

**BROKEN PROMISES: THE INTERPRETATION
OF A FOCUSED CAREER HISTORY**

Phil Lange
Department of Anthropology
McMaster University

ABSTRACT

A commonplace in social services for the mentally handicapped holds that the 'best and the brightest always leave this field'. In order to study some of the dynamics of this stereotype, the life history genre was used to interpret one such case: a young woman pseudonymed Vivian who showed unusual commitment, yet who quit that field of service. In 1984 she tape recorded details of her 13 years as a residential counsellor with mentally handicapped people in southern Ontario. Two lines of analysis were followed:

- (i) the significant 'turnings' in her career, and
- (ii) the contradiction between the idealism that she learned in training and the realities of daily shift work.

RÉSUMÉ

Dans le domaine des services sociaux pour les handicapés mentaux, il est commun d'entendre dire que "ce sont toujours les meilleurs et les plus doctes qui quittent ce domaine". Afin d'étudier les dynamiques sociales qui ont créé ce stéréotype, l'auteur nous présente l'histoire de la vie d'une de ces personnes: une jeune femme pseudonymée Vivian qui, en dépit de s'être consacrée intensément à son travail, quitta ce domaine de services. En 1984, elle consentit à révéler les détails de ses 13 années de travail en tant que conseillère résidentielle en Ontario (du Sud) envers les handicapés mentaux. L'auteur poursuit deux thèmes analytiques principaux:

- (i) les changements majeurs dans sa carrière, et;
- (ii) les contradictions entre l'idéalisme qu'on lui avait enseigné lors de son entraînement et les réalités de son travail quotidien par roulement.

INTRODUCTION

The following interview began as an attempt to understand a specific paradoxical phenomenon in the social services for mentally handicapped people; the often commented frequency with which bright, caring and committed staff either resign, often in disgust, from a specific facility or from that field entirely. This happened so often that in my five years of work in this field I heard "Well, the best ones always leave this field" (and similar sentiments) several times a year in all of the six sites where I either volunteered or worked. If anthropology has a mandate to study taken-for-granted assumptions, then one which suggests that 'those who could do the most to improve a social service are the most likely to withdraw from the system' is an assumption that deserves attention.

This article results from my project to see if the paradox mentioned above could be illumined by the life history (or here, career history) genre. For the interview I chose a young woman who had impressed others and myself with her commitment to those under her care. She not only put in extra hours without pay, but she advocated strongly for learning opportunities (either through formal programs or community involvement) for mentally handicapped people who were either unpopular or seen as having poor prospects for advancement. Her insistence on higher standards of work was also shown by her resistance to some of the demeaning aspects of a counsellors work, and by her graduation with not only the two year college certificate that usually qualifies people for this field, but in addition, a bachelor's degree in psychology. Despite her high level of commitment she quit the field in a state of exhaustion, and searched for a totally different career. This article is a search for both the key factors in her decision, and the stressful factors inherent in the position of counsellor for the mentally handicapped.

Some terminology unique to this field will be explained here because many anthropologists could be more at home in a Nuer village than in a modern institution for the mentally handicapped. A 'resident' is a mentally handicapped person living in a specialized setting, i.e., not at home, and who receives some supervision from a counsellor. A 'counsellor' is a paid staff member, who has front-line, direct contact with the residents in a facility. Job responsibilities can range from teaching mildly handicapped persons to tell time, to handle chequeing accounts, and to have better inter-personal relationships, to the extreme of total care for the profoundly handicapped. Many 'counsellors' do no inter-personal counselling. The term 'counsellor' stands in contrast to all management and professional personnel, i.e., medical doctors, nurses, teachers, and all therapists. And the 'field' refers to social services for the mentally handicapped, not to anthropological fieldwork.¹

THE INTERVIEW

We all have minor but quirky self-insights and one that amuses me is my discovery that whenever I'm bemused with myself, some major or minor change in my view of myself is in the offing. One rainy October Sunday morning a few years ago in Ontario I was hurrying to the interview which formed the basis for this article, and when I felt that warm, familiar feeling of bemusement, I mentally slowed down to reflect. What could be ironic in this situation? Anthropologists may prefer to delve into exotic and

isolated regions, but I was in "Suburbontario". Others might interview chiefs, head men, big men, shamans, or even patrons; but I was going to an interview with a strictly white, middle-class friend whom I had not seen in months, but with whom I had worked, socialized, attended union meetings, and even endured first-aid and CPR classes. Nothing exotic in that. Perhaps it was just that instead of sleeping in until ten or eleven on a Sunday, I was bustling along rainy streets with a box of donuts. I decided that was reason enough to be bemused with myself.

Earlier that week I had phoned Vivian to arrange our interview. Since that phone call reveals much of what I hoped to accomplish in the interview and what she agreed to do, I will quote from my notes, expanded only slightly for intelligibility:

October 16, 1984

written up at 9:15 PM

Last night about 8 PM I phoned Vivian re: her life history; after asking if I was calling at a bad time we verified what each was doing for employment. Then I asked if she'd be interested in helping me with a school project; that I was in a class learning to write life histories which went beyond just collecting details of a person's life; to see how the social system affected their own personal reality. Gave the example of a fellow student's life histories of Cree women which were built around the themes of developing competence in life skills. Said that I had thought of her because she had been in many work situations with the mentally handicapped over a long period of time in different settings at Briarwood and Ferndale over a six year period,³ had gone from a newly-graduated novice worker to the position of senior counsellor, and now did volunteer work.²

I said that while I felt that she had showed real idealism and motivation with the mentally handicapped, at the same time she had also had more difficulties on the job than others (to which she laughed and said "I sure have"). I suggested that for a short interview of 45 minutes to an hour I would probably learn much less from someone whose career was different from hers, someone else who had gotten certified, worked quietly until she married, and then left the field and had no more involvement with the mentally handicapped.

I said that for my dissertation I hoped to interview many people, but for this class one person was sufficient. She answered that it sounded very straightforward and suggested others who would give contrasting views to hers of working this field. After catching up on gossip I asked if she felt like doing an interview of her involvement with the mentally handicapped, she said 'yes', and that it sounded interesting. I detected no hesitation nor doubt and even some enthusiasm. We then worked out time and place (Sunday at 10:30 AM) for the taping.

Last I stressed confidentiality, that no one else would even hear the tape, that I would use neither her name nor that of anyone else, but I would invent pseudonyms or use circumlocutions. She said "sure, that sounds OK." We chatted a bit and then hung up.

Once at her apartment Vivian and I sat down with fresh-ground coffee, croissants and the tape recorder. (The donuts were my donation for her to take to her volunteer work at Briarwood, a medium-sized nearby institution for the mentally handicapped where we had both worked). She seemed only a bit nervous. After repeating much of what I

had said on Monday night on the phone about the scope of the career history, I started the tape recorder.

Most people when tape recording tend to hum and haw, say "...er..." and drag out words. By contrast, Vivian spoke unhesitatingly and mostly in whole sentences. She had obviously thought much about leaving the career that had meant so much to her.

She started by recalling her enjoyment as a girl in helping her mother compensate for a vision problem, and later, the rewards of high school volunteer work. A challenging two year college course led to certification, then a degree in psychology and her first permanent job. Various jobs followed where she accomplished much for those in her care, but where she was also lied to, was refused in-house transfers, lost a promotion (which she grieved), and then encountered slander and was semi-ostracized by other staff. An ulcer which had erupted years before grew worse with accumulating stress and she then quit her last job in this field while physically and mentally exhausted.

I believe that the interview was cathartic, for after 83 minutes of taping she completed some comments on the values that she felt are important in doing effective work in this field, then stopped, and after thirty seconds of silence simply said "I really don't know what to say. That's about it, is that enough?" I assured her that it was. While preparing this article I have often hoped that talking about these events was cathartic for her.

In many ways her career was typical for counsellors in southern Ontario. During high school she decided to work in this field and so earned the standard certification from the MRC (Mental Retardation Counsellor) course³. Soon after, on her first job she encountered the staff-perceived realities of work in this field: inattentive or incompetent management, hostile or antagonistic relations with some fellow staff (and the cliques that result from this), and the frustrations of too much paperwork. There was too little time for actually teaching and counselling residents. In addition the exhaustion of shift work and social estrangement from those who work 9-5 on weekdays, unfair evaluations, and seeing friends in other fields with easier work and less education enjoying larger incomes brought on their own stresses. Relevant to the five years previous to our interview she had seen staffing ratios fall off while expectations from management and parents increased.

But Vivian is atypical in ways that are important to this article. Her higher expectations of doing excellent work are shown by her effort in earning an undergraduate psychology degree on top of her MRC course, by winning a promotion to the status of Senior Counsellor (achieved by less than 7% of counsellors) and doing so despite being the first to grieve her being bypassed for a promotion (a long, energy-draining process which two co-grievors abandoned). Unlike other counsellors she was also interested in standards of competent work in other similar social service fields. When other counsellors became too frustrated they typically left the field to find release in marriage and child-raising. But for Vivian, the field was her major fulfillment for thirteen years. An important point of difference is one of omission: while most counsellors would list the parents of the handicapped as a major source of vexation, Vivian did not mention them once in our interview. From our previous conversations, I know that she had experienced her share of encounters with accusative and uncooperative parents, but she had tried to understand them and shrugged off their negative attitudes. Implicitly, she saw their problems as being situational and educational, but the typical stresses described above are built-in to the nature of this job.

"TURNINGS" IN A CAREER-HISTORY

In a much-quoted article Mandelbaum (1973:177-195) suggests that drawing out the 'turnings' when a person "...takes on a new set of roles, enters into fresh relations with a new set of people, and acquires a new self-conception" is a useful framework for analyzing a life history. These turnings can occur suddenly through a single event or they could develop more gradually over time (*ibid.*:181). This approach is well-suited to Vivian's career-history for three critical events:

- (a) her acquisition of a counsellor's skills
- (b) her disillusionment with her career
- (c) her decision to leave the field

Her acquisition of a counsellor's skills

When I asked Vivian to describe how and why she decided on a career working with the mentally handicapped she began by describing how she had become sensitized to a helping role by aiding her own mother:

...I've always been interested in people, my mother had a vision handicap and growing up with a parent that's handicapped, you become sensitized, you know, you have to think in a different way. You learn to always think about that person; they need help walking down the stairs, they need help walking across the street...writing cheques...it started I guess, from Day One helping her out....

From this interest in helping people she began volunteering with the 'Saturday Morning Club', a recreational group for mentally handicapped people held at a local church. Her work there was so appreciated that while in high school she was paid to run this programme. Because of her demonstrated abilities her high school vocational counsellor recommended the MRC course and so she entered it directly from high school. From it she remembers the challenge that with hard work and idealism a counsellor could improve the lives of the mentally handicapped.

...I was in about the second or third course at Lakeside College...everybody was gung-ho and it was a small class, we were all about the same age, young and impressionable, full of energy and waiting to work hard ...and they painted a very honest picture of the institutions...I guess my teachers there had a big impression on me. And they also gave you the idea that if you worked hard you could get somewhere in the field. And plus, you might be able---because you had this education--you might be able to make a difference. And that was the whole point of doing something, was to make a difference, to help out.

While the MRC course offered theory and practice during the school year, on-the-job training occurred over the summer, usually at a large facility and during a one and a half year internship before graduating. There Vivian learned to work with a full range of people, from those barely handicapped to the profoundly retarded. And the students experienced the realities of an institutionalized setting. Vivian appreciated the need to

work with all ages and degrees of handicaps but she was especially fond of children:

...I started working with the children, with the littlest angels...they were all smaller kids and they were pretty cute. Except that they had this backyard and it was like a pen. And they threw everybody in [i.e. the children] and they'd sit there and the kids would do their dirty. And you'd have to drag them in and clean them up...that was pretty gruesome.

There were further shocks. One of the residents had a sock fetish and while trying to pull the socks off a girl confined to a wheelchair, broke one of her legs. The doctors decided that the broken leg wouldn't heal and so they amputated it:

I was very young at the time...19 probably...and I know I was devastated. 'How could they cut off that leg?!' And I didn't understand. I think now that they probably couldn't fix it, given her physical condition. But it just seemed so horrendous, it seemed like such a drastic thing.

And death also occurred:

...they used to just put the toast out with a blob of peanut butter on it. And one woman just came down and shoved the whole thing in her mouth and died...But that was desperately negligent on their part...one poor recreation student did CPR on her and was devastated.

How did she cope with negligence and the stark realities of institutional life? First, she had been prepared for it in her course work:

And I expected that, I expected them to be that way [i.e. older staff seemed little affected by the woman's death] because I was told that at school

Second, the whole purpose of the course was to raise the quality of care offered. Her idealism was supported by the most rewarding work experiences of her career; a term in a behaviour unit:

Then I went to a medical unit, which was a little behaviour unit. There were ten residents and it actually was the most ideal situation I ever worked in, really ... (with) ten behaviour problems, young, like teenagers or children. And there were three counsellors on at all times. So you had a 1:3 ratio. And I felt that I was making a difference...and we had a fair bit of freedom...we wrote our own [behaviour modification] programs and we used the behaviour therapist as a consultant. And that was really good.

And the staff there, even the older, 'institutionalized' workers, were helpful and easy to work alongside:

It's hard working with physically handicapped people, you do a lot of back-breaking work. And there were enough men working there, there was always a man on duty and you never got stuck lifting a resident who was in a wheelchair. In fact, you'd get in trouble from the men if you did too much lifting. So they were very considerate.

But best of all were the warm relationships that she formed with the residents:

I met a couple of guys at the medical unit that had cerebral palsy...really, really great, some really good experiences...one fellow used to ... propel this wagon around the grounds. He'd go out in his wagon...and then he would make these place mats, he had a frame... and he sold them and he was very proud of himself.

Phil: Good for him

Vivian: ...he had a lot of pride in himself that he could do this and make money...it bothered him to have to ask for everything. He wanted to go out and do it. And I was his counsellor ... so we did a lot there, an awful lot. And I guess that's why I remember it with fondness, because I learned a lot.

After graduating from the MRC course Vivian studied for a degree in psychology in the hope that she would benefit personally, as well as helping her career. Although she learned much that was personally useful and that improved the care that she gave the mentally handicapped, her psychology degree did not aid her career.

Disillusionment with her career

For this phase of Vivian's career the most useful aspect of Mandelbaum's (1973:177-195) concept for life turning points is that of 'a new self-conception'. While she did take on 'new sets of roles' (*ibid.*) these were only continuations of developments in her earlier phase of skills growth in working in this field. Her 'fresh relations with a new set of people' eventually fundamentally altered her self-concept⁴.

To summarize briefly her career to this point, Vivian's sensitivity to others needs that she first showed while helping her mother was broadened by volunteer work and then by training in specialized techniques for working with the mentally handicapped, and by a wider theoretical-practical background from a degree in psychology.

But after only a short time on her first full-time permanent job as a counsellor with the Sussex Association for the Mentally Retarded she soon found herself under tremendous pressure from management and felt that she had to resign.

I ended up leaving after about nine months...they were just making my life very miserable for me. And it wasn't really anything that I did...I was working closely with this fellow and he was going to management saying...that I was saying this and that about them and I really wasn't...like you know how you comment at work and say [and here she used a joking tone] 'Well, jeez if we had this it would be better.' But its not that bad...its just kind of talking. And I think that was the beginning of my burnout...because I was really desperately hurt...and I never really found out that he did this [until later]. And I just thought that management was treating me cruel..And [later] I even helped this guy get a job at Briarwood! [i.e. not realizing that he had earlier maligned her].

Even at the Sussex Association for the Mentally Retarded "...I met some really fun people and in fact I still have some very close and good friends from that experience."

But once she started work at Briarwood she says that she:

...worked with some terrible people right off the bat... you know _____, she's not a well person [i.e. not mentally sound], period...and it just seemed

that I couldn't do anything right after her.

Vivian remembers only brief periods of friendly relations with fellow staff at Briarwood because from her first day a powerful ward manager maligned her. After she filed her grievance:

...nobody would speak to me, I had this terrible reputation of being a troublemaker...and they blacklist you, you know, and on and on...(after a transfer) two counsellors told this woman that I was going to be working with that I was a bitch, and terribly hard to work with...so the first few weeks in that place were really hard until that person realized that I was OK. And actually I've had the best conditions working with this woman...And this senior counsellor split us up, put us on opposite shifts, and the same days off, but different shifts, she didn't want us getting along so well.

Another source of on-going frustration was to see her skills un-utilized, skills that she had steadily developed since high school. At Briarwood her and other counsellors' abilities were, she feels, either poorly used or unappreciated and she saw herself and others just coping with series of crises while decisions and responsibilities which she had fulfilled even during training were increasing co-opted by professionals. Remembering the behaviour unit at Ferndale that had been her best working experience to date, she was happy when at Briarwood:

...they started the behaviour unit...it sounded great, they promised us the world. And I thought 'what a challenge, what a good experience'...I wanted a challenge because that's the kind of person that I am...I need to keep busy and I need to be challenged...[so she volunteered for it]...and that was the worst experience that I've had, the worst...it ended up being worse than any backward and I saw them all at Ferndale...and they promised us all kinds of staffing that we didn't get. They promised seminars, they promised that if we were 'stressed-out', if we had a particularly stressful day...we could have a 10 minute 'stress-break' and get out of that unit and it just didn't happen. I remember being locked in there for 8 hours a day. And there was such a small space..but yet there were at least 12 or 13 residents there. You name it, there were all really different levels of functioning..we had from really smart but very disturbed people there to those who were just totally, profoundly retarded...Some of those just sat there and screamed... and another would pull your hair and you member Charlie, he'd try and bite you...and runners [i.e. who periodically escape from the grounds]. And there were some very dangerous situations there too. We had Jan, he would get up in that track in the ceiling...

Phil: He was up in the false ceiling?

Vivian: Yes, he would get up in it; run away, crawl through it and he literally ripped all of the tiles out of the false ceiling.

Phil: Oh my god!

Vivian: One counsellor's trying to get him out and she fell and hurt her

ankle, she broke or sprained it. They blamed that on her, of course (laughs ironically). And the Unit Director whose brainy idea set this thing going [i.e. the behaviour unit] just had blinders on. He didn't want to hear any negatives...then after a while even management decided that it was a horrible place. And no staff wanted to be coming in there to work...so it ended up as a dumping ground. That's all it was.

Behaviour therapist and social workers had more power than she was used to. While training at Ferndale she and other staff wrote behaviour modification programs and the behaviour therapists simply advised them. But at Briarwood counsellors were subordinated to the behaviour therapists, whose attitude was, she felt:

Just do not disagree with anyone or anything. And then there was this attitude [by management and professionals] that counsellors weren't very bright...they didn't want to know what they were doing...Meanwhile we the counsellors were there doing the day to day work...dealing with these handicapped people...trying to solve their problems and trying to make their life a bit better. And these people [behaviour therapists] didn't know them. It was very frustrating. They just didn't listen to us and nobody cared about what we thought or felt.

But with all of these on-going frustrations, the stress she experienced was increased by the grievance that she filed due to being passed up for a promotion. Not only had she lost out to someone with less experience, less education and less seniority, but management had illegally made two promotions based on only one job posting (so initially she had two other co-grievors). Her grievance began because:

...In the appraisal...the supervisor just wrote awful things about me, that I was a total incompetent. So I put in a grievance for that. And oh, it took a year and a half--

Phil: Wait, your grievance took a year and a half?

Vivian: Mmhuh. It was the most stressful and horrendous time of my life so far...but it was the first grievance of that kind [at Briarwood] and management was just messing us around too. And in the midst of that they offered me a job at the multi-ministry program ...my supervisor came to me and said,... 'If you drop your grievance we'll give you this six month job with multi-ministry.'

Phil: Incredible!

Vivian: So I said 'Well, I'd love that job' but I didn't even apply for it [i.e. she didn't want to prejudice her grievance, and her evaluations had said that she lacked the same interpersonal skills that were crucial for the multi-ministry position]...They gave me the job anyway!...hoping I would find something else and drop the grievance...And there were other things too...[about her poor evaluation]...I asked for the dates and times when all of these alleged things happened...she gave me these dates and I could prove when I went to the old schedule that I wasn't on that day...At the last day [before the grievance came to court]...you know, the night before you're going, they backed out and the union...(then she slowly said) the union... .., wouldn't.. .. go!

So the union itself unilaterally withdrew her case after her year and a half of harassment from management.

Her decision to leave the field

Vivian was much later promoted to senior counsellor but adversity to her had built up from fellow union members as well as from management and she was ostracized by some of the staff. Then she required surgery and her ulcer flared up again. She applied for other jobs:

I was applying but I think I wasn't interviewing well, because I, I was just burned out...and it seems like all of the associations [for the mentally handicapped] are the same, cut from the same mould...And I just couldn't face another one. And I can't. I can't face another one.

And so Vivian quit the career she had started fifteen years before as a high school girl with volunteer work on Saturday mornings.

Mandelbaum's (1973:181) three areas of change also apply to an analysis of this most dramatic turning point in Vivian's career. First, the new roles that she assumed were largely negations of former on-the-job roles; instead of full-time work with ample responsibilities she was now 'just a volunteer' with a lot of time on her hands. Secondly, instead of "...fresh relations with a new set of people"⁴ (*ibid*) she suddenly experienced a dramatic decrease in her involvement; from working constantly with approximately fifteen residents and intermittently with other staff, she now volunteered a few hours per week with one resident. Third, and most dramatic, was her new self-concept. While over the preceding years her view of herself as a capable worker had been eroded, she now faced seeing herself as someone who couldn't cope and who violated family norms of gainful employment.

I just really, really couldn't handle it anymore. And that's it. It's hard, hard, it was terrible.

Phil: You put a lot of your time and life into this.

Vivian: I put a lot of my life and a lot of my time and effort and before this I've never, never quit a job without another one. That was drilled into me by my parents; you must work and you can't accept unemployment [benefits]. You have to...you have to be a contributor. Which I think I am anyway, but
.. ..

Phil: I'd say you are.

Vivian: Anyway that was really hard. In fact, I don't remember the first two weeks after I quit...I was just totally mentally and physically exhausted...that's just the word. I still have that incredibly bitter taste in my mouth about this place [i.e. Briarwood] and it'll be a long time before it goes away.

Vivian is now taking courses in order to start a new career. She doesn't even consider returning to work with the mentally handicapped.

CONTRADICTIONS

What can Vivian's career tell us about the unique social services provided for the mentally handicapped? Admittedly, her experiences were extreme but few counsellors escape the same type of hardship that she underwent; the differences are of degree, not of kind.

I would suggest that counsellors' frustrations are well explained by the contradiction between the idealistic professional role that they develop in training (or, if academically untrained, from other counsellors) and the realities of the workplace where they are treated as if they were domestic servants almost in the Victorian sense. I will contrast their status with that of management and professionals (i.e. social workers and various types of therapists: behaviour, speech, physio-, and occupational and recreational). Time and money are perceived among the scarcest resources for urban North Americans and I will begin with these.

Management and professionals in this field normally work set, daytime hours on weekdays, five days a week, and any evening or weekend work is negotiated with each professional on an individual basis. Counsellors, on the other hand work shifts which are flexible in the extreme. A common schedule at a facility like Briarwood was to work seven days of shifts that varied during that stretch (i.e. starting at 7 AM or 3 PM or midnight), then three days off, and return for eight days of shifts that varied during that stretch. Frequently the three day break would begin with a midnight shift that technically started during ones work stretch! It was almost unheard of for a counsellor to have the same shifts (say, 3 PM to 11 PM) in a seven or eight day stretch. The exhaustion of these shifting schedules compared with a more normal schedule has to be experienced to be believed. In addition counsellors also have a virtual 'on-call' status. They always resisted this interpretation of mine; nonetheless they could be compelled at any time to work two consecutive eight hour shifts (i.e., 16 hours straight through) whenever someone phoned in sick. Yet they still had to show up the next day. The six week schedule could be modified at management's whim, even once posted. Many counsellors, myself included, have been relaxing at home on a day off only to receive a phone call demanding to know why one wasn't at work; the schedule had been changed without notifying the counsellor. When this schedule is in effect, one must go in! Being 'on-call' for professionals means negotiated hours and a monetary bonus, but it is taken for granted for domestics. If sick, counsellors at Briarwood had to present a certificate from their doctor to justify their time off. For several years it had to state the nature of the illness; a violation of personal rights that bothered even some managers and professionals until that requirement was finally revoked.

While pay scales for professionals are proportional to training and experience, I would argue that those for counsellors are low considering union membership and the rigors of ever changing shift work. Not only is their pay low for those with a two year college course, it is till low for those who start with no training. I would argue that the pay scale implicitly does not compensate for completing a college certificate course. The implication: domestics don't need training.

The legal status of professionals is clear; they are certified via associations which set standards of training, competence and working conditions. And these associations have teeth. Briarwood has not had a qualified physiotherapist since at least 1979 (I was never able to sleuth out the real date and causa bellum) because one physiotherapist appealed to their professional association about contract fulfillment and working conditions, and Briarwood has since been boycotted. In contrast, with no professional associations, representation by a union which I consider to be weak, and with little solidarity; counsellors are easily played off, one against the other⁵.

While professionals have recognized training and certificate programs, counsellors periodically complain that new staff are just being hired "off the street", i.e. without training. The community college certificate programs are listed as required in job postings, but in fact these are optional. Only approximately one third of the male counselling staff at Briarwood have the two year certificate; this is the only way that male counsellor ratios of even 10% can be maintained. An interesting, unpublished survey (Diane Galambos, p.c., 1978) in Ontario of facility directors at residences and workshops for the mentally handicapped revealed that about 60% of these executives preferred new staff to have little or no training; they could then be paid less and they were more agreeable to unique local conditions. One facility manager told me that no training was needed to work in this field and he always sought staff with little or no training. Yet his public stance was to support more education for staff. Again, implicitly, domestics don't need training; that which is furnished on the job is sufficient.

Another power differential concerns the potential right to be an advocate on behalf of the handicapped. While professionals must do so given situational factors and professional standards they have the final say in such matters, a counsellor's input is conditional and they can advocate strongly only at risk to their careers. However, during their training advocacy was highly stressed. Frustration here is yet another source of the counsellors' feelings of powerlessness.

Evaluations of professionals occur between the staff immediately involved and their superior and are completely confidential. By contrast, evaluations of counsellors are virtually public because the ward supervisor writes it up in consultation with the senior counsellor(s) who often discuss the person under review with other staff. As a result, counsellors see the process of evaluation as inherently unfair; while the document has the official status of coming from the desk of the ward supervisor, in fact it is often the product of cliques and animosity at the regular staff level. Again, evaluations by hearsay more than by public standards is indicative of their status as domestics.

Counsellors' implicit roles as domestics becomes clear, I argue, in incidents involving 'new Canadian' immigrant parents whose children are mentally handicapped. Many of these parents visit Briarwood and see women performing the servants' tasks of diapering, feeding and bathing young and old people who are not their close kin. Or with those residents who are 'higher functioning', the parents may see these same women patiently tolerating abuse, threats and foul language. Consequently, they respond to them as they would to someone with this role in their Mediterranean or Asian homeland: as servants who are to be ordered about! And here is the basic dilemma for counsellors: to work with de-valued people without becoming de-valued themselves as a result.

CLIQUES AS A RESPONSE TO VULNERABILITY

While developing this article I suddenly realized how similar Vivian's and my experience at Briarwood had been. We both had higher hopes than usual for learning opportunities for our residents, but we also had more difficulties in implementing them than did other counsellors. We both had pushed hard in advocating for unpopular residents and had gotten in trouble with management and fellow staff as a result. But even more unusual, we had both been inept at joining cliques. I use an everyday definition of clique as a subgroup which can be allied in self support. These were powerful at Briarwood and to not belong to one was to lack crucial political and informational ties; in effect, to be alone and unprotected in many ways.

Many of our similarities had never occurred to me before. I had seen us as two people so different: sex, age, temperament, tastes, ...whatever. Perhaps I was unconsciously curious to find out if there were similarities in our careers, and that had led me to phone her instead of mutual acquaintances who have been successful and promoted steadily up the managerial ladder. And perhaps that was the insight that I was headed for on the bemused morning in October before the interview: that she and I were more alike in our careers than I had realized and we shared the normal counsellors' contradictions as well as idiosyncratic problems.

But then it occurred to me that cliques were counsellors' way of coping with their own vulnerability and to advocate for their residents. Belonging to a clique meant support which could insure that a resident was given learning opportunities or recreation. A clique could increase one's chance of getting vacation time at the same time as your spouse or best friend, or of getting a desired transfer. A clique member could set aside your 'med error' (an error in administering medications which is revealed in the drug logbook in each ward) so that you could correct it, and not have to receive a disciplinary 'incident report' for the misadministration of drugs. And if someone in the main office was making problems for you, your clique members might help you figure out a safe strategy, and even if they couldn't, it was comforting to have their support.

Therefore the cliques that I denigrated as being just ingrown self-interest groups were, in fact, the counsellors' way of coping with their own vulnerability. Because I always acted alone or through 'channels' I was never as effective an advocate as I could have been. While Vivian and I had left the field in frustration, the others were still there, coping, adapting, and advocating with more or less success for their residents. And that is another insight that was a gift of my interview with her.⁶

CONCLUSION

The essence of Vivian's career frustrations are common to other counsellors and arise from the contradictions between the ideals of service learned in college courses and the on-the-job realities of belittlement, and the denial that she and other counsellors possessed those skills. Like the other counsellors she had been trained to advocate for a resident's crucial needs, but she learned that management and professionals made such advocacy costly in emotional and career terms. The teaching component of her work received decreased emphasis over the years. Her training program had developed her skills in attending to the emotional, intellectual and physical needs of residents, but ample evidence from management, professionals and parents indicated that she was implicitly seen as a domestic servant. These negotiations of formerly idealized work were compounded by the stresses of ever changing shifts, and noisy environments. But common as these factors are in this field she did not avail herself of one adaptive strategy common to counsellors; cliques which allowed them both reassurance from their fellow workers, and sometimes strategic protection from management, professionals and parents. Cliques are a partial means for counsellors to confront a central dilemma: how to work with de-valued people without becoming de-valued themselves.

ACKNOWLEDGEMENTS

I thank the young woman pseudonymed Vivian for her trust and openness in agreeing to the interview which forms the basis for this article. I am grateful to William Rodman for substantive criticisms of the first draft of this article for his class in experimental ethnography, to Richard Preston for criticisms of a later draft, and to at least two anonymous reviewers. I gladly acknowledge the support of an Ontario Graduate Scholarship, without which this article could not have been developed.

NOTES

1. Please note all proper names (except for citations) are pseudonyms and these include all non-anthropologists, institutions, and wards. Any similarity to other entities is purely coincidental but likely given the similarity in working conditions throughout North America in this field of social services.
2. I was in error here. Including two years of volunteer work she had been in the field fifteen years, but thirteen years as a paid staff member.
3. Due to the pejorative connotation of the term 'retarded', all community colleges in Ontario have changed the course name to Developmental Service Worker or DSW. Although this term is known in the field, at the time this article was originally written, the acronym MRC still had the widest usage.
4. Besides 'fresh relations with a new set of people', a turning point may signal a cessation of contact with significant others while few or no new faces appear. This is often so with divorced women in our society.
5. Counsellors in Ontario tried to form a 'Professional Association of Counsellors' in 1979, but they were unsuccessful. Some counsellors try to argue that they are professionals but they receive little support from co-workers.
6. I feel that life histories even more than other ethnographic forms should explicitly describe the research process so that one can explicitly evaluate potential sources of distortion. IN chronological order:
 - (a) During the taping session I tried to allow the natural flow of Vivian's narrative by interrupting only when it seemed paralinguistically obligatory and only to query data about which I was unsure. I avoided shaping her narrative through comments of approval or disapproval. The most reinforcing statement that I made was that she had put a lot of her life and effort into this career. Vivian is a strong-willed person who is not easily dissuaded from saying what she has in mind. Basically I trusted her information; I had found her in the past to be reliable and felt that our shared experiences at work and common background also helped to form a bond of trust.
 - (b) Transcription and editing. At home I transcribed the tape in long-hand, word for word, indicating pauses by [...] and including all digressions, 'ums... ers',

as well as grammatical errors and my own questions and comments. Next I wrote out a synopsis, page by page, with one to three lines summarizing each page of text. After writing an outline I began to write the article itself; collapsing pauses to eliminate brackets through appropriate punctuation so that [...] could indicate omissions. Each individual quotation is in order as taped, except for the long quote regarding her grievance where chronological flow was aided by shifting one segment of the quotation.

(c) Two works from the extensive literature on life histories aided my analysis of the text. Frank (1979:70) pointed out that life histories are not just autobiographical monologues, but involve "...a collaboration involving the consciousness of the investigator as well as the subject" (*ibid*) and I followed through by detailing my involvement with Vivian, before and during the taping session. I have made clear as much of my own hidden agenda as occurred to me.

Jones' (1983:153-154) reformulation of Dollard's criteria for life history analysis was used implicitly throughout the article: to view the person as a member of a culture (and here, a sub-culture), to show "the role of significant others in transmitting culture [here subculture], to focus on the 'continuous, related character of experience' and to associate the '...social context...with the action of the person" (*ibid*).

REFERENCES

Black, Donald

- 1981 The Relevance of Legal Anthropology. *Contemporary Sociology* 10 (11) :43-46.

Frank, Gelya

- 1979 Finding the Common Denominator: A Phenomenological Critique of Life History Method. *Ethos* 7(1):68-94.

Galambos, Diane

- 1978 Personal Communication

Jones, Gareth

- 1978 Life History Methodology. IN *Beyond Method: Strategies for Social Research*. Gareth Morgan ed., pp. 147-159. Beverly Hills: Sage Publications.

Mandelbaum, David G.

- 1973 The Study of Life History: Gandhi. *Current Anthropology* 14 (3):177-196.

Schalte, Robert

- 1978 Critical Anthropology Since Its Reinvention: On the Convergence Between the Concept of Paradigm, the Rationality of Debate and Critical Anthropology. *Anthropology and Humanism Quarterly* 3(1):4-17.