

Interview with Loretta Nowakowski  
Conducted by Andrea Schara

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**Nowakowski:** -Ask your first question, well, let's do this,

**Schara:** Alright.

**Nowakowski:** somewhat organized.

**Schara:** So- we'll somewhat organize ourselves. I'll do my best, and I'm sure that you'll do your best-

**Nowakowski:** I think your tea's ready. [laughter]

**Schara:** It is ready. Today is April 8th, and I have some nice chamomile tea that Loretta made for me, which I appreciate. It's the year is 1914, and I'm in her home, and talked to Loretta briefly about starting out the interview with, 'Who are you, and when did you meet Dr. Bowen'?

**Nowakowski:** And the year is 2014! [laughter]

**Schara:** 2014.

**Nowakowski:** You said 1914, I thought, "Oh, great."

**Schara:** You're going to straighten me out! I don't know- everybody does this, I always give the wrong date, it's become my- my- my- my trademark, is to see

**Nowakowski:** [laughter] I'm gonna straighten you out! But it's kind of fun, you know what I mean. [laughter] This is a (dah)

**Schara:** if people will straighten me out or not.

**Nowakowski:** This is serious and it isn't serious.

**Schara:** Yes. It's your best thinking, and that's serious, but it's an interview with someone you've known a long time, and that's fun.

**Nowakowski:** Yeah, it is fun. It's fun to recollect. It's over twenty years now. That he's been dead. And it's amazing, because of how much I miss him now. More than I did when he died. And interesting, in the first years, because I was expecting him to die,

you know, it wasn't an unexpected death. And so, you know, he did and things were interesting, the changes in relationships and all. But, what I miss is his subtle thinking. He could wrap a situation up. With an off-the-wall comment that put it in perspective beautifully. I can't even think of an example right now for you, but you'd be sitting there, and he'd say something and you'd think "What?" And you think, "Oh my golly, he's right." About where the audience was, you know, what the emotional tone was, or something, he'd be right on target. And you could feel your head relax. Because it made sense. About what was going on. But how did I need him? I was on the faculty at Georgetown in Maternal and Child Health, and- in the Medical School.

**Schara:** In the Medical School?

**Nowakowski:** And his resident was putting on one of those programs at Gaston Hall, and [phone ringing] he- I saw- and some of the things that the kids were doing was pertaining to Maternal/Child, ok? And I thought, "Oh, I'd like to know about this." Knew nothing of his theory or anything. And went over to Gaston Hall and heard some of the presentations. And I came back, and I said to my faculty, "Oh, this is fascinating." I said, "It explains some of the things we see on the unit!" Between the children and their parents and the doctors. I can't tell you exactly how, but it made sense. And it's the first thing that I know that does. And so, I asked for permission to continue to go to these meetings. And I did, I started going, they were held in the basement in St. Mary's, and I found out about those

**Schara:** What year was this?

**Nowakowski:** What year was this?

**Schara:** Basement at St. Mary's had to be before '75, but it- was it in the sixties?

**Nowakowski:** It was- no, it was in the early seventies. I know it was before it- I think it was 1970. And- it might have been in the sixties. To tell you the truth, it took me awhile to get into it. You know, and to understand it. Because it was medical school and I'm nursing, and we don't you know, get into those things easy. And I got onto the curriculum project at the nursing school. And I sold to the faculty the fact that I thought this theory- I had been going for a couple of years now. I did not know Dr. Bowen, I did know the theory. So I started talking to him in '70, so it had to be the sixties I started going, ok? And then I thought it would be important to our curriculum development and the understanding of the family and their role in the hospital.

And I was sent out to get a definition of differentiation. [laughter] And a scale. [laughter] Which Dr. Bowen really loved. [laughter] And, as you can tell, the School of Nursing, the faculty there had no idea about the theory, and I didn't have much more. All I knew was, this man was a thinker. And he knew what we were seeing in the hospital, he knew the phenomenon. And it wasn't a mystery to him. You know? And so I and one other faculty member went to talk to him. And I told him what I had been doing. Listening to these presentations and all. And how they were the only thing I knew that told us, what was going on between the doctors and the family, and the kids that had

diseases. I didn't understand it all, but I knew that he knew the phenomenon. And that I thought it was important that nurses knew it, because we got tangled in it. And he got excited about that.

And I said, "There's a theme that I would like in the nursing curriculum, on the family." I said, "You can't understand the family in one semester." And I would like the family to be a thread that went through, started freshman year and went through all four years in the curriculum. And I didn't know how exactly we were going to work it. But that I thought it would be important. He got excited about it. Which was a mistake. [laughter]

**Schara:** On his part?

**Nowakowski:** On all our parts I think. Me, with just my little bit of knowledge, okay? And that's when he said, that I could take the course. See, I- he was only taking people who were in mental health. And I wasn't in mental health. And so I-I sort of- Bud Andres, interviewed me. And I guess they got together and said yes, I could get in the course. What a blessing for me. And- but then he came to talk to the faculty, because I had to sell this to the faculty, you know? So, he was a professor in the Medical School, people were interested in hearing him, and the psychiatric nurses came. [laughter] And he shot himself in the foot. Because he said [laughter] because they didn't know what to do, psychiatric nurses did stupid crisis intervention! [laughter]

**Schara:** That's what he said? Some version of this?

**Nowakowski:** Some version of this. He didn't say stupid. Right? But so close, it wasn't funny. That they didn't know what to do. And that's why they did these shortterm interventions. That weren't gonna do- weren't up to the problem. Which is true, they aren't up to the problem. There up, maybe to a- an emergency, you know what I mean? They're brief relief, but they're not up to the main issues going on. And one of the things I told him that I think fascinated him, was that I was fascinated by the role the mother played with the kids. I didn't understand it. But that some mothers- their kids physically did okay but they would be cardiac cripples the rest of their life. You could tell. And other kids, whose physical condition was a lot worse, and they were gonna be more healthy kids.

**Schara:** Wow, that's fascinating.

**Nowakowski:** And I knew that had to do with the relationships. I couldn't explain it, I couldn't- you know? But I just knew. That it had to do with how the mothers were dealing with it, primarily. Now, you know, I didn't know enough to say if the fathers were in it or not. But he was fascinated with that, because he believed that wholeheartedly. Which would make sense.

**Schara:** Bud Andres or Bowen?

**Nowakowski:** Bowen.

**Schara:** Bowen, okay.

**Nowakowski:** I don't remember what Bud asked me in the interview, with him. You know, that was part of the admission process, and Murray made me go through it. You know, which was okay. And I had to do other things too, I forget what the admissions process was at that time. But see, I wasn't a psychiatric nurse, I hadn't had special- beyond the simple course you get- I hadn't had special training in psychiatric nursing at all. Or, or graduate experience in it, you know. Mine was all with physically ill children. Or, or, you know, physical illness.

**Schara:** So you invite Bud in, and he, and he kind of slams the nurses' normal-

**Nowakowski:** Not Bud- Murray! Murray did.

**Schara:** Oh, Murray did this!

**Nowakowski:** He came and did the interview himself.

**Schara:** Oh, Murray did this. Okay.

**Nowakowski:** He did it himself, and I was standing there-

**Schara:** Wow, he did it himself! And shot himself in the foot!

**Nowakowski:** He did. I mean, that's the only way I can say, those nurses came out you could see the smoke coming out of their ears! I mean, they were beside themselves [sic], they were so mad. Because, crisis intervention and those short term things were what they were doing!

**Schara:** Yeah, that's the bread and butter. That's what they were trained for.

**Nowakowski:** And he shot them down. And you know, we had, we had bright nurses. We had a bright faculty. And when I think about it, I think they knew these weren't the answers. They knew their limits. But they had- they didn't have anything else. And he has - I forget how much of the theory- the introduction to the theory, because you can't give the theory, you know what I mean? - that he gave that time, because my head stopped when I heard it and I saw their reaction [laughter] too- They only taught these things because they didn't know anything else they didn't understand the phenomenon! [laughter] You know? I mean there was no way I was going to get him into the School of Nursing! [laughter]

**Schara:** Somehow sounds familiar.

**Nowakowski:** The family I did get in the curriculum, but not, not Bowen. And you should have seen me trying to explain why we couldn't have a scale of differentiation.

**Schara:** It sounds like you were getting to be an all-around failure here, you bring in the big gun, and it explodes on the stage! And then you-

**Nowakowski:** Right. No one else on the faculty, I think I can say this, I think Melba did, and she didn't stay, she was an interesting lady, very smart. But the whole faculty was in turmoil, with a big- I was dumb, at that time, I was project leader, and I believed that I could change the school, the curriculum. You know, this- big change agents with- well, I'm sorry, but these nurses, they cared so much, they do care, that one nurse said it just hurt her guts. That we were changing what she was teaching. Now, when you're running into that deep a reaction, you don't change it in a dime. You don't. So, you know, there was a lot going on at the school at that time. And, others asked me to come and be a change agent and everything, and I said, "No, that's not the way you do it." You don't bring in a fire house. You bring in a fire house to lead the way, if she knows what she's doing, but if she thinks she's a change agent, then they're going to turn around on a dime, you know. It doesn't happen.

So, I took the course, and it started to make sense to me in my family. It made more sense to me, I could see it clear on the units. I was working in pediatrics, and I'll tell you, some of the things, the young aides and some of the nurses would run when they'd see family members coming. And hide! They didn't want to talk to em. And it wasn't because they were mean, or anything, it's because the families were hurting so bad and these people did not know what to tell em, and how to relate to it. Do you know what I mean? To the anxiety, the anxiety, in those families, could be overwhelming at times, especially if the child was terminal.

**Nowakowski:** And somehow, understanding triangles and the need to remain calm, I could hear that. And I could do it in nursing. I could see the results. They would call me, "Loretta, you've gotta come," and I could talk to these people. I didn't have to run away from em.

**Schara:** So, what were you-

**Nowakowski:** I don't know what made that in me, but the theory gave me a way, you wanted so badly to help em, I mean you do, the, the pain is just something when a kid is dying, you know, and these parents are trying to make sense out of it, hold themselves together and their family, and the doctors don't know how to talk to them, a lot of them, I mean, it's better now, but it's still they don't understand if only the doctors in pediatrics could understand Bowen Theory, because what they're doing, now, we had transplant and they would, families would really force- put a lot of pressure on some kids to donate a kidney to their brother or their sister. And some of them would have a baby, to have a kidney that would match the brother's or sister's. This is not- this is not Hollywood stuff, this is real life stuff.

And a couple of years later, I was back and this was in the 90s, and I thought maybe they had learned. And I said to one of the nurses, I was on a unit that had transplants, I wasn't taking care of them at the time, I did a little later, and I said to her, what a terrible dilemma that was for families, I thought, and for the child who donated the kidney. And sometimes for the one that got it, depending on how the family handled

it, you know. He could feel guilty, I mean the dynamics were absolutely fascinating, and the nurse said to me, "Oh we handle that fine now Loretta." And I said, "You do?" And she said, "Yes," and I said, "Oh, well how do you handle it?" She said, "If the kid doesn't wanna donate it, we have him lie to his parents."

**Schara:** Lie to his parents and say yes?

**Nowakowski:** No, lie to his parents and say his kidney didn't match.

**Schara:** Oh, wow. God. Oh, me.

**Nowakowski:** Now that kid has to live with this? In the most important relationships in his life? I thought, oh dear God. That was handling it. And when I tried to mention that I didn't think this was really handling it, I want to tell you the anxiety went so high they couldn't hear it. They couldn't hear it. [long silence, writing] And it's still happening, according to TV anyways. I don't know, I haven't been in the hospital.

**Schara:** So you, you basically had an experience where you could relate to these parents, and the situation would calm down. And you didn't get caught in the emotionality, between the

**Schara:** Dying child and the parents?

**Nowakowski:** Right, and the staff.

**Schara:** And the staff, right. The dying child, the parents, and the staff.

**Nowakowski:** You know, the doctors couldn't- the doctors didn't want to talk to em, not because they were mean or anything, they- doctors were hurting too! They didn't want to lose a patient, they didn't know how to doctor the parents. You know, it was just a big mish-mash of people not knowing how to handle the anxiety in the relationships. Good-intentioned people. All of em. It didn't always look good-intentioned, though, so sometimes it got really nasty-looking. You know how anxiety can- yes, that's the other side of it.

**Schara:** Yes, blow up.

**Nowakowski:** But, and people, it would be funny how people would make different assumptions about me, in the nursing. And-

**Schara:** They knew you knew theory, and that was something different, or were they making assumptions about why you were the way you were?

**Nowakowski:** They didn't understand the theory, they really didn't want to follow it, they weren't interested, in yeah. Cause you couldn't get it, in a minute's notice, do you know what I mean?

**Schara:** It's a lifetime!

**Nowakowski:** But, they didn't like me being that different either. They didn't like calling on somebody all the time. It would depend on the nurse and how secure she was in herself. Like some of them would say, "Oh, she doesn't know the technical at all, she's just terrible." And then, I can remember one day I had found, picked up that patient had blown a hole in their stomach, and they had air in their abdomen, and of course that's an emergency and was taken care of. And I remember a nurse saying, "We discovered that she had air under her diaphragm, you know, and took care of it." And she said, "I know the nurse that found it." And they said, "Who is it?" And she said, "Loretta." But I was supposed to be the one that didn't know. [laughter] (inaudible)

**Schara:** Didn't know it was an emergency?

**Nowakowski:** Well, didn't know the physical- the real nursing part. You know, I could handle the tough stuff, you know, and I can remember we had this- it was on this crazy patient, she really was, she was a hell, oh was she a pill, transplant. And she knew how to get people mad, and she knew they didn't- they didn't appreciate me, getting along with some of the tough patients. And so she'd say, "Oh, Loretta, I love you Loretta! Come here." And she'd watch them go, [excited noise]! [laughter]

**Schara:** Oh, that's beautiful.

**Nowakowski:** And she, she'd ask why- she'd do what I asked her to do, and she wouldn't do what they said, and she (loved it). [laughter]

**Schara:** [laughter] She can play those triangles, you know.

**Nowakowski:** So she got the hole in her belly, and she's playing bad nurse, bad patient, now we all- I mean the psychoses, you know, she was, and the - I wasn't- I took her up, to the intensive care unit, but see I was a floor nurse, so of course they didn't need me, "No, we don't need you." They tell you! "We don't need you, we'll handle this." Well, they couldn't handle her, they came out and the doctor said, "I'm not doing surgery on that lady, I can't- you know, we can't get any place with her!"

And I said, "Could I go in now? [laughter] And they said, "Yes." And the two doctors came and pretended they were working, in a corner, and I went in. And all I did was say to her in a calm voice,

**Nowakowski:** "If you wanna act out like this, you can. The doctors are refusing to do surgery with you acting out like this, and that means you'll die. Now, if you'd like them to do surgery, you are gonna have to calm down and listen to what they have to say. What is it you would like to do?" "Oh, I'll be okay." [laughter] That's all it took! That is all it took. And they're like, "Huh?" This crazy woman. [laughter]

**Schara:** I think it's hard for people to realize, objectivity. You know, the mindfulness of describing, I mean, you make it sound-

**Nowakowski:** And I wasn't even mad at her, I wasn't calling her names or anything. [laughter]

**Schara:** You make it sound easy to describe relationship processes that you're in the middle of. And people can't do this, they can't, they can't be mindful. They can't see what is happening to them. And how they're participating in the process and you, or Bowen, or somebody comes along and can describe it. It's freedom!

**Nowakowski:** Just factual! No judgment.

**Schara:** Just a factual description. Of it, that doesn't have- yeah. And, I mean, people have different abilities to do this. I do believe it is learned. I do believe this is something people can learn.

**Nowakowski:** I think you can learn it. I do.

**Schara:** Certain people can learn it. Maybe, maybe 60, 70% of people can learn it.

**Nowakowski:** And maybe- and certain places in your life. Now see, it was important to me- very important to me - that I be a good nurse.

**Schara:** I hear that.

**Nowakowski:** It was in my family, history, and how I got to be a nurse, very important. To my position. That I be a good nurse. And, Bowen Theory gave me a way to understand how to be a good nurse to people. [silence, writing]

**Schara:** So this has something to do with that scale of differentiation, that your functional level of emotional maturity could increase by learning this theory that you were more able to put things into action. That were based on an understanding of this abstract theory.

**Nowakowski:** You know, I-I don't think I'd even- you know, Pumpkin, let's try to stay away from putting labels on it, and stick just to the factual description of what of what happened if we could, I think that would be better, because people, you know, then you get into all these things, with functional, you know, factually that's what I was able to do. I was able to have a normal voice, you know, all of the non-verbal stuff was calm. And factual, non-judgmental, I didn't in any way use an adjective, to describe the behavior of either side. You know, I didn't get into that. This is the facts. And actually, that's what I said to her. With this behavior, they have said they won't do surgery, and if they don't do surgery, you're going to die. But, if you can cooperate with them, they will do surgery, and you'll be okay. So simple. Ah.



**Schara:** But somehow, so very hard to learn. Or even to want to learn.

**Nowakowski:** For some people, it really was. Really, some of them, it just seemed like it was impossible for them to get out of the judgment. I think, if you couldn't get out of the judgment, well then you couldn't do it. [silence] That's what makes it so hard in families. I think you have subtle judgments inside. [laughter] Right.

**Schara:** Yeah, it's that cellular reactivity, that is, I think, you know, to use a label, but Bowen called it fusion, and he loved the word emotional, he did not like "mental health." He didn't like that, because it was so deep.

**Nowakowski:** Well, emotionally, you couldn't get out of the situation enough to be objective about all areas of it.

**Schara:** Yes.