

Profiles in Social Work

Episode 25 – Paula David

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 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 - Paula David

My name is Paula David and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 1975 with my MSW, and came back a while later in 2008 and graduated with a PhD.

I have to admit I fell into this profession without a great deal of planning and I didn't really understand what it was. I came from an art history background, pure history and fine art as well, so this was an area I hadn't even considered and knew nothing about. I think I spent the first two months in shock actually and then I realized that this was a degree and coursework that would enable me to do things and be paid for it that I had always been interested and always been involved in; and in fact I find that social work is very much connected to my original orientation in fine art because it is all about communication, justice, changing the world and working with people to look at things from different perspectives to improve society. So a much more practical way of going about it, much more job oriented as far as my artistic talents went, and a body of colleagues and professionals around the world that thought similarly. So I was very excited to land here actually.

Immediately following graduation, it was the seventies, and my husband and I moved to the country as part of a back-to-the-land initiative which was common in the day, and I

found myself at a Children's Aid working in child welfare for which I hadn't really trained or practiced. And fortunately practical work on the job usually happens on the job and I received excellent orientation, but I was also going through culture shock, leaving a major urban environment and going to a rural area and I ended up staying there for fifteen years and really enjoying the work. It was very challenging; it was very collegial with all the professions in the area as well as all the community people in the area because we were working for justice for children and child welfare. It was actually everybody's children, and everybody's neighbours and everybody's community so a very different way of working than it is in the city.

Our family was from the city and came back and found a job that was very appealing working with older adults. I had never really thought about it and the transition at first was a bit daunting but I realized quickly families were families, people who needed help were people who needed help wherever they lived and because I always enjoy a new challenge this was one for me. I started out my career working with people with dementia and their families, of which I knew very little and was ill-prepared for, but those were early days of dementia care and a provincial response to supporting people with dementia beyond just caregiving, straightforward caregiving, but understanding the disease, understanding that it was actually a number of diseases and I found that very exciting and very challenging. Also then defining the role of social work within a medical model, within a disease oriented structure to me was interesting. I had always been involved in community work and health promotion and social justice, so understanding where that role lay within a hospital or healthcare environment was a challenge for me and a very exciting one.

While I was doing this work I realized a great percentage of my clients were survivors of the holocaust. Many of my clients survived world war II some as fighters who were fighting with the allied forces for freedom, but a vast majority who were prisoners and captives and put in concentration camps or threatened with their lives or who witnessed their entire families murdered in very grisly, horrible ways and from the outside they looked like everybody else and they acted like everybody else and in my naiveté I thought they were like everybody else. Early on in my career I had one client who had dementia Alzheimer's, fairly severe, and couldn't remember what he had for lunch, couldn't remember my name from one day to the next, had short-term memory and the horrible thing was he had been in a concentration camp during the war and those memories became very vivid, very acute. So all of us tried our very best to make him as comfortable as possible, make him feel as safe as possible and give him as enjoyable a day as possible; this was a day program. And yet one morning he walked in and I said

“hi, how are you doing?” and he started screaming at me “you’re an anti-Semite and you’re going to kill me”. I felt awful. I had done nothing to antagonize him and I didn’t understand. Later on at meal time he threw everything on the floor and started screaming “you’re starving me, you’re going to poison me. Get her away from me! Take her away as fast as you can!” So this was very difficult for me. I spoke to his family, he had been doing much of that, and his children who knew how much he had suffered during the war they were in much greater pain than I could even consider being. This was their father turning on them. So as we talked about it, I started to read about it, there was not much being done anywhere written about this, around the world. The holocaust survivors at the end of the world war were young adults so they were just beginning to reach old age and deal with various age-related illnesses. So the more I tried to understand, the less I could find to do it and realized I needed to understand this better and that began my quest. As I read more about the holocaust and talked to more families I found that so many of these people had never really talked a lot about their experiences. I also found out, began to understand how this kind of incredible trauma, that most of us can’t even understand, impacts individuals even though they may look like everybody else and may act like everybody else. They carry this trauma inside of them and suddenly a disease like dementia or aging and not being that ill but having your spouse die can start triggering memories of this major trauma and have it impact on how you live your life at end of life, which can be a nightmare revisited. So the commitment was, how could we, since we can’t cure dementia yet, how could we fix the environment and the kind of interventions and help that we provide that might make it less awful. Can’t fix it, which was a very frustrating thing for me, because as a social worker I like to solve problems with my clients, I like to make things better and fix them, and this one I couldn’t fix. So I dedicated the next ten, fifteen years of my life to understanding better, supporting families through these challenges and most of all aging survivors of the holocaust initially and then later extended to survivors of war trauma which then increased the population hugely.

One of the issues for families of holocaust survivors, again which we didn’t understand, they’re not like other families. Most of these adult children did not have grandparents, their families were murdered. They didn’t grow up with cousins. For many years I ran a group for adult children of holocaust survivors and one woman who was in her thirties, a single mom of a ten year old daughter, said one of her greatest fears because her parents were holocaust survivors and she’d grown up without extended family, which I personally can’t imagine because my grandparents, my aunts, uncles and cousins played a major role in my life, one of her worst fears was when her daughter got married she had this vision, a nightmare almost, of her and her daughter sitting alone at the

head table because there were no relatives. To me that always symbolized as a visual of the loneliness and the difference in these families. Many children of survivors, many survivors lived in the same neighbourhoods and communities and used each other for surrogate families and it wasn't until their children went to school that they realized not every parent had a tattoo on their arm and they had to explain that to their friends. They didn't understand that not every parent would have vivid nightmares in the middle of the night, maybe wake up screaming or crying. The kinds of families and the way people reacted are as many as there are people so not every family experienced that, but because nobody really talked about it for so long the rest of us didn't know. What I found with my clients, the survivor families were the ones that seemed to complain the most and had problems with me, with the environment, with the setting, with their parents, and I didn't understand because I thought we gave a pretty good service. As it turns out, in talking to these families, I realized they had never watched anyone grow old before. Because they didn't have grandparents, they didn't understand what aging was about. They had never watched their parents be caregivers for somebody, so this idea of caregiving for somebody who may lose certain capacities or may need help and become more vulnerable as they age was new to them. The survivors themselves could sometimes be very demanding aging parents because they lost their parents at a young age they often would tell their children "if I had a mother I would quit my job and stay home and take care of her. If I had had parents I would have visited them every single day." Plus it's a generational piece, more adult children are working fulltime now so it's not the way it used to be when parents could move in with kids and children would take care of them. So all of these complicated differences were really important to learn about and then share with all the staff so that families didn't get blamed for being different.

Working with older people too has opened many doors for me and so many people think that field is boring, is depressing, and I have to admit I did too 'til I started the work. I have learned so much from my clients. So many of my myths and stereotypes that I thought about aging, have been completely shot to the wind. For many years I had a women's group, a group of older women who wanted to discuss sex and sexuality. Just the concept of that would make me giggle before I went in to the room. When a ninety-three year old is still talking about how to keep an active sex life when she hasn't been married for forty years because her husband died that long ago I perked up and listened and it made me feel a whole lot better about getting older. These were not conversations I had with my mother or grandmother and these women were looking to me for leadership in having these discussions so at times it made me uncomfortable, at times we all laughed and we all blushed, but they taught me a lot of things. I guess the

most important thing is a ninety-five year old has just been on earth that much longer but is no different really than a fifteen year old on the inside with their hopes and dreams. So whether it was sex or whether it was trauma or whether it was just applying for another pension, all of that comes under the role of social work and helping people deal with their everyday lives and challenges.

Social work is based on relationships and we develop relationships with families and model better relationships and show the importance of a relationship. One of the rewards for me was, which I hadn't thought about it, is in those relationships, I'm part of it. So I get back so much from the people I have relationships with and in working with this population, which has sometimes been traumatic for me as well. There's a vicarious trauma that goes with it in that I would hear a horrific story about the murder of a family, how somebody's baby was ripped from their arms and murdered, and I would go home and not sleep that night, and then think "why am I doing this work?" and I thought "they lived it, the least I could do is lose a night's sleep by hearing it. That doesn't particularly damage me permanently and in the end it's an incredible privilege. And the way it's changed my life is my understanding of resilience and human capacity to cope and not just with holocaust survivors but working with child welfare, with families who are struggling, it made me a lot less judgemental and understanding in terms of my own family when I meet challenges, when I'm feeling frustrated, when I don't know or am not sure how to get from A to B in a sticky situation. It's taught me how to deal better with life.

It's mind boggling the amount of diversity in this field. If you're not sure about what you want to do this is one of the best areas to go into because it has so many incredible opportunities to carve out your own position and your own type of work and I don't know any other profession that allows that.

Being a social worker taught me about how I want to live my life and most importantly it gave me the opportunity to actually make a difference in the world I live in, which I think everybody wants in some way or another as they go through life. It allowed me to stay passionate for many, many years of working and still feel good about it and I think that's incredible.

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



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