

Interview with Loretta Nowakowski, Part 2

Conducted by Andrea Schara

April 8, 2014

For the Murray Bowen Archives Project of Leaders for Tomorrow at History of Science Division of the National Library of Medicine

Nowakowski: (This isn't)- This is about theory, more, but there was one point, that I think is important that people think you have to be very bright, to understand Bowen Theory, and use it. I don't believe that. I believe that people that aren't given to abstractions a lot there's something instinctual, and it depends on the family unit. The type of family unit they're in. But they can weave their way through. They can, they can get a goal and hold onto it. that gives them a strength of self. They have a sense of self. That takes them through some fantastic things. Given the white- the right family configuration. I don't know if they can do it without the family. Now, I'm talking about disabled people, even down at that level.

Schara: You mean like, IQ below 75, those people, can have a sense of self and purpose.

Nowakowski: I think they can. Now, below 75 I haven't worked with that much. But the stories I collect and I hear from the Special Olympics,

Schara: I mean, Cassius Clay was said to be below 75 IQ. And he became a world champion boxer. You know.

Nowakowski: Right. Well, that doesn't take IQ.

Schara: No, but he- he had- he had to deal with the public, and be interviewed, and he was, he had more than 75, and he- maybe that

Nowakowski: He was- he was more than- Yeah, he had more than 75.

Schara: came because he had some self in there, I don't know.

Nowakowski: No, I don't- I don't either. I-I you know.-

Schara: Yeah, I don't know his family. But I think you're making the point that depending on your family configuration, even if you happen to have a low IQ, you don't have to be intellectual. To have a self, and to have a purpose.

Nowakowski: And to be able to weave your way through relationships.

Schara: Yeah.

Nowakowski: And know them, and be important to them, and them important to you. And, I think you see that in Special Olympics and things like that, I don't think they're just special kids, but you know, I'm not saying that's the way to go, I'm just saying it's there. It's available. So, you know, what that means, I don't know, to the whole theory, but I do believe that is there. That you know, I gave a paper once and I think it's true, and I think Dr. Bowen- Dr. Bowen did agree with it- that people could do the wrong thing that all the experts would agree, in the family I'm talking now, a movement in the family, that that wasn't a good way to go. But the person that made it the position they were in, in the family, and their belief, that this was the way to go, could carry it off, and it could be a positive move for the family.

Schara: Exactly. And no one could have thought if these ideas, they- it generated from within the person that they were gonna do something.

Nowakowski: They- they were taking a position. And taking a solid position that they were willing to stand on no matter what sticks and stones were thrown verbally by the family. Oh, and the important thing is how they did it, that they didn't cut off, they didn't get angry, they didn't make excuses, and, in many of the people that I got reports of this on, they'd say, "Gee, I'm sorry, this is- makes it difficult for you, but this is-this is where I stand." [silence] It was a neutral position. But in, a sort of immovable.

Schara: So they're not pushed around, by the other people who're important to them.

Nowakowski: And not unreasonable. I mean, you know, when you look at it. After the finished product, it can seem unreasonable sometimes going into it. I mean the whole thing is tricky. Beyond the- this-

Schara: To be- to be a self in your family, is tricky, you're saying? Because-

Nowakowski: Yeah, well there were a lot of factors to it. That you really have to be solid. And then you automatically take care of these little subtle things. But if you're not solid, and you're trying to do it, it is so hard to think of them and put it in place. If we could, we would. We would all be mature, more mature than we are.

Schara: So often, I see this in the way people, he used to call it borrowing self, but they'll turn to the other one and say, "Well, what do you think?" You know, "What do you think I should do?" And then they take that quite literally, and proceed forward. And, or- or the other is, that you tell other people, "This is what you should do." And "You must." And these are two examples where people get lost in the social system.

Nowakowski: Well, and the problem with this with nursing was, I did not play the system well enough to have a position where they'd listen to me. But, the way I saw nursing's position in the medical field, would not be popular with nursing.

Schara: Why not?

Nowakowski: In other words, nursing did not have a solid self in the professions. Taking care of the whole person is not a solid position. I mean, I used to give my students such a hard time with that, I'd bring the Beatles song Bridge Over Troubled Water, you know, all they were gonna do for the person, well that's nursing. "We'll take care of the whole person." And I'd say to him, "Now, okay, tell me the difference between you and a Bridge Over Troubled Water's nursing" and they'd look at me like, "Is this lady crazy?" But it was sort of the same promise, you know? We take care of the whole person.

Schara: Well, I remember when, I don't know if this is-

Nowakowski: I mean, that's taking the extreme, they've tried to trim that down and everything, but

Schara: but the promise, to do for the other, is a trap, that's what you're

Schara: leading to.

Nowakowski: Yeah.

Nowakowski: Well, and asking them what they want and it was funny, when I went in with that practicum, and I'd say to them, "Now, what do you want? From the nurses?" And they'd look at us. Well, they didn't know anything they wanted from us, they wanted the doctor to take care of them, and make them better to go home! And the nurse was s'posed to do what the doctor told her to do! Now, what was my problem? And I said, "Well, I wanted to know what you think about this, you know, how this affects you and is there's something that nursing can do to help, and they'd say, "I don't think they practice like this in Hoboken." You know? Well, we didn't practice like this in Georgetown either, except in special occasions! So, that's where it went with nursing. I did write some articles, and some people could hear it, some of the professionals could hear it, and put it out for discussion.

But it got- didn't get picked up. And they said they couldn't figure out why. And they couldn't figure out why because my position wasn't strong enough in nursing. I would have had to be President of the ANA, or up in there someplace to shake 'em enough, for them to take it on. This way, they could just ignore it.

Schara: Some of the letters, Dr. Bowen says, "I have so many ideas, if I had a hundred research assistants, I can make this work," you know, "I could make it work. I could infiltrate the GAP, the Group for the Advancement of Psychiatry, and I-" You know, he wrote this letter, which I read yesterday, which was a pretty amazing letter, about how you could put family people in every committee of GAP. You know, and then you could eventually get to the fact that everyone should learn family, every psychiatrist, all the way down to every single layperson. And he almost got that to happen, at MCV. When he went to MCV with Henry Lederer.

Nowakowski: Right.

Schara: And he had a- the go-ahead, to do a version of community mental health, and then the legislature voted it down. But he would have absolutely changed the way that mental health was done.

Nowakowski: Isn't that fascinating? I didn't know that.

Schara: Yeah. And then, that was the same year his dad got sick, so right when he was writing this letter to Henry Lederer, he did the PS: "My dad has been diagnosed with this leukemia," and that became of course another- Yeah, another side road.

Nowakowski: You can close it all the way, I think it's nice to have fresh air.

Schara: Along the way. But this idea that both you and Bowen have, what does it take, to alter the way people think about mental, I'll call it emotional, health? And emotional health is a part of the way you're going to deal with any symptom you have. Any physical symptom you have, calls on your psyche. And therefore we come right back to this basic issue.

Nowakowski: On your relationship system.

Schara: How do you manage your relationship system when you have a symptom? You seem to be doing pretty well with yours, [laughter] but maybe because you've spent so much time thinking about this, in your profession.

Nowakowski: Well, you never know, because- oh, I don't want to get into the personal.

Schara: No, but so- just to you know, acknowledge the fact that you've had to take this knowledge and use it in your own life, here.

Nowakowski: Oh, my goodness yes. It has made a big difference. It hasn't made as

Schara: Yes, and that's- and it has made a huge difference.

Nowakowski: big a difference, as I would've liked to! [laughter] In other words, I'm not perfect and neither is my family. [laughter]

Schara: Well, neither- you, you see a way that you possibly could've influenced nursing, but you see what it would've taken, to be the president of the American Nursing Association,

Nowakowski: and do this, and then they would've voted me out of office.

Schara: But maybe you would've gotten a cadre of people along the way.

Nowakowski: I think so. There is a couple of young nurses out there, who have taken the ideas of nursing, you know, and moved them more in the direction I would've gone. Less as a handmaiden to the physician. And I don't think being a help to the physician is a bad thing, not at all. But it certainly isn't an "I" position. Do you know what I mean? Because,

Schara: Yes.

Nowakowski: you can't make the decisions there. You can be a very good person, you can give feedback, but it was- it's within their focus of practice. And nursing's focus of practice is to help the individual be a self-reliant, be able to handle what they need to handle.

Schara: What would you put into good nursing care now, if you were just to design a

Nowakowski: (in) themselves.

Schara: course? What's important for nursing, from your viewpoint? To understand?

Nowakowski: Well that would be tough. That would. The difference between technical and professional and by professional is sort of a snobbish word, but the [silence] the elements of the relationship that were important and would help an individual be a self-reliant individual. [phone rings]

Just let me take this, would you stop that for a second? [phone rings again] I don't know who it is, it's Maryland.

Schara: Sure.

Nowakowski: Hello? Yes. Oh, Bea. I'm in the middle of something sweetheart. Okay. Bye. It would be- it would be- it's complex, because they have to handle relationships and all. And yet, in other ways, it was so simple, when I did it. Like, when I had the students on the practicum, I could try to put it into practice myself, okay. For the students, too. And you know, these were cases where I walked- there was amazingly, the story I told about the old woman. I sat at her bedside, and she talked and talked and talked, and I didn't understand a damn word she said for twenty minutes.

And I said to her, "It sounds like," you know, she had been disoriented and all, but she's talking. I knew she was on to something, I didn't know what it was! But, it was important. And I said to her, "It sounds to me like you're working something out." "Uh huh." And I said, "You want to talk about it?" "Mmm." "Umm, okay. You wanna go to sleep?" "Mmm." "Okay, well I'll be back in the morning." I get back in the morning, she's sitting in a wheelchair, she's getting ready to go home. She's told the doctor, she's made her decisions, honey, she's ready to go! That lady couldn't make a decision to save her- to pee [laughter] before, Well you know, how do you explain that, really? All I

did was sit there! I said, "When I kept my mouth shut, I did better nursing that when I opened it!" [laughter]

Schara: Well, there's something to that, so, to what?

Nowakowski: Letting the person- the person knows what to do inside themselves, and their situation. That is an important belief to have. That somehow, inside themselves, the person knows the system and knows what to do. I don't know if I could ring the bell all the time on that, but I'll tell you it was instances like that that seemed to prove it. You know, the Big Poupon nurses, she didn't say a word. One word! But, she gives the person a way to put their thoughts together and put them out there and look at em. Themselves. Cause I didn't understand a word she was saying. She coulda been talking Chinese for all I knew!

But, she put it out there, worked it out, someone was listening, I wasn't pressuring her. I wasn't saying, "Uh huh," or "Could you repeat that?" or "I don't understand what you're saying." Now, don't ask me what made me so smart as to sit there and not do that. Because that's what a nurse would do. "I'm sorry, I don't understand you." I picked up on this lady, that she knew what she was doing. I didn't but I wasn't important that I know! [laughter] It was important that she know. And in the morning, she had it worked out. When I got there, and the lady says she helped me make this decision, well, the doctors are all upset about the decision, it wasn't the decision they wanted her to make! [laughter] And they're looking at me. I said, "I didn't say a word!" [laughter] But,

Schara: Well, you were kind of positive. I mean, "You seemed to be working things out," so you were- you were kind of positive in allowing her the respect from- yeah. Yeah.

Nowakowski: Well you know, we're- we don't know. Let's just face it, we don't know. You and I don't know, so, you know, we can't be factual about it, except that she talked gibberish, to me, but she knew what she was doing and she made an important decision. And she was able to stand by it. And-and-and it reassured the family that she was okay, she wasn't - she wasn't disoriented the next day, honey, she was clear as a bell. "I'm myself, I'm my own person." So that's all.

Schara: So you're- you know, what I hear in it is, there- it's - there's not a formula for this. There's not a standard comment that you can make, but there's a way to be in respecting the other person. That allows them to put stuff together. And when you see it, that's evidence that you're on the right track.

Nowakowski: Well, I didn't know I was til the next morning! [laughter]

Schara: Yeah, when you see it, there's evidence you were on the right track, things are going in a more mature way. So every time, maybe you're taking a risk.

Nowakowski: But it gives you what-

Schara: I mean, you're guessing. You're taking a risk.

Nowakowski: Well, and I guess what it says is, it's respect for the person. I think that's what I was showing- I did somehow, [silence] in that I knew those people knew what they needed to do. I- don't ask me- I was clear as a bell on that, in those things. Now, how you hold that all the time, everyday, because this was a project I was doing, with a group of students I had, and I got to go in and talk to the patients. And I got to go in and talk to the ones they had problems with. And I loved it. You know, I just loved it. And, it was- but I did, somehow. The theory gave me the certitude, that I would- I would be pretty much on target. I'd been working with it for years, by then, too. You know, this, this wasn't a shot in the dark.

Schara: So, when you say you're working with theory, what do you mean? What's that? What does it mean, you're working with theory, for all these years, is that?

Nowakowski: Working on my own family, trying to understand theory more, going to classes, going to all the clinical things I could with Dr. Bowen. You know, thinking it all the time. Really. And aware of what I didn't know, that was important. Keeping what you don't know. I mean, the awareness that you don't know everything. Sort of, you know, open to questions and open to surprises, you know. Not predicting exactly what was going to happen. So it was a- putting the theory in a learning experience, to me, for me to- [silence] And it was interesting, because nurses knew I was doing something different. And they would listen to me, and they did not know what it was. And they would say, "Loretta can talk to the troubled patients." "Loretta can talk to the hard ones. Go get Loretta." [laughter] They would. But then they'd sort of play down, "Well, she doesn't know the technical." But then, with the hole in the, with the gas and the abdomen, the nurse said, "I know who found it." "Loretta." I listened to the patient.

Schara: Yeah. [laughter] Yeah.

Nowakowski: I listened to the patient.

Schara: That is so key.

Nowakowski: She had reported the same symptoms the night before to another nurse.

Schara: [laughter] The other one might not have listened. She had a hole in her head. [laughter]

Nowakowski: The other nurse came up all upset and said to me, "She told me that last night." Well, she was lucky, we were lucky she was still there, she hadn't, you know,

Schara: So really listening. Without a need to be the bridge over troubled waters.

Nowakowski: Yeah! [laughter] I don't know.

Schara: You know. [laughter] Because I guess when you wanna fix you can't listen. You know, if you, if you're in a hurry to fix things.

Nowakowski: Well, you know, and

Schara: You're not going to be able to listen.

Nowakowski: you know, with Dr. Bowen in the hospital, I think that's where I was valuable to him, because I would go in, and I would be factual with him. [long silence]

Schara: So here you're putting in- or are you being factual with him, does that mean you're observing him,

Nowakowski: Listening to what the system is saying, you know, the system would get mad at him and he'd get mad at them.

Schara: and talking to him, and listening? Listening? Yeah, yeah.

Nowakowski: Well, if you got into that you were lost. And you know, just pulling out the facts. You know. And like, one time I went in and he had an oxygen mask on, and I know these things are more comfortable, and I'd say to him, you know, well, do you want that on, or would you like this? Well, right away it's different. He's in charge. You know what I mean? But he knew he was in charge with me, anyways [laughter]. And I could-

Schara: You gave him the information that maybe other people didn't

Nowakowski: Well, and I'd tell him what the nurses are saying now, "Is that what you want them to say?" "Is that what you want them to do?"

Schara: give him.

Nowakowski: "Well, I knew I'd get their attention.", "Well you got it, what are you going to do?" [laughter] He was, Dr. Bowen was always- pumpkin, let me say this. See if I can say it right. When you were clear in your head, about what you wanted to say, [silence] and it- it wasn't picking a bone or anything, you know, you were clear. He was always there. He was always there. If you took the time to work out, maybe you disagreed, about something, and you didn't go in saying, "I disagree," or anything, you go in with a clear thought about what you thought about it, he would be right there with you. I mean, I can remember one time, I was in Pittsburgh and coming down, and I'd walk into issues, and I'd find them after I got bit, and one time, he was on the word differentiation, and I used it, in asking a question or making a comment, and he make a comment that I couldn't define differentiation, I didn't know what it was, yaddidi yaddiddi. And went on, you know? And went on (to which). I didn't agree with what he went on to. [laughter] But

I knew, there was an issue that someone had been mucking around with this and using it loosely, okay? And I walked into it. But I was mad! That he did that to me, in public! You know? And I was seeing him the next morning,

Schara: Yeah.

Nowakowski: and I go in, I'm mad as a little wet hen, and I'm going [gesture] about differentiation, I kept it on differentiation, that if he thought maturity was the same, I thought he was all wrong. Bloppitty bloppitty blop, this is what I thought about differentiation. He was right, I couldn't define it. But this is the way I saw it, and this is the way I thought about it, and this is what I didn't know. He sat there very calmly listening to the idiot.

Schara: [laughter]

Nowakowski: And when I finished, he says, "There's not many people think about it that way, Loretta." [laughter] What do you do? [laughter] [laughter]

Schara: Gave you a space, he gave you a space to live! [laughter]

Nowakowski: I mean, what a beautiful answer. It wasn't agreeing, disagreeing, nothing. You know? "Not many people think about it that way, Loretta." We could have gone on and discussed it, and it was fine, I mean the man was so good at that, he did not get - if- because I had to- I- The way I read that one, pumpkin, I had taken the time to think through what I thought and what I believed about it, and I was willing to put it out on the table to him. And he would respect that.

Schara: Yes, Mmhmm. That's-

Nowakowski: Every single time. And I could have been 180 degrees off or something, but he still would have respected the thought, and the work I think that went into it and made it different. Now, if he hadn't agreed, I think he would have said something else, I mean, we would have gone on a little bit later. Do you know what I mean? But I think

Schara: Yeah, yeah.

Nowakowski: he thought I was in the ballpark. I'm not saying I was on target, but I was in the ballpark.

Schara: Cause there were plenty of people that he did disagree with, and even when they put their ideas out, he didn't think they were worth that much. In a way, you know? And he would take things up with them. If he disagreed with them.

Nowakowski: But see, you don't do it in public, either.

Schara: Yeah, yeah.

Nowakowski: A lot of this stuff should be done on a one-to-one.

Schara: Should, is an ideal world. [laughter]

Nowakowski: Well, should isn't- we're not supposed to use 'shoulds' anymore. But.

Schara: Should could create. [laughter] But there, but there they are. But doing it in public makes it emotional.

Nowakowski: Makes it a whole different ball of wax. It's not between your idea and Dr. Bowen's, it's out there for everyone! To be taken sides on. Well, that's not what you want. You know, now if you could keep it factual, but see, hot under the collar, no, that belongs in a one-to-one. Hot under the collar belongs in a one-to-one. No matter how factual you've gotten! How much you've worked through. And I think he didn't always do that, but other people didn't either. And you can't handle it in a crowd, you just can't do it. Not this kind of stuff. And that's true in the family, and that's true with some of the things I'm doing now. You can't talk about it. In a crowd. You don't talk about it in public. You just don't.

Schara: Well that brings up a lot to, to really ponder. Because you can get a situation where in many, in many arenas, the boss is no good, let's put it that way. But they have the power, and they can do certain things. And you can't hold em accountable, cause they're the boss. And so there's- if you have an ideal person, who's the head of an organization, you can take things up with em privately. And you might be able to get somewhere. With that. Cause the other person is more mature, and able to really listen to you, and, as you gave that example

Nowakowski: But what you, what you're saying, is you want to change the organization, or you wanna change the boss. Uh uh, that isn't the way the world works. You can want to do it, but you ain't the boss. That's what you're fighting against, you ain't the boss.

Schara: Right, but- Right. You ain't the boss. But the- still, the what happens, and what I've seen over and over again, is the boss will not hold very clear the idea that the people in this system can turn against em. And so the boss gets extruded. The system can extrude the boss. The boss is not impervious to the group. And the group- I remember Dr. Bowen used to-

Nowakowski: What point are you trying to make? I- I'm lost, now.

Schara: Well, Dr. Bowen used to talk about the Catholic Church had a pretty good system, for the boss to arise. So that, from the bishops and the cardinals they would decide on who the next Pope would be. And that, that was a, a good way, for a boss to be chosen, but there were many bad Popes, some of whom were killed. [laughter] So,

I'm addressing your point, about doing it in public. How, how does a- how do you deal, with the boss, in a system when you've got something that's important to you about your life, about the way they're operating, the end of the-

Nowakowski: You have to get out of the system for awhile.

Schara: And a lot of times you have to get out of the system, and a lot of times the system will extrude the boss. I don't know how many times, but in other words-

Nowakowski: In a perfect world, say you were using the theory, in a perfect world you can change the boss. But who knows your way is right? You think it's right.

Schara: I don't know about changing-

Nowakowski: And the group may think it's right, they may extrude the boss and the boss could have been 100% right. I have seen that happen.

Schara: Could have been. Yeah. I've seen that happen too. So, if you're- the ideal world would be,

Nowakowski: So, when the emotional- that's right, when the emotional starts going,

Schara: the case, the example you gave. The example you gave

Nowakowski: if you join the emotion either side, you're going to lose. You're gonna lose, and the place is gonna lose. That's- that's at the Family Center now, including you honey. I haven't heard anyone neutral about what's going on. I've not heard one soul, myself included.

Schara: Yeah. Well, it's-

Nowakowski: Because it's so important to us, I think. This is- okay,

Schara: Yeah.

Nowakowski: this is what gets the family so hard, it's so important.

Schara: Yeah, mmhmm.

Nowakowski: Like the Family Center. We can't get neutral. [tape ends]