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The Shanti Project Newsletter

Spring, 1985

The Spirituality of Resistance

By Mary Redick

[EDITOR'S NOTE] Mary Redick has been a volunteer at Shanti Project for the past year and a half and continues to be an inspiration to all of us. A few months ago, Mary was interviewed for National Public Radio's "All Things Considered" — a moving, inspirational interview which continues to generate mail for both Mary and Shanti Project. In January of 1985 Mary joined the Shanti staff as Assistant Residence Manager for the Shanti Residence Program and is now devoting her energy full time to helping people with AIDS at Shanti.

We asked Mary to give us some insight into the Monday night volunteer counselor support groups to which each volunteer is assigned after completing the Shanti training. Following are Mary's comments about her own feelings and some of those of the other six members of her group.

"OUR VOLUNTEER COUNSELORS OFFER SUPPORT, ACT AS SOUNDING BOARDS. THEY DO NOT SHY AWAY FROM PAINFUL EMOTIONS." Jim Geary

Curls of dust, an incense burner and three meditation pillows waited in the shaft of afternoon sunlight coming through a dormer window in the tiny attic room of the Pride Center. Flo Elyon giggled in delight at sneaking us up the secret staircase and far away from the others for small group checkin during our Shanti Training. But her laughter and mine died away as she gently but insistently dragged me into a morass of repressed feelings.



Mary Redick with fellow support group member Manuel Chen.

I am the daughter of an alcoholic. "No big deal. A lot of us in this world," I had thought. But with Flo's help I was able to feel my anger and grief at the bedrock betrayal of my need as a child for security and safety. By the time the training was over I knew I wanted to start attending Adult Children of Alcoholics meetings.

During the training we'd learned we could expect two things at our required Monday night support group.

We would be supervised by co-leaders and monitored by each other in our relationships with our clients. We would also help each other understand the attitudes of family, neighbors and friends as they reacted to us working with people with AIDS. Beyond that, I didn't really know what else to expect but I should have had some strong hints from my experience with Flo.

Each week we share the story, the current events, of our relationships
(Cont. on Page 2)



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SPRING 1985

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Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

(Spirituality, Cont.)

with our clients. But in addition, over the last fifteen months, in a moon-like waxing and waning, I have resisted feeling -- yet still open to my emotions, until my struggle has not only gotten easier but is even welcomed. I believe now that I cannot go anywhere with a client, especially not to the very edge of life, unless I am first willing to face issues and emotions, be they painful or joyous, in myself. In the past few months I have become interested in understanding the animating force, or spirituality, of my resistance. These notes are very personal sketches and memories triggered by observations made by members of our support group.

"THE GROUP HELPS US PUT OUR IDEAS TOGETHER, LIKE A NETWORK, TO TALK ABOUT ISSUES AND RESOLVE THEM. I FELT THAT I WANTED TO START MEDITATING, TO DO SPIRITUAL WORK, BY MYSELF AND WITH THE GROUP, TO KNOW MY ROLE. IT IS IMPORTANT TO FEEL A SENSE OF UNITY, WORKING ALL TOGETHER WITH A SENSE OF PURPOSE."

Manuel Chen

Seven apartments have direct access by wooden backstairs to the yard of the double Victorian where I live in the Fillmore District. I'd had family in town, been on vacation, taken the Shanti training, and although my kitchen and living room face directly on the yard, I'd been low profile to my neighbors for over a month. I was standing out back catching up with three neighbors, all gay men, a few days before my first support group meeting.

The minute I mentioned AIDS and that I'd just finished the training all three literally disappeared in mid-sentence. Two rushed back to their apartments and the third escaped through the garbage room out to the street. When I described the incident to our group, we talked together about societal attitudes towards death and AIDS. By the end of that meeting, I felt solidarity. I knew I wasn't alone.

That incident happened in January of 1984 and since then I have heard many similar stories. We have all had close experience with the profoundly death-denying attitudes of our society. We have learned, gut-level, that death is often treated like the grossest kind of pornography. Just recently, while grieving the death of two clients within a few days of each other, Manuel shook his head sadly and said, "My friends don't want to hear about it."

At the same time attitudes do change. This July, when I had three clients hospitalized and was lecturing twenty hours each week to

sixty college students in an accelerated summer school schedule, my disappearing neighbors spontaneously formed themselves into a team. They cooked, did my laundry, brought in the mail, took out the garbage, guarded my sleep, wiped my tears and even offered to grade papers!

My Shanti support group sometimes feels like a small band of insurgents. We carry a spirit of resistance and prod those we come in contact with to at least consider the possibility that dying is a particularly poignant stage of living.

"OUR RELATIONSHIP FROM THE START HAS HAD ITS BASE IN BUILDING INTIMACY AND TRUST IN WAYS YOU DON'T SHARE OFTEN WITH PEOPLE. AT FIRST I THOUGHT I WENT INTO THE TRAINING TO "BE THERE" BETTER WITH PEOPLE AND WHAT I'M REALLY AWARE OF IS HOW MUCH PATRICK'S BEEN THERE FOR ME AS WELL, AND HOW BEAUTIFUL THIS SHARING IS."

Lynn Eubanks

True, it was an uncharacteristically sultry day. True, the room was dim. True, my client had smarmy music playing, hypnotic brown eyes and a soft Hispanic accent. But I should have never asked for a pillow and snuggled on the couch while listening. It was entirely my fault. I should have known better, because I fell sound asleep in the middle of heaven knows what kind of heart wrenching tale. Gustavo gently draped his Mother's afghan over me, and an hour later when I woke up, even had the grace not to mention whether or not I'd snored.

Perhaps the most accurate generalization that can be made about Shanti counselors is that we want to give. We can give and serve, serve and give. If we've nothing left, and if we don't fall asleep, still we find more. But we have difficulty and often resist receiving. We work on this problem in our group as we practice risking and trusting with each other. And we work with clients, clients who often resist our gifts as we in turn resist theirs, until finally, mutually, we each can accept with tenderness, with embarrassment, with tears and laughter, a mother's faded afghan tucked around our weary shoulders and under our cold feet.

"THE QUESTION OF CONTAGION CAME UP WHEN SUZANNE ASKED ME TO BE GODFATHER FOR HER INFANT DAUGHTER. I TOLD HER WHAT I KNEW ABOUT AIDS TRANSMISSION - THAT ALMOST CERTAINLY IT WASN'T PASSED BY CASUAL CONTACT - THAT I HAD CLIENTS WITH AIDS BUT NOT AIDS MYSELF. THIS ISSUE COULD HAVE HARMED AN IMPORTANT RELATIONSHIP BUT IT DIDN'T. I GET TO CHANGE DIRTY DIAPERS WHENEVER I WANT TO."

Bob Leone

(Cont. on Page 5)

AIDS And Family Relationships

By Robert Leone

It is no secret that AIDS is often a devastating disease. It has changed the Gay community for a long time to come and continues to claim lives. There are, however, rays of light in the darkness. Whether we have the disease or not, AIDS can make us aware that our time here is limited. If we are to really understand and love one another, now is the time we can take some risks, come out from behind our walls and be vulnerable, especially to the people closest to us. The only other choice is to stay where we are and wait for a more auspicious moment to begin this often difficult process -- a moment which may or may not appear.

As an emotional support volunteer for the last eight months, I often get to share in the personal lives of my two clients. It is clear to me that persons with AIDS and their loved ones are not special because of the intrusion of AIDS on their lives. What is special are the ways in which many of them resist despair and make themselves open to the realities of AIDS.

Last November, Bill was facing his third case of pneumocystis within a year. He was weak, down to 110 pounds, and convinced that he could no longer take care of himself -- a difficult admission to make. His father responded by flying out from Michigan to be with his son, followed by Bill's mother a week later. For the first time in 10 years, mother, father and son were living together under the same roof. Bill was anticipating an infection from which he might not recover and his parents had little knowledge of the disease or what to expect from their son. These were not necessarily the ideal circumstances for a renewal of family ties, yet the three learned more about each other in the last few months than they had in the previous 10 years.

Bill recovered from his pneumocystis, thanks in no small part to his family:

"I feel very fortunate to have parents who were so willing to change their lives and come out here to take care of me. I don't want for anything and I wouldn't be alive right now if not for them. It's been a golden opportunity to get to know each other again. I never really knew my father until this illness. Had it not happened we'd never have gotten to know each other, and I'm very grateful to have their support."



Emotional Support Volunteer
Robert Leone.

It hasn't been an entirely smooth road for Bill and his family. In December mom and dad planned a family Christmas, including a visit by Bill's two sisters and niece. The visit came at a time when Bill was too sick to appreciate, or even want much company. He was on oral medication, experiencing night sweats, high fevers and an almost total lack of energy. The desire for a "normal" Christmas clashed with Bill's need to be alone. This was undoubtedly a rough period, but to my outsider's eyes a sense of understanding seemed to develop from it. There was an easing of tension which I first saw in the way Bill's mother would joke with her son, making light of small irritations.

"When you suddenly have two extra personalities in your life there's a lot of give and take that has to happen," Bill told me one afternoon as he sat up in bed, playing with his black terrier and smoking a Marlboro Light. "It's been a hard adjustment, especially after living alone for so long. It's been a good experience though. In fact, I sometimes get tired of extolling the virtues of my situation. I've been able to live my life fairly normally. Do what I want, when I want."

Bill's mother put it this way: "I try and put myself in the same position as Bill. You really can't do that but I can imagine how I would react. It's frustrating, but we take things day by day--you can't

ever foresee what the day will bring. Some are good, some bad. You have to be like a cat and land on your feet. I know I couldn't make it through without faith to fall back on."

Religious faith is important to both of Bill's parents and they were kind enough to share their views on the subject and their feelings about the Shanti Project with me: "Our religious backgrounds have helped us a great deal--believing that this is not the end, but that life goes on. I've heard that families will sometimes reject the person with AIDS--viewing their illness as a punishment. I don't agree with them--that's not my idea of God--that he's a punishing spirit. I see him as a spirit of love...We're also thankful that Shanti is here, not only for the people who are ill, but also for the people who love them."

"We've gained a lot of understanding of AIDS by attending the Wednesday night support group. Most of the people are Gay people and we're sort of the exceptions, but we've gained a lot of acceptance. Not only do you find out that there are people (in the support group) going through the same struggle, and you are not alone, but you also pick up a lot of insight...We've also gained a lot of understanding of the Gay lifestyle." "I think it is important for people to realize that AIDS is not as contagious as supposed," Bill's father told me. "It is, of course, serious and often deadly but there's a lot of needless suffering that can result from exaggerating the dangers."

It hit home how much Bill's mother and father had changed while listening to them talk recently about a friend--someone they met in the support group. The man's lover has AIDS and he is now experiencing AIDS-like symptoms himself. They expressed concern for their friend, but they also spoke with knowledge and insight about the medical implications of their friend's condition. To me, this level of involvement showed a real willingness to become part of their son's community. Bill, in turn, let his parents into his life at a time when he was most vulnerable. Whatever problems they encounter along the way seem small in comparison to these realities.

It made me wonder how I might do with my family, in a similar situation. At first, my reaction

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50% LIVING WITH AIDS

By Jim Geary

The number of San Franciscans diagnosed with AIDS rose above 1000 in March, 1985. Fifty percent of those diagnosed since July 1981 are living with AIDS. Unlike New York where only 65% of those diagnosed are gay or bisexual men, 98% are identified in this high risk group in San Francisco. If estimates of a gay/bisexual male population of 70,000 in San Francisco is accepted, this would mean that one out of every seventy gay/bisexual males has been diagnosed in the city. Presently, there are approximately sixty persons a month being diagnosed with AIDS in San Francisco.

On many occasions when AIDS statistics have been presented, it has been done in a manner to emphasize the high morbidity rate amongst those diagnosed. While it is true that 50% of those diagnosed have died of the illness, it is important to affirm that many are living with AIDS. Many of these persons are working and/or contributing in varied ways to the improvement of our city and world.

I also wish to use this opportunity to once again dispel any myths or stereotypes of what types of people succumb to this disease. In the last 3 1/2 years it has been my pleasure to know on an individual and intimate level many persons with AIDS. During this time, it has been impossible for me to develop, nor do I accept, a social or psychological profile. Moreover, there is no shared characteristic or lifestyle that would enable one to identify people with AIDS. Like persons with other forms of life-threatening illnesses they are as diverse and as similar as the next.

I present these statistics to you in hopes that they will not overwhelm or lead to despair, but that they will convey how prevalent is this issue and how many of us are affected by it. It is through our knowledge that ignorance and prejudice is challenged and through our commitment to love and healing that fear is lifted.

Because of the increase in the number of AIDS diagnoses, Shanti has limited its individual and group support focus to persons with AIDS and their loved ones. The Shanti Project Board, staff and volunteers look forward to the time when a decrease in the number of AIDS diagnoses enables the Project to once again serve the needs of all members of our society who need help with the issues of life-threatening illness and grief.

AIDS REPORTED CASES

(from 7/81 to) 3/31/85

(Same Time
Last Year)

Total San Francisco Cases:	1061.....	468
Total San Francisco Deaths:	505.....	175
Total S.F. cases month to date:	70.....	29
Total S.F. deaths month to date:	32.....	7
Total California cases: 2156 cases		902
Total U.S. cases: 8853 cases, 4300 deaths		3954

San Francisco AIDS Cases by Age Group, Race/Ethnicity and Patient Group

By Age Group

Age Group	Cases	Percent of Total
0- 4	3	.3%
5-12	0	0
13-19	3	.3%
20-29	153	14.4%
30-39	556	52.4%
40-49	256	24.1%
Over 49	90	8.5%
Total	1061	

By Race/Ethnicity

Race/Ethnicity	Cases	Percent of Total
White	942	88.8%
Black	50	4.7%
Hispanic	56	5.3%
Asian	7	.7%
Other	4	.4%
Unknown	2	.2%
Total	1061	

By Patient Group

Patient Group	Male	Female	Total	% of Total
Homosexual or Bisexual Men	1040		1040	98%
IV Drug User	5	2	7	.7%
Haitian	1		1	.1%
Hemophilia				
Heterosexual				
Contact	2	1	3	.3%
Transfusions	2	3	5	.5%
Child of High-Risk AIDS Mother		2	2	.2%
None of Above	2	1	3	.3%
Total	1052	9	1061	

(Spirituality, Cont.)

The symptoms: Lack of energy. Sleeplessness. Sixteen pounds lost in less than three weeks. Cough. Chest pain. And most dread of all, drenching night sweats. A client's problem? A person in the grey zone? No, the symptoms were mine! When I finally talked about it in group, "Check it out! Go to a doctor!" came the predictable chorus.

Fearfully, I finally did get to my doctor, but her cheerful hunch beyond my cigarette smoking, was that I either had tuberculosis or menopause! Blood tests for hormone levels gave the answer and for a time our group was known in the Shanti offices as the Menopause Group. Clients with night sweats who knew the story were told, "Get over it girl, it's a hot flash!"

Two men in our group who had suffered crazed menopausal mothers during their teenaged years, tiptoed around me in justified fear for a few weeks, and we all worked together on politically correct attitudes towards menopause. Whew! I didn't have AIDS, but oh my, the fear of contagion is getting to be almost like an old friend.

We all deal with it. As an anthropologist, I tend to see the humor in rituals and magic associated, for example, with the special garments, masks and gloves that are used so inconsistently in hospitals. I have been forced to conclude that you can only contract AIDS during certain shifts. Lest I leave myself out of this, let me state categorically that I know the torturous path between reassuring head and my fearful heart. One of the continuing themes of our group has been to help one another let the fear of contagion come up past our intellectualizing and problem solving, to feel it, name it, and let it go.

"LAST SATURDAY I WAS GOING TO VISIT WITH MY CLIENT IN THE HOSPITAL AND IT TOOK ME UNTIL 4:30 TO GET MYSELF THERE. ALL OF A SUDDEN I WAS PARALYZED. IT WASN'T ABOUT HIM OR THE CONTAGION IDEA, BUT IT WAS ABOUT ME, THE DEFENSES I HAVE ABOUT BECOMING VULNERABLE WITH PEOPLE."

Steve Fish

The heat and still air in the hospital room intensified the odors: Dusty flocking on a month old miniature Christmas tree. A basket of rotten fruit. The acid of vomit. The earth of diarrhea. The musk of massage oil. Disinfectant and alcohol. Unwashed feet. Unbrushed teeth. Unbathed body, unbathed for three long weeks. I concentrated on the smell of a fresh orange heavily studded with whole cloves which was placed on the tray table. The nurse's voice somehow echoed past the orange, "He still won't get cleaned up. See what you can do."

I dutifully suggested a bath and a shampoo, was refused, tentatively began taking deep breaths, felt my empty stomach rebel, and finally settled in for a quiet morning visit.

How many of us are willing to be vulnerable about our personal appearance? Our dishes may be unwashed, our beds unmade, but if we're dirty we make sure everyone knows we've been painting a room, changing the oil, or running a marathon. I'm not without my vanities, and I've noticed about myself that the more unsure I am, the more unfamiliar my surroundings, the more care I take with my clothes.

It is only now that I'm grieving Alejandro, that I have time to reflect on the meaning of that period when he refused to be clean. Three days before he died he asked us to help him; he finally wanted to bathe. He stayed immaculate to the end, wrapped in soft white flannel sheets and covered with a pale blue blanket. His room smelled only of a large bouquet of garden-cut roses.

"MY FIRST CLIENT, MY FIRST CLIENT WHO DIED, HIS NAME WAS GORDON AND I WORKED WITH HIM FOR TEN MONTHS. IN THE COURSE OF THOSE TEN MONTHS I THINK I HAD GLIMPSES OF WHAT UNCONDITIONAL LOVE MEANS. THERE WERE TIMES WHEN HE WAS SO BITTER AND

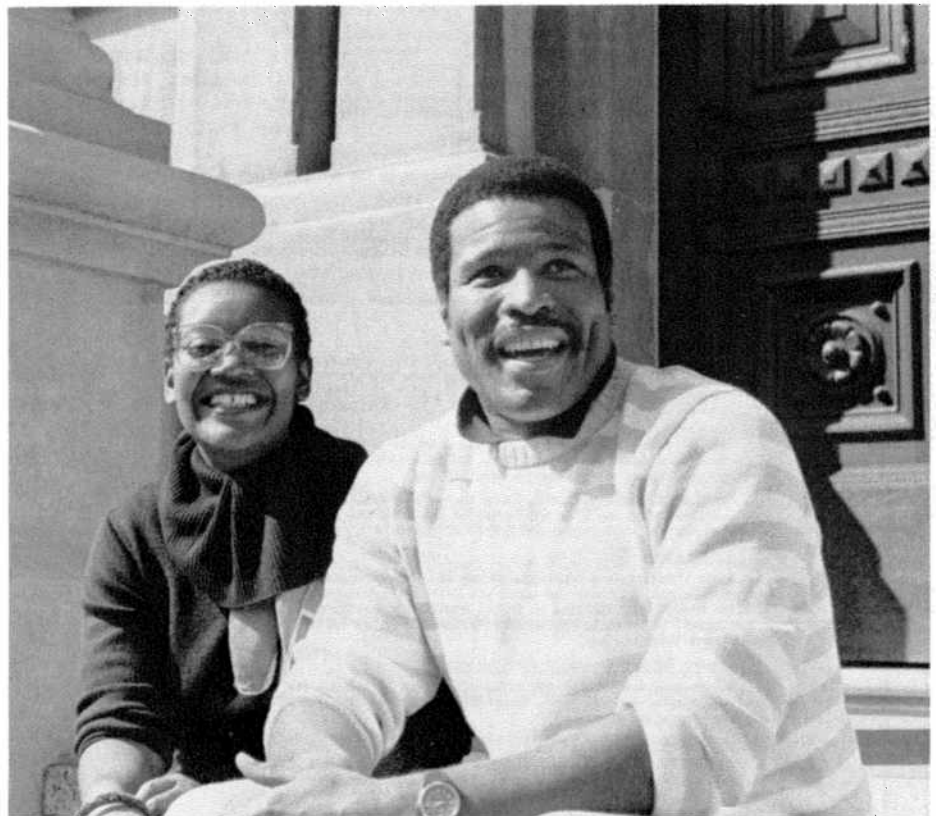
ANGRY AND WOULD SAY REALLY MEAN AND HURTFUL THINGS. IT DIDN'T MATTER WITH HIM. I LOVED HIM SO MUCH, UNDERSTOOD HIM, AND MY COMPASSION FOR HIM STRETCHED AND GREW TO A POINT WHERE IT JUST WENT IN ME AND OUT ME. I'VE NEVER HAD A CHILD AND I'VE HEARD ABOUT MOTHERLOVE. I THINK MAYBE SOMETIMES THAT'S WHAT IT MIGHT BE LIKE."

Eddie Blandini

The picture shows us smiling while sitting at a beef n' brew restaurant in Eugene, Oregon. The restaurant was Geoffrey's choice, he'd just graduated from college. Brian, two years older, is bearded. My outspread arms rest lightly along the backs of their chairs and are not familiarly placed around their shoulders. The photography was taken the last time we were together and seems as faded and as far away and as slightly out of focus as their baby pictures. These strangers are my sons. Our values are so different, our way of life so foreign, that sometimes I can only imagine that they are young braves riding out on a Plains Indian hunting party. Or perhaps, conversely, they are at home and I am the warrior.

The birth, the death, the rebirth of motherlove. Perhaps these are our lessons from the intimacy with

(Cont. on Page 7)



All of us at Shanti Project welcome new employees Star Crenshaw (L.), and Calu Lester, Ph.d.(R.). Star is our Project Information and Referral Receptionist and Calu has assumed the new position of Resident Advocate in the Shanti Residence Program. Welcome!

1984 FINANCE REPORT

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To the Board of Directors of
Shanti Project
San Francisco, California

We have examined the balance sheet of Shanti Project as of December 31, 1984 and the related statements of support, revenue, expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Shanti Project as of December 31, 1984, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles.


Van Keulen & Lumer

San Francisco, California
February 22, 1985

SHANTI PROJECT

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 1984

(1) Description of the Project

The Shanti Project (the Project) is a non-profit California corporation established to provide community service.

The Project offers free counseling and emotional support for people with AIDS and their loved ones.

The Project provides non-counseling services such as transportation, shopping, and housekeeping to persons with AIDS. The Project provides long-term low-cost housing to persons with AIDS. The Project provides information and referral services regarding AIDS. The Project provides professional counselors to San Francisco General Hospital for AIDS patients and their loved ones.

(2) Summary of significant accounting policies

The significant accounting policies adopted by the Project are summarized as follows:

Contributions revenue

Revenue from contributions is recorded on a cash receipts basis since this most accurately reflects such revenue.

Prepaid expenses

Prepaid expenses are amortized during the period in which the Project derives benefit therefrom.

Depreciation of fixed assets

Purchased fixed assets have an estimated life of five years each, and are depreciated using the straightline method. Depreciation expenses for the year ended December 31, 1984 was \$3,177.

Certain fixed assets are not reflected on the balance sheet since they were donated to the Project and fair market value at date of donation is not reasonably determinable.

Fixed assets purchased with funds that were reimbursable under contract with the City and County of San Francisco are accounted for as "cost reimbursed for fixed assets".

Income taxes

Shanti Project is exempt from income tax under the Internal Revenue Code and Franchise tax under the California Revenue and Taxation Code. Contributions to Shanti qualify as charitable contributions pursuant to the Internal Revenue Code and California Revenue and Taxation Code.

Reserve for uncollectible receivables

The Project used the direct write-off method to account for uncollectible receivables since this method most clearly reflects bad debt provisions.

(3) Cost reimbursement contracts

At December 31, 1984 the Project was party to a contract with the City and County of San Francisco. The contract period is July 1, 1984, to June 30, 1985. The contract calls for the Project to provide community service to persons with AIDS in five distinct areas.

(4) Note payable

At December 31, 1984, the Project owed Hibernia Bank \$9,962 on a loan secured by the Project's telephone system. The loan carried an interest rate of 16.75 percent per annum. The note was paid in full in February, 1985.

(5) Restricted donations

Certain donations were restricted to use for specific objectives. Approximately \$1,400 is restricted to the people with AIDS program, a non-cost reimbursed program of the Project which provides people with AIDS with funds for recreation. The remainder of the restricted donations is restricted for use in the residence program.

SHANTI PROJECT STATEMENT OF LIQUIDITY

December 31, 1984

Fund Balance	\$215,206
Less: Balance Sheet components which do not provide liquidity:	
Fixed assets (Net)	\$(26,885)
Prepaid Expenses	(16,121)
	(43,006)
TOTAL LIQUIDITY	\$172,200
Cash advanced to the City of San Francisco (Net)	(58,690)
Cash and receivables available to Shanti	\$113,510

SHANTI PROJECT

BALANCE SHEET

December 31, 1984

	Unrestricted Funds	Restricted Funds	Total
ASSETS			
Current assets:			
Cash	\$100,007	\$ -	\$100,007
Receivables	4,846	142,692	147,538
Advance to restricted fund	100,691	-	100,691
Prepaid expenses (Note 2)	16,121	-	16,121
Total current assets	221,665	142,692	364,357
Noncurrent assets at cost:			
Office equipment	34,060	-	34,060
Automobiles	-	-	-
Less: accumulated depreciation (Note 2)	(7,175)	-	(7,175)
Total noncurrent assets, net	26,885	-	26,885
TOTAL ASSETS	\$248,550	\$142,692	\$391,242

LIABILITIES AND FUND BALANCES

Current Liabilities:			
Accounts payable & accrued liabilities	\$ 23,382	\$ 5,322	\$ 28,704
Advance on cost reimbursement contract	-	36,679	36,679
Current maturity of note payable	9,962	-	9,962
Advance from unrestricted fund	-	100,691	100,691
TOTAL LIABILITIES	33,344	142,692	176,036
FUND BALANCE	215,206	-	215,206
TOTAL LIABILITIES & FUND BALANCE	\$248,550	\$142,692	\$391,242

SHANTI PROJECT

STATEMENT OF SUPPORT, REVENUE AND EXPENSES AND CHANGES IN FUND BALANCE

For the Year Ended December 31, 1984

	Unrestricted Funds	Restricted Funds	Total
SUPPORT AND REVENUE:			
Contract cost reimbursement (Note 3)	\$ -	\$577,110	\$577,110
Grants	-	1,000	1,000
Donations (Note 5)	114,635	2,442	117,077
Fundraising	194,999	-	194,999
Miscellaneous	55,395	-	55,395
TOTAL SUPPORT AND REVENUE	365,029	580,552	945,581
EXPENSES:			
Personnel	138,794	373,899	512,693
Residence (Note 3)	-	85,346	85,346
Contract services (Note 3)	8,316	19,761	28,077
Training and inservice	4,407	5,938	10,345
Public education	10,186	4,639	14,825
General and administrative	55,749	73,722	129,471
Cost reimbursed for fixed assets (Note 2)	-	17,247	17,247
TOTAL EXPENSES	217,452	580,552	798,004
EXCESS OF SUPPORT & REVENUE OVER EXPENSES	147,577	-	147,577
FUND BALANCE, beginning	67,629	-	67,629
FUND BALANCE, end	\$215,206	\$ -	\$215,206

(Spirituality, Cont.)

clients and the connections within our support group. As I listen to young men talking about their mothers, I find myself giving up old notions about motherhood. When I watch them with members of their own age and sex I find from their example a growing sense of equal comradeship and an intensification for the desire for consensus. But we do more than listen and watch. A renegade psychologist that I've admired for years once said about the therapeutic interaction, "The real point is whether or not we use each other." With trust, we do use each other very well, each in our own way and with our unique histories, to take out and rework old mother attitudes and old son attitudes.

As I witness moments of unconditional love on the part of young men, I am humbled by the certain knowledge that biological motherhood, however precious and however I miss Brian and Geoffrey, has given me no special knowledge, no special ability to risk.

"I WAS A TWENTY-EIGHT YEAR OLD WOMAN, A VITAL WOMAN, COMPLETELY PARALYZED FROM POLIO AND IN AN IRON LUNG. IT WAS INTOLERABLE. I COULDN'T MOVE. I COULDN'T TALK. I'D CRY AND TEARS WOULD MAKE MY EARS ITCH AND I COULDN'T SCRATCH. UNTIL I COULD TURN THAT AROUND, I COULDN'T BEGIN TO LIVE AGAIN."

Bea Tracy

The nighttime whisper of trees from Golden Gate Park mixed with the faint rush of traffic and blended with the soft music. The coffee table, gleaming from pools of light in far areas of the living room, held a row of rocks. Round sea washed granite from Monhegan Island off the coast of Maine. A wedge of glass dug from a sidewalk on

Manhattan and once used with others to illuminate a subterranean world. A crystal geode containing a tiny ice palace world from Baniff, Canada. A flat piece of marble studded with needles of rose quartz from Florence, Italy. Red sandstone in a natural flower shape from Oklahoma. A large column of cut crystal from Tiffany which looked like it should, but in fact didn't, throw magical rainbows.

While sitting in a circle around the table our support group talked together about the burdens our clients take up, hold and put down. Then we each chose a stone, found a comfortable place on the floor, and with our stone within reach began a guided meditation for relaxation. In a slow exercise in sensory awareness, we experimented with the picking up of our stone, with the placing of our stone first on abdomen, then sternum, and then forehead. We felt the weight, the lightness, our resistance and the eventual meeting of our stones into ourselves. Finally, we set our stones down.

For us the stones were a metaphor. For Bea paralysis and the iron lung was a physical fact. Perhaps these notes are about moments of emotional paralysis and a difficult look at the spirituality of resistance. I do not feel that this is the whole story of our support group for it certainly ignores our natural history, the coming together and the leaving of each important group member.

Perhaps this is not part of each counselor's experience nor every support group's process. But it is, I hope, not entirely unfamiliar, and is a beginning in a continuing dialogue about the meaning of our work.



(Family, Cont.)

was--my God, what a disaster. Extreme aggravation would get me long before AIDS, and mom and dad would be on a plane for home inside of a week. But, now I don't know. It would surely be a great opportunity to continue closing the gap between us. What we would make of that opportunity is the unanswered question.

Maybe there's reason for optimism. I'm beginning to see my relationships as opportunities for good communication. Now, when my mother calls I don't wait for her to make the wrong move so I can jump on it with self-righteous fervor--"What do you mean I haven't written in a month. Don't you know how busy I am?" I listen and think before I speak. Or, when I talk to my ex-lover I try and keep the past where it belongs, in the past. We really don't need to rehash ancient problems in order to "prove" who was right. These unprofitable exchanges seem irrelevant to what's happening in the present--positive, caring actions are more useful than words at this point.

Being involved with Bill and his family has made a difference in my life. They're a part of my thoughts, and from them I've learned about courage and risking and the strength of love. In my mind, their willingness to confront their fears and love each other means that they've already prevailed in the face of this disease.

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

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