

## Profiles in Social Work

Episode 18 – Doreen Winkler

**Intro** - Hi, I'm Charmaine Williams, Associate Professor and Associate Dean, Academic, for the University of Toronto, Factor-Inwentash Faculty of Social Work. Welcome to Profiles in Social Work. This podcast series is produced by our Faculty and Alumni Association. In 2014 the Factor-Inwentash Faculty of Social Work is celebrating 100 years of contributing to Social Work Practice and Education. You can find out more about us by visiting us online at [www.socialwork.utoronto.ca](http://www.socialwork.utoronto.ca) We're glad you could join us today. The series Profiles in Social Work highlights how social workers are making a positive difference in our communities by presenting stories of how social work graduates are using their degrees. We hope you will enjoy this series. Especially if you are thinking about a career in social work or interested in hearing about what social workers do.

### Profile – Doreen Winkler

My name is Doreen Winkler and I graduated from the University of Toronto Factor-Inwentash Faculty of Social Work with my MSW in 1961 and with my PhD in 1988.

As an undergraduate I actually did a double degree, I did music and a general arts BA and I didn't know what I would be able to do as a blind person, so I thought perhaps I could teach languages and literature in high school which I thought would be the thing that I'd like to do. At that particular time the province of Ontario didn't give licenses to teachers who were blind, so I was looking out for another career I met two people who were also blind who had completed their MSWs and were working as social workers and they told me about how they had studied and what they ended up doing and suggested that I would be able to do social work well. So I thought I would at least try and that's how I got a social work.

Initially I learned basic social work theory and was absolutely fascinated by it because I had learned nothing of that sort as an undergrad and didn't really know much about what social workers did. I also made a lot of friends and I learned a great deal about myself particularly how I was feeling about my own blindness. I was to have a placement and I said to my faculty advisor that I would be glad to do a fieldwork placement anywhere except in CNIB because I certainly didn't want to work with

blindness. And my faculty advisor finally told me that that was the placement that they had decided I was going to have. So I was having a great deal of difficulty with this but I went, and I had one of the best supervisors I've ever had in my life. Not only did she teach me about blindness, the things that I didn't know about it, a lot of things, and how to interview people who were losing vision, but she also talked a lot to me about how I felt about my own blindness and why it was that I was so resistant to coming to CNIB. And working that out made me feel that I had to do a fair amount of self-examination and learning about what would be helpful to people if I were to work out some of the difficulties I had with my own feelings of self-worth and so on. It was a phenomenal experience because I had no idea that social work involved so much of oneself one's own emotions, one's own reactions, and that was really an experience that changed my life. I became very interested in people's reactions to illness, to disability, to bereavement, and I think that's probably where I got my first spark of interest in that kind of work.

I had a placement at the mental health treatment center child guidance clinic. I was invited to stay on as a social worker learning how to work in an interdisciplinary team. I had an idea that doctors and psychologists were up with the gods and I certainly got dispossessed of that notion quite quickly. What I liked very much of that time was working in family therapy. We used to work in teams. I would work with a psychiatrist or a psychologist and the way we work together was something that I found quite fascinating because there were certain things we had to learn, like when two people are conducting interview you can do a lot with body language and facial expressions which I wasn't able to do, so I had to become very sensitive as to when to start speaking or when to pick up on certain things.

I always wanted to do private practice with people who were having difficulties with losses. I was very interested in grief and bereavement for one thing, but my main view was that people grieve for many things other than the death of a loved one. They grieve for what's happening to them in their daily lives, if they've lost a job, if they come into some kind of difficulty with finances, with people leaving, and certainly I knew that a lot of new people who came to Canada would grieve for their own country either as refugees or immigrants, so that was why I thought it would be helpful to see people in private practice around those issues. I remember seeing a couple who were preparing to separate and they were both very upset. I saw them separately and then I saw them together and they were both fairly sad and would weep or would start to cry if they talked about their leaving each other. And I discovered that what they were really grieving was their marital state: having a home together, having certain status in the

community because of their marital state, and when we talked through that, they were able to part and to make their own lives separately without the same kind of burden and sort of restraints that they were carrying before. I did help a number of people who were losing their vision and were fixated on a number of different issues, for example some people were very distressed by the fact that they could no longer drive; that they'd lost their independence. Other people were upset because they couldn't read the way they used to, couldn't go where they wanted to without help and found that kind of adjustment difficult. But also there is this aspect of grieving for what you had before and you know you can't have now.

The fact that I cannot use body language and facial expressions, eye contact, I think people need eye contact very much in interviews; I was fascinated in working with some fairly disturbed people that they would talk with me more readily than they would talk with people who did have the eye contact. Many times their voices would be coming from down near the floor, you know their heads were down, because they felt freer to speak without being able to watch reactions. That can be equally true in the other direction that people may find it more difficult to talk somebody who doesn't react with body language and eye contact and so on. I find that difficult. That is a challenge. When I was in private practice I found it very hard to do marketing and I took many workshops and had some coaching, but marketing was very difficult for me. I used to wish I had had an agent who could get me the clients and then I could just go ahead and work with them.

My own particular reward comes often from helping people to take charge of their lives. Very frequently people come and think as a social worker you're going to have all the answers and they answer your questions and then want you to tell them what the formula is, how they should proceed from here. My focus often with clients is to empower them, to help them get through things that stop them from using their own abilities. Sometimes it's winnowing out with their abilities seem to be and that comes from hearing from them what they've been able to do in the past, what their current functioning is like, and what their future dreams are. And when you can work with them about those things they begin with your support to take charge of their own lives. In one's social work training one learns to be less fearful of emotions, outbursts of other people, but also of your own emotions. You learn about your own reactions, about your own emotions, and then they're not nearly as frightening or as immobilizing as they could be if you're aware of what's happening emotionally.

Social work is a career in which you feel you've become a public servant. You serve not individuals, although you do, but you have a much more global view of situations. Doing

volunteer work is very helpful; any kind of interactions. It's very helpful to be able to get on well with people. People who like others and who surround themselves with people or like to be with people often make good social workers.

My own research had to do with the types and levels of anxiety in visually impaired and blind adolescents. It was a wonderful time that I spent doing that research because I interviewed about seventy young people who were either losing her vision, or had lost sight, or had never had it, and the differences in the way they experienced anxiety was fascinating. I can't say enough about the value of research and how it's important not only for us as social workers to continue self-education all our lives but also to involve in research as much as possible.

I am currently a member of the interior review board which deals with individuals who have committed a crime but by reason of their mental disorder may not be fit to stand trial because they won't understand what's happening there or can't answer the questions put to them, or may not be criminally responsible for what they have done. We have hearings anywhere in Ontario in panels of five people, lawyers and doctors and I am appointed as a public member. Our responsibility is to be very mindful of protecting the public. If an individual is a threat to public safety we need to decide what to do with that situation. Very often the public member is the one who can unite the medical opinions with the legal opinions and can decide how to combine them so that a good decisions made for the person who is ill. Also I am focused often on the individuals families because the experiences of the people who do better when they've had a period in hospital and are being treated for mental disorder, they do infinitely better in the community if they have family support.

The problem to actually describe social work is that it's such a multifaceted profession you can have social work training and work in administration, in clinical practice, with groups or you can work in communities and be effective as a social worker and I think that's why it's often hard to describe it because it's very broad.

**Outro** - This is Charmaine Williams from the University of Toronto Factor-Inwentash Faculty of Social Work. Thank you for listening to our podcast. In 2014 our school is celebrating 100 years of social work research, teaching and community service. For more information about the faculty and our programs we invite you to visit our website at [www.socialwork.utoronto.ca](http://www.socialwork.utoronto.ca)