily dependent on the resources? Might they not habitually return to OCOF to fulfill their needs? The organization explicitly states that part of its mission is for its resources to be sustained. However, since OCOF is working to develop a sense of community, should the organization’s ultimate goal not be to cease to be necessary? Should OCOF’s goal not be to establish such healthy children, families, and communities that it is no longer needed to promote or nurture this health or wellbeing? Granted, there will always be at-risk families who find themselves in unhealthy circumstances and require assistance. Yet it seemed to me that there is something wrong with the fact that there

are individuals who return constantly to the center, continue to have the same concerns and problems, and attend the same programming year after year. I asked these questions primarily because I was surprised to see so many familiar faces when I returned to the center a year and a half after my last day there as a summer student.

Many of these familiar faces belonged to people who had had another child or children since or right before the last time I saw them, which would explain why they were still members. However, a few individuals who were still attending playgroups and programming appeared to have become somewhat dependent on the center as their primary means for socializing and support. One of these people is a woman named Jody³, an individual whose story I will return to later. I also witnessed this phenomenon during my summers as a student worker. I would sometimes become aware of certain behavior on the part of parents and children who had been coming to the center for years and attending the same programs over and over, yet never implementing what they learned despite their capacity, during programs, to give responses they knew by heart to questions concerning these exact behaviors.

In response to my queries on this issue of dependency, Stephanie, my placement supervisor, said that the organization is quite concerned about the danger of members relying too heavily on the support and services they provide. OCOF realizes that, although it is healthy for a parent to seek interaction as well as information and help when it is needed, a habitual reliance on the organization is not healthy. In fact, Carmen Robillard, the founder and director of the organization, often tells the staff that they are trying to “work themselves out of a job.” Their goal as a community-based prevention program funded by Health Canada is to assist in integrating people into their own communities, moving beyond OCOF by themselves. This is also the purpose of “time sharing” and of the designation of participants as “members.” Although

everything provided to OCOF members is free of charge, it is on the condition that they give ten hours of “time sharing” back to the organization over the course of the year. If a member helps clean up after a playgroup, does snack dishes, or gives a ride to another member, s/he is asked to document this contribution on the sign-in sheet so that the time can be deducted from what s/he owes to the organization.

However, the documentation completed by members also serves to illustrate to Health Canada how OCOF is contributing to establishing community involvement. At the beginning of my practicum placement, I had perceived this documentation as having the primary purpose of ensuring that OCOF remains within the community: the organization’s resources will be sustained by Health Canada as long as they continue to be needed by the community. Thus, “time sharing” had appeared to me to be one method to sustain the organization’s resources. I learned after speaking with Stephanie though, that “time sharing” has a completely different purpose: it is meant to help members interact within OCOF’s space in the hopes that relationships will be formed that will extend outside the center. If a member decides to bring a friend to the center and asks Stephanie to give a tour, Stephanie will recommend that the member give the tour her or himself as part of the member’s “time sharing.” Although it might make her “look lazy” to the member, as Stephanie said, this type of encouragement is part of Stephanie’s responsibilities. “Time sharing” is meant to foster a sense of community among members and so the staff must encourage member interaction as much as possible.

Story #3 (Success Stories: Stephanie’s Perspective): Stephanie provided me with several examples of how OCOF has assisted in the development of member interactions outside the center. She referred to an occurrence I had had occasion to witness during one Steps and Stages session where two mothers exchanged phone numbers in order for one to be able to

participate in the other's scrap-booking session. Also, she explained that several of the "regulars" from the Steps and Stages discussion group started bringing their children to swimming lessons together after having met at the center. Another example was the story of a group of about four or five mothers who used to regularly attend a particular playgroup and suddenly stopped. When Stephanie saw one of the parents from that group during another OCOF activity, she casually asked where "the gang" had been lately and was told that they now gather at each others' houses at that particular time instead. They each take turns hosting their "play-dates," as the woman referred to them, and bringing snacks. This, Stephanie explained, is an example of something that might be submitted to the OCOF head office in Sudbury along with the sign-up sheet and other paper work after an event, activity, workshop, program, or playgroup. It is a "success story."

OCOF is in fact concerned about the dangers of its members becoming unhealthily dependent on the organization. That is why the staff tries as best they can to promote interaction outside the center so that OCOF is not the basis of the parents' social lives or support system. It is apparent that OCOF regards the health needs of its members and the community as extending beyond basic physical health into emotional and mental wellbeing. The reason OCOF wants to create "innovative and sustainable programming" in communities is that having a space where questions can be asked openly, issues can be discussed without embarrassment, interaction within the community can be facilitated, and experiences can be shared with fewer biases is important to this wellbeing (*About OCOF*). The organization's focus on health includes mental and emotional health, which emphasizes needs catered to through a social support system, needs that go beyond the basics such as food, clothing, shelter, and the type of health monitored by doctors and midwives. OCOF addresses these types of health needs by developing a sense of

community in and outside of the center. And it is within communities that stories are formed and shared. In fact, it is the connection between stories that forms the community. Nevertheless, despite OCOF's efforts to strengthen community spirit through social interaction and the sharing of experience, Stephanie acknowledges that there are still some individuals who return to the center continually and want to discuss various problems in their lives with staff on an ongoing basis.

Story #4 (Jody's Story: An Example of Habitual Need): One such person is a woman I will call Jody, who has been coming to the center with her children for a few years. Jody has participated in various programs over the years, even sharing her experiences and indirectly voicing some anxieties, for example, in her joking comment, "Coping with stress? I do that all the time!" during one session I recall. Despite her participation in programs and discussions with the Resource Workers, she has at times been dismissive of the staff and other members' attempts at helping her and has been unreceptive to availing herself of OCOF's network of resources. Yet, over the years, her struggles have continued to be evident. She does not seem to know how to implement OCOF's resources and, in this way, she is demonstrating the dependency the center tries to discourage: she seems to look only to OCOF for community support.

Stories as Emotional Experience

As might be evident from the stories I have related so far, OCOF provides a space for members to express what they are feeling about their life experiences and also encourages the Family Resource Workers to use their own feelings, along with their skills and expertise, to respond to what the members bring to the center. I realized during my practicum placement that OCOF emphasizes emotion in all of its facets, from its policies to the simple conversations between parents. Although policies are in place for OCOF workers and members, they are

implemented at the discretion of the staff. For example, if a staff member *felt* that a pregnant member participating in the Creating Healthy Babies Program was in enough of a predicament to merit more milk vouchers than would normally be allotted, a staff member could decide, with or without discussing it with other staff, to give her an extra voucher despite policies, as long as it does not become a routine practice. Further, members are encouraged to discuss how they *feel* as well when, say, their child bites another child, and I have noticed parents discussing such feelings without needing prompts from staff. A perfect example of this would be the sharing of experience with the newly expectant mother during Creating Healthy Babies as mentioned above. OCOF affirms members' emotions as central to human experiences. And, as Joseph Gold might say, emotions make experiences stories.

Dealing with emotion in a rational way is what social workers are trained to do, and I think that subjectivity is not taken seriously often enough in modern society. A parent can read all of the child-development books possible and know that a child will probably bite when she or he reaches a certain stage. But when it happens, the knowledge does not prevent that individual from feeling embarrassed, inadequate as a parent, or even angry. Hearing about the experiences of other people—their stories—is a way of coming to terms with such events and how they make a person feel. Furthermore, being able to share one's stories with others is a real step towards dealing with these emotions, as the story of the woman who came to speak to Joy concerning her gifted son's behavior during a playgroup illustrates. Emotions are shared through stories, whether it is in the form of a good book, gossip, or, as in this case, confiding a problem.

Joseph Gold links the idea of story and experience directly to emotion and explains that accepting emotion as part of the thought process more openly in Western culture could be greatly beneficial to our society. He states:

There is a long history of hostility to emotion in the West. [...] But in the West, there has been a long bias toward reason. Reason was male, emotion was female. [...] Emotion leads astray, to sin, to the irrational and failures of duty, and so to corruption. [...] But emotion also leads to compassion, empathy, self-knowledge, affection and imagination. [...] We have been urged to ignore our emotions as misleading. [...] The denial of emotional ‘truth’ is a big part of the social and economic chaos growing around us. Compassion, the most important of all emotions, and compassionate government that would result from compassionate public policy, have all but disappeared from official public policy in North American society. (77-78)

Gold proceeds to explain how emotion and reason are “not at war,” but work together in how we learn, form identities, and interact with others. I think that OCOF is contributing to a shift in the ‘rational’ North-American mentality exactly as Gold recommends, and it is through the sharing of stories no less. Contrary to popular belief in Western culture, in order for humans to function properly in society and interact effectively with one another, emotion and feeling must be acknowledged. Gold explains that “[t]he biochemistry of emotion is located in the brain, but connected to our viscera, gut feelings, so our bodies know and register emotion that the brain can identify. Emotion constitutes a primary filter for sensory data that we record or register from the outside, not-us world” (75).

Gold focuses primarily in *The Story Species* on the act of reading, explaining how reading stories allows for acquiring experience and how this contributes to the individual’s continuously forming identity:

Reading Literature constitutes a very efficient behaviour for acquiring experience. It is of course relatively risk free and energy saving. More importantly, reading story as

experience is to realize experience imaginatively, in a pre-formed, pre-managed package.

[...] Literature is akin to an experience kit, ready to assemble and adapt in order to augment the reader's own mental "I" [identity] structure. (62)

But this description of reading can extend to verbally exchanging stories of our lives, as we do every day.

Adding that we share our lives, experiences, and identities with each other through narrative stories, and drawing on his use of bibliotherapy in his work as a family therapist, Gold emphasizes the value of story in human culture by arguing for it as a necessity. We are a "story species" because language, feeling, and emotion are key elements in our existence and are all interconnected in our thought processes. Furthermore, Gold explains that hearing stories can also be beneficial. As Gold reports of a group of young students he read aloud to, "they were able to pay attention to the meaning of the words and instantly use their own language and life experiences to relate the story to themselves, or to what they could imagine or construct..." (200). He also explains that the goal of good poetry and fiction is to arouse emotion in the reader, just as I believe the exchanging of stories—or "experience kits"—works for both the storyteller and listener in the social work setting. In essence, at OCOF, experience repertoires are continually being expanded, identities are continuing to be formed, and emotional health is constantly being catered to, all through the convergence of stories. One occasion when I was able to bear witness to an emotional exchange and convergence of stories was during the final gathering of the "Healthy Relationships" parent education series.

Story #5 (One Storyteller Opening the Door for Another): The session started with a recapitulation of some of the material from the first two parent education presentations and finding out if anyone had made improvements or changes in the areas of budgeting and nutrition.

As we began to focus on the “Healthy Relationships and Communication” and the “Stress and Coping” presentations we had participated in a few weeks earlier, one woman told the group about her relationship with her mother-in-law and the emotional strain it is causing in many aspects of her life. The woman had never spoken of her mother-in-law before, and she revealed that her mother-in-law had been at the top of her list of things that cause her to be stressed, a list that everyone completed at the beginning of the “Stress and Coping” presentation several weeks prior. Stephanie explained to me later that normally she would have recommended that she and that particular woman converse privately after the session. However, since everyone was still participating in the discussion by contributing their own experiences and giving the woman ideas to resolve the issues between her and her mother-in-law, Stephanie thought that it was suitable to continue the discussion openly. Considering that the context of the Parent Education series is maintaining healthy relationships, it seemed to me that the telling of her story was entirely fitting. As interesting as this part of the discussion was, however, the most significant part of the session for me was when Jody began to open up about her problems with her husband.

Story #6 (Jody’s Story Continued: Habitual Need Turns Toward Healthy Need): As I mentioned earlier, Jody has been coming to the center for several years. She has repeatedly shown signs of emotional stress: I have seen her crying, frequently turning to workers at the center for help, and have heard her speaking of her own stress and even depression. Nothing has seemed to change with her, however, until this session when she seemed encouraged by the other member’s mother-in-law story to disclose more fully something of her own difficulties. She even told us all of a confrontation she had finally had with her husband. I think that it was important for Jody to have been able to show her feelings to the extent that she did and to have tried actively to instigate a change in her life, in order to change the direction of her story. In the

context of the shared stories, Jody was able to tell us how she had finally chosen *to do* something that could improve her circumstances. If all goes according to OCOF's mission, a healthier relationship with her husband will contribute to bringing about a better state of mental health for her which, in turn, will make for a healthier family life—a better atmosphere for the children to grow up in. Jody's story demonstrates one of the biggest changes in my perspective of OCOF as an organization and its role in the community. Yes, the center is a fun place for kids to play... but it is mostly by helping the adults in these children's lives that the children will have a better childhood and healthier upbringing.

Reading OCOF

Story #7 (My Story): What is interesting in regard to my seeing OCOF members as sharing their stories and my perceiving Jody's life as being a story is that I am the reader. Thus, my imagination plays a role in the interpretation of the story and how I relay it to others. A narrative only tells so much. Blank spaces are left—intentionally or unintentionally—by the author that must be filled by the reader. If an author writes a description of a room with a cat in it, I might picture the cat as being a long-haired black cat while another reader might visualize the cat as being Siamese or as resembling her or his own cat. In this sense, my imagination—my unique thought process—affects my interpretation of the story, making it different from any other interpretation. Another variable in Jody's story was the narrative structure which changed constantly as it was relayed to me; this too will affect my interpretation of her story and will make it entirely different from how other people see it. Furthermore, only a small part of Jody's narrative was shared with me by Jody herself: some parts were transmitted to me through staff at the center with many details left out. Other times, as in a well-constructed story, what happened was not told, but shown to me through Jody's actions, behavior, and mood. To construct Jody's

story, I filled in the blanks with speculation—educated guessing—often by bringing together bits of information I received through talking to other people about her, listening to other people respond to her, listening to what she said about her life, and through observations I made. Consequently, there is always the possibility of stories being misread. But interestingly, sometimes, it is an alternate view of a story—a unique interpretation of it—that might help the author have a better understanding of her own story.

What I have just presented you with, dear reader, is also a story. Although the characters I refer to may not be closely connected to me, part of myself—my identity—has emerged in its recounting. What I choose to emphasize and focus on reflects my views of the outside world, my personal experiences, my values, and my perception. Much of what emerges in this story is my story intertwined among those of Jody and many others. This complex web of stories depicts how individuals can have dramatic effects on each other's lives. Sometimes these effects are noticeable, other times they are not. These stories have certainly affected my reading of OCOF as an organization. In fact, it may seem to the reader that this story has been bulging at the seams with the story of one individual leading into another's, with my background information connecting with the organization's background, with my perspectives overlapping with those of the staff. And this is because this is how stories function and this is how society is connected. Each person's life story is huge, ongoing, and interwoven with those of others. This is how communities exist and are sustained. This is also how OCOF functions "to develop and promote innovative and sustainable community resources that nurture healthy children, healthy families and healthy communities" (*About OCOF*): through story.

Endnotes

¹ Although the organization serves both the Anglophone and Francophone communities, I will henceforth refer to Our Children, Our Future/Nos enfants, notre avenir as OCOF for the sake of convenience.

² I italicized the words *scare* and *miraculous* because in my experience of pregnancy outside of OCOF through friends and acquaintances, these seem to be the types of words that parents, other family members, and experienced friends often associate with pregnancy when discussing it with new and/or young parents.

³ Name has been changed.

Works Cited

About OCOF. 25 July 2002. Our children, Our Future. 2 February 2005.

<<http://www.ourchildrenourfuture.net/about.htm>>.

Gold, Joseph. *The Story Species: Our Life-Literature Connection*. Markham, ON: Fitzhenry & Whiteside, 2002.