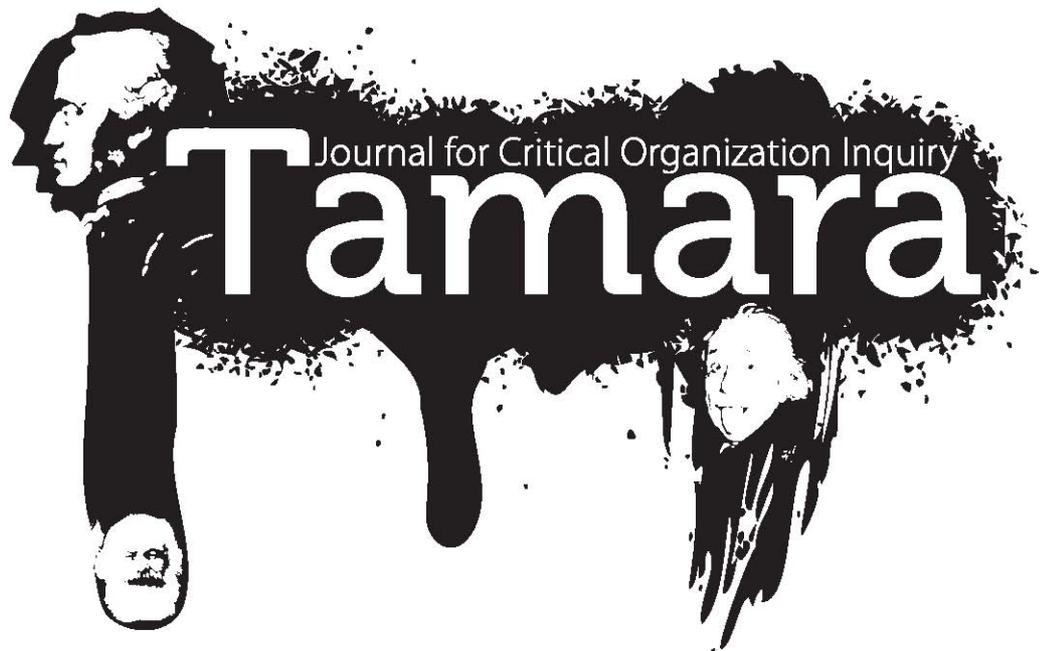


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## From Accident to Activity: An Ethnographic Study of Community Engagement — From Symbolic Violence to Heroic Discourse<sup>1</sup>

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### Abstract

The present study conceptualizes engagement by following Marifran Mattson's story—from tragic motorcycle accident to community engagement. The authors advance a five-part conceptualization of engagement and test its usefulness by exploring it in relation to a stage model approach and by contrasting it to Bourdieu's theory of timidity and *habitus* in relation to symbolic violence. The community engagement begins with a motorcycle safety campaign and expands to include the development of support groups and public policy regarding health insurance fairness for amputees (a.k.a. prosthetic parity). The analysis draws on critical ethnography and the interpretation draws on alternative perspectives and reflexivity. The findings suggest that the stage model is less useful than Bourdieu's theory in explaining discursive practices, the role of professional discourses, and the emergence of heroic activism and heroic discourse in community engagement. Overall, the study paints a picture of what Boyer (1996) called the "scholarship of engagement."

*On a richly colorful and warm fall afternoon in 2004 I was riding my motorcycle with a small group of friends. As I negotiated around a curve on the narrow, two-lane state highway we were traveling, I glanced ahead to realize I was about to collide with an oncoming semi-truck. I screamed and as that scream faded my personal and professional life was irreversibly changed. The direct impact with the front bumper of the truck caused severe injuries including immediately severing my left leg to above the knee, fracturing my left femur, and breaking my hip in three places. The collision threw me from my motorcycle and I rolled over backwards three times. As I lay face-up on the pavement in the moments after the crash, I distinctly remember being thankful that I was wearing a helmet and making a conscious decision not to fall asleep, as I might not wake up—although falling asleep seemed an easier way to cope with the situation.*

*Although I didn't know it at the time, I was bleeding profusely from the open wound on my left leg so a makeshift tourniquet (a shirt and a stick) was being applied. I remember a nurse, who emerged from a car forced to stop behind the scene, saying something like "that's a good idea, but it will never hold, we need something stronger to tie it to." I later was told that the driver of the truck I collided with supplied the crowbar to strengthen the tourniquet, a strategy that likely saved my life.*

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Monday afternoon, the Head of the Department stepped into my office, "Marifran's been in an accident, a motorcycle accident. Jim won't tell us much. Will you check on her? Keep us posted?"

"Of course, absolutely!"

Marifran is my friend and colleague, her office is directly across from mine, she and her husband Jim and my husband Tim and I go to dinner together. I know Jim as a generous and engaging person, but also quiet and thoughtful; I'm not surprised to be told that he was not forthcoming with details, besides Marifran has been studying patients' privacy rights. I call my husband, we meet at the house, leave my car and he drives us an hour to the hospital where Marifran had been taken by helicopter. I have no cell phone and only learn later that the press has released the story. A colleague lets others know that Marifran's leg was completely severed at the scene of the accident. When Tim and I arrive we meet Jim. Jim's eyes are moist with tears that he refuses to allow to fall down his cheeks. "Her leg..." he says and doesn't finish the sentence, just looks at me. And then I know what has happened. Neither one of us is willing to say it out loud. Tim and I stay with Jim until dark and promise to return the next day. I ask him what he wants me to tell the department. "Nothing. This is Marifran's decision, what to say."<sup>ii</sup>

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*While I laid in the hospital recovering from my accident it occurred to me that I didn't know any amputees so I asked my surgeon if I could be visited by an amputee or if there was a support group for amputees. He and his staff seemed surprised by these questions and said they did not know of an amputee who could visit me or of a support group. Instead they sent a sales representative from a company that provides prosthetics. This was a very disappointing experience. The salesperson reeked of cigarette smoke and handed me a plastic bag with the company logo that contained a videotape of athletes wearing prosthetics and some other promotional items. He sat down, leaned back, and in a very nonchalant but forward way crossed his legs. I remember thinking that that was an incredibly disrespectful gesture given that I could no longer cross my legs. He said he'd make an appointment for me to visit their facility and be fitted for a prosthetic leg soon after I was discharged from the hospital. He could not answer a single question about what it's like to be an amputee. He left after about 10 minutes of very awkward interaction. From the moment he exited the room, I said to myself, "When I get out of here, I'm going to start a support group that includes a peer visitor program."*

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In preparation for Marifran's departure from the hospital, I brought new clothes, including loose fitting pants, and I remembered to bring a couple of large safety pins so she could pin up the empty pant leg. She still refused visitors; I left the package with Jim. After her release from the hospital, gradually, we began talking on the phone. She had lost a lot of weight, she told me, but would never know exactly how much, and then she asked me, "What do you think a leg weighs?"

I coordinated a meal plan. So many people wanted to help and had asked me about her condition over the weeks, I just kept telling them, "She'll tell you later how she is doing and please send her cards and well wishes." Now they had a chance to cook for her and for Jim. People brought meals to school and then I drove the meals to Marifran's house. I knew she still didn't want visitors. We had planned for me to leave the packaged dinners outside on the front porch, which I did the first time, but by the second delivery, when I called to say I was leaving the food, she invited me to stay. Little by little, she was beginning to engage.

### Engaged Ethnography

Most approaches to conceptualizing engagement under the rubric of engaged ethnography consider its role as a means to achieve a goal, to describe the people being studied (e.g., an engaged community), to describe the involvement of the researcher or to discuss the ethical dilemmas facing anthropologists (Clarke, 2010; Susser, 2010), but rarely has engagement been addressed as the central focus of study where engagement itself is considered in light of what it means, how it is activated, sustained, perceived and reflected upon (Clair, 2012; Clarke, 2010; Susser, 2010). It is this latter approach that we give consideration in this study.

We call for theory and method to overlap in ethnographies of engagement. And although it may seem out of order, we address methodology before turning to theory as it has received more attention in the literature. With respect to methodology and engagement certain ethnographers have focused on the role of the researcher. For example, Clair (2012) drawing from an extensive review, wrote: “engagement in ethnography refers to (1) the role of the researcher, (2) the perspective from which the researcher is poised, (3) how and why the researcher enters into and enacts with the ongoing cultural phenomenon, (4) how the researcher tends to the subjects [participants/people], and (5) how the researcher presents the story to others” (Clair, p. 134). These tenets clearly focus on the role of the researcher, but for the research to provide a holistic picture, the project should feature a methodology that takes in various points of view. For instance, Susser (2010) noted that engaged ethnography is “not only being explicit about one’s critical perspective while talking to all actors or representatives of institutions involved but also participating with people most affected by the issue to understand and work actively to transform conditions” (p. 232). Methodology for Susser incorporates engagement and activism. Ethnographies of engagement are meant not only to report on oppressive conditions but to become a part of the solution (Clair, 2012; Clarke, 2010). Thus methodology cannot be separated from the theory or the action.

Theory, like past methodologies, needs to be refined with respect to understanding engagement and community action. Specifically, theory needs to be developed in a way that will extend knowledge of social activism and engagement itself. Past studies provide theoretical frameworks in which to situate a study related to the specific topic (e.g., health theories frame studies of health issues, critical theory frames studies of labor issues), but to date, little has been done to detail a theory of engagement itself. Therefore, in this study, we address the theoretical aspects of engagement, including the conceptualization and the possibility of engagement unfolding according to a stage model while invoking an engaged methodology. Further, we begin with an etymological overview of what constitutes engagement and move to a discussion of its alter-ego—timidity and *habitus* (Bourdieu, 1991) as we believe a theory of symbolic violence grounded in a critical-postmodern perspective may help us better understand engagement.

### Conceptualizing Engagement

Applying an etymological definition of engagement may be useful to our project. Drawing from Clair (2012) we note that one of the earliest uses of the term engage stems from the Latin *en gage*, which means to dedicate one’s self. The French derivative, *engage*, added moral commitment to the definition of engagement, strengthening the power of the connotation of the term. Over the years the term engage has taken on several other related meanings. These include: to *engage* as in battle; to *become engaged* as in the promise of betrothal; to *engage* as in initiating the start of machinery, to *be engaging* as in charming, and to be *engaged* as in conversation. “Engagement, then, may vary in definition and range in its level of involvement from casual interest to the serious avowal, from the curious passer-by who asks, for example, what’s going on here, to the committed hunger striker who places his or her life in danger” (Clair, p. 133). However, in order to establish a fuller understanding of engagement its dialectical opposite should be explored as well.

Using Bourdieu’s (1991) concept of *habitus*—the general unquestioned acceptance of the social order—to address apathy or conditioning toward the accepted order as the alter-ego to engagement should help us refine a theory of engagement. Of course, *habitus* will not address the “out-right opposed,” but it should be helpful in exploring the move from *habitus* to awareness and may shed light on the meaning and development of engagement. Exploring the possible stages that one moves through in terms of becoming engaged might tell us more about how and when one recognizes symbolic violence. Bourdieu (1991) defines symbolic violence as “intimidation... [that] acts below the level of consciousness” (p. 52), not an easy practice to recognize or overcome as it is embedded in the professional discourses of society.

The idea that symbolic violence exists in language and often is reinforced by institutions certainly is not new. Critical, postmodern, critical race, feminists and LGBTQ scholars have long asserted quite clearly that oppression exists in language or discursive practices and is reinforced through institutional practices (e.g., Althusser 1968/1997; Clair, 1998; Daly, 1973; Foucault, 1966/1973, 1979, 1976/1990, hooks, 1984, 1992; Lorde, 1984; MacKinnon, 1979, 1989, 1993; Penelope, 1990; West, 1993). These scholars speak of language and institutional oppression, especially in the forms of class antagonism, racism, sexism, and homophobia, which easily could be extended to studies of the plight endured by the physically (or mentally or emotionally) challenged, such as amputees. Why then draw on the work of Bourdieu? We draw upon Bourdieu’s (1991) theory not simply because it has become fashionable of late to do so, but because his concepts of *habitus* and timidity may be uniquely appropriate for exploring the alter-ego of engagement.

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Bourdieu (1991) pointed out that previous linguists' studies relied on an acceptance of an "*official* definition of the *official* language" (p. 45)—*the* language, which is established by the politically dominant and encouraged by the politically elite and which acts as the measure by which all speakers are judged. Bourdieu questioned the role of official language in producing and reproducing power relations, suggesting that the official language acts as a form of symbolic violence because it intimidates without expressing overt threats. The very existence of formal language is responsible for timidity, according to Bourdieu:

There is every reason to think that the factors which are most influential in the formation of the habitus are transmitted without passing through language and consciousness, but through suggestions inscribed in the most apparently insignificant aspects of the things, situations and practices of everyday life (p. 51).

In short, habitus as well as timidity are everyday responses by the general public to elite institutional languages. We propose engagement as the alter-ego to timidity and habitus.

Clearly then we take a critical stance in this particular undertaking, in sync with Bourdieu who wrote that habitus and symbolic violence are applicable to race, sex, labor, and religious divisions in society. We expand the theory by applying it to the area of (dis)abilities, as well. In brief, Bourdieu's (1991) critical postmodern approach can act as an initial means to explore the alter-ego of engagement within a different context. In addition, we believe that applying Bourdieu's postulates to an actual experience will allow us to contribute valuable insights that will expand Bourdieu's theory as well.

Thus, we propose to apply the various conceptualizations of engagement via a stage model approach to the critical incident of Marifran Mattson's accident and the activity that followed and to address how those activities influence or are influenced by symbolic violence. In addition, Robin Clair will address alternative perspectives as we journey through the tragic narrative. Before doing so we suggest a slight reordering of the etymological conceptualizations of engagement to reflect the degree of involvement as follows: (1) entering the conversation, (2) initiating activity, (3) dedicating oneself, (4) expressing avowal, (5) proclaiming moral commitment, and (6) charming others. Each of these aspects of engagement will be exemplified through the story and then addressed in light of theoretical underpinnings that will help to make sense of their in-depth relationship to engagement.

#### Entering Conversation as Engagement

Marifran conveyed a story to me about how the physicians called the remaining portion of her leg a "stump." The language seemed crude, dispassionate, she complained. "What else would you have us call it," one physician asked her. After some days and considerable thought, she told the physician, "My abbreviated leg or ABL."

I smiled at her creativity. I always tried to let her take the lead in conversations about her abbreviated leg, never knowing what she was ready for and what she was not. Eventually I told her that the same weekend of her accident I had been at a conference and had broken my toe. She had responded with a look of sincere sympathy. I added with mock drama, "and because of your little accident no one felt sorry for me." She laughed out loud. Not only had she regained her sense of humor and desire to engage conversationally, but she had also regained her adventurous and independent spirit. Previous to the accident, she had agreed to teach a summer course in Sydney and she needed a special prosthetic leg (C-leg) in order to be able to walk the hills of the city. Determined to get a C-leg after first being denied, she put her persuasion skills to work. She eventually convinced the insurance company to pay for the C-leg. And then she told me that it occurred to her that not everyone is as skilled at dealing with these companies as a communication professor; it didn't seem right to her. Marifran had not changed, at least not in the ways that really matter; she was strong, determined, and always had an eye out for social injustice. Tim and I agreed that if we ever had to go to small claims court, we'd take Marifran with us as our legal defender. It was good to have her back. She spoke freely with me and other friends about therapy, her abbreviated leg, and the challenges ahead. But it wouldn't be easy for her to talk about her accident, especially in public.

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*When I returned to the university campus after being on medical leave for almost a full academic year, I was scheduled to teach a graduate-level health campaigns course. My plan was to use the Centers for Disease Control and Prevention's campaign about diethylstilbestrol (i.e., CDC's DES Update) as a case study for how to evaluate health campaign messages. I was intimately familiar with this case study because I worked on the team that designed, implemented, and evaluated this women's health campaign during a year-long fellowship while on sabbatical. Although the students were very interested in my experience at the CDC and how they could learn from it, they seemed even more intrigued by my motorcycle riding, my accident, and my recovery.*

*I really wasn't comfortable talking about my accident and its aftermath. I was still adjusting to life without a leg, and I was angry that riding a motorcycle put me in that unenviable position. So when a student asked, "Why don't we start a motorcycle safety campaign?" I frantically shook my head horizontally and mouthed the words, "No way!" Not only did I not want to ride a motorcycle ever again, I really didn't want to talk about motorcycles, and I especially had no desire to incorporate motorcycles into my teaching. My last motorcycle ride cast a dark shadow over much of my personal life; I certainly did not want motorcycles integrated into my professional life.*

*Though the students were sympathetic to my response, they persisted. "Maybe starting a motorcycle safety campaign could be beneficial to both you and us." "It could help you recover from your accident in a more positive way by helping others avoid an accident like you had." "And we could learn about campaigns firsthand." I remember thinking, "Darn, they are persuasive...we have trained them well!"*

#### Entering Conversation as Engagement: Theoretical Underpinnings

Conversation may be the first step toward engaging, but to characterize conversation as a simple step forward would fail to recognize the trauma that revisiting a tragedy inflicts. To speak is to give life again to the events. In certain cases that may be therapeutic; in other cases, the words may not do justice to the embodied experience—the pain, terror, loss.

In one early conversational exchange between Marifran and a physician we see the complexity of conversation and how it can take ironic twists in relation to symbolic violence and the *official* language. Generally speaking, physicians are notorious for disguising the simple explanation behind complicated medical jargon. Latin expressions often are substituted for lay language and act to obfuscate the obvious while calling for the physician's expert knowledge to translate. In these cases physicians are using the official language and power of the professional medical institution. Yet, that is not what happened in Marifran's case. The physician called the remaining portion of her leg a "stump." This is the language expected of the unrefined classes according to Bourdieu's theory. The professional term is "residual limb" or "residuum," terms that the physician bypasses in Marifran's case. Marifran is offended and understandably so. But this example also demonstrates a case that calls for further analysis and from multiple perspectives.

Taking an alternative perspective we might ask how many times has the surgeon said, "I need to take a look at your residuum to see how it's healing," only to have the patient ask, "My what?" Or the patient responds by saying, "Call it what it is, a stump." Nevertheless, we wonder why the physician didn't offer the medical terminology when Marifran raised a complaint. Why instead does the physician say, "What would you have me call it," as if there were no other options. As a physician he must be familiar with terms like "residual limb." Instead, he responds as though there is no other word. Thus, symbolic violence occurs twice: first, when the physician calls it a stump (offending Marifran) and second, when the physician acts as if there is no other term. In most cases this would have left the patient at the mercy of the professional's choice of language; instead, the physician is eventually confronted by another member of the professional elite—Professor Mattson. As a communication professor, Marifran, after thinking about it, responded with "my abbreviated leg." Thus, Bourdieu's theory needs to provide a place for differing professional discourses to challenge one another and a place for the professional to also feel frustration due to paradoxical communication (i.e., the physician is damned if he does use official language and damned if he doesn't).

#### Initiating Activity as Engagement

*Upon telling the students that I was willing to explore the possibility of a motorcycle safety campaign, I also explained to them that just because we thought such a campaign was necessary, didn't mean a campaign was warranted. As with*

any health campaign, our first step would be a comprehensive needs assessment—a thorough review of literature and information about the surrounding community and its potential needs regarding motorcycle safety.

Students assessed the surrounding community in relation to motorcycle safety. Typically, university communities contain structural and logistical risk factors associated with motorcycle accidents. The home of this motorcycle safety campaign is a mid-sized, upper-middle-class university town in the Midwestern United States. Several unclearly marked one-way streets run through the campus. Crowds of pedestrians often jaywalk across campus streets. Additionally, thousands of new students as well as their friends and family members visit the university each year. Many of these individuals are unaware of the community's traffic regulations. Taken together, the confusing traffic patterns, the inconsistent movements of pedestrians, and the lack of understanding of traffic regulations, can cause distractions for motorcyclists and drivers of cars and trucks which may compromise safety.

Students also found that university, county and state demographics exacerbated traffic and motorcycle safety risks. The city within which this campaign is situated features a population in which more than 50% of individuals are between the ages of 18 and 24 and approximately 10% are under the age of 18 (Purdue University, 2009-2010). In addition, there are 137 males to every 100 females over the age of 18 (Purdue University, 2009-2010). In the state within which the university resides, motorcyclist fatalities have increased an average of 9.4% annually while other categories of traffic fatalities have decreased. Age groups most frequently involved in motorcycle accidents are 21-30 and 41-50 (NHTSA, 2010). In 2009, there were 100 motorcycle accidents reported in the county where the university is located (Nunn, 2009). Generally in this county, motorcycle accidents are “primarily due to driver error, failure to yield the right-of-way, or an unsafe speed by either the motorcyclist and/or other drivers involved” (Baldwin, 2007, p. 41). Because vehicle accidents in general, and motorcycle accidents in particular, are highest among young males (Centers for Disease Control and Prevention, 2008; National Highway Transportation Safety Administration [NHTSA], 2010), the students concluded the university and its surrounding community were an appropriate setting for a motorcycle safety campaign.

After researching the issue of motorcycle safety and its relevance to the surrounding community, the students drafted a problem statement and identified risk factors associated with motorcycle accidents and subsequent injuries or deaths such as unlicensed motorcyclists, not obeying traffic laws, and lack of helmet use and other safety gear. As we immersed ourselves in these needs assessment activities, I often would stop and think to myself that I wished I would have known this information before I became a motorcycle rider. I felt foolish that I didn't do more research rather than allow myself to become swept up by and enamored with all the captivating messages surrounding motorcycles and motorcycle culture. The students' interest, respectful attitude toward me, and persistent queries helped ease the intensity of these feelings and kept me focused on the project.

After drafting the problem statement, the students conducted focus groups with motorcyclists from the university community including students, staff, and faculty. It was important to confirm with motorcyclists that there was a need for a safety campaign. Students in the course served as focus group facilitators. Given what I'd been through, it was very challenging for me to attend these focus groups and I was concerned my perspective and visual presence may influence focus group members' participation. Consequently, I stopped attending but I thoroughly trained the students to conduct the focus groups. Focus group facilitators probed motorcyclists about their relevant safety beliefs and behaviors, as well as their opinions about a motorcycle safety campaign.

Findings from these sessions shaped subsequent development of the Motorcycle Safety at Purdue (MS@P) campaign. Students learned that motorcyclists would be accepting and supportive of a MS@P campaign if motorcyclists were not the only target audience. Participants were weary and wary of campaigns telling them how to be safer while there were no campaigns targeting drivers of cars and trucks to be safer around motorcyclists. Participants also indicated they would appreciate facts and statistics regarding motorcycle safety issues so they could make informed decisions regarding personal safety. The needs assessment supported that a motorcycle safety campaign was warranted. Also, the needs assessment determined the three target audiences for the campaign: motorcyclists, drivers of cars and trucks, and family and friends of motorcyclists.

After determining the MS@P campaign would target three audiences, the students were divided into Target Audience Teams (TATs). Each TAT was assigned a target audience (i.e., motorcyclists, drivers of cars and trucks, family and friends of motorcyclists) and tasked with conducting a needs assessment specific to that audience. The goal was to understand what each target audience needed from the campaign. The TATs conducted in-depth interviews, focus groups, and surveys to gather data about the attitudes, beliefs, behaviors, and informational needs of each target audience. From these targeted needs assessments, the students and I refined the strategic plan for the campaign based on the unique communication requirements of each target audience. For example, the needs assessment for family and friends of

motorcyclists revealed that 80% of those surveyed supported their friend or family members' riding but many desired that the motorcyclist ride more safely. Family and friends communicated that they needed strategies to talk with a motorcyclist about safety without compromising their relationship. This motivated the campaign team to develop conversation starters for family and friends designed to broach the issue of safety with motorcyclists. These targeted needs assessments provided suggestions for communication channels through which each target audience could be reached most efficiently and effectively including a website, a booth at events on campus, and bus posters.

### Initiating Activity as Engagement: Theoretical Underpinnings

Initiating activity appears to restore a sense of self for Marifran that was once taken-for-granted. By engaging through activity one embodies the self with the material and discursive world – one is actively *becoming* (Heidegger, 1962), part and whole in the community, in this case, becoming what one used to be—active and engaged. Here, the self is taken up with others; the communion is made possible through active engagement. The shared engagement creates *consubstantiality*. As Burke (1969) noted with respect to consubstantiality; people are substantially one, unified by the identification through activity (e.g., working on a campaign—praxis) and solidified in substance (e.g., the campaign—product). Thus, community activity and its outcome act as engagement.

The open classroom dialogue with relaxed power relations assists the bonding between students and professor. Plus, during these classroom exchanges Marifran notes that she felt foolish for not realizing how dangerous motorcycle riding can be. That horrible sense of foolishness may have been harshly reinforced if not instigated during her stay in the hospital:

*On separate occasions as I was being wheeled into surgery on a gurney, a healthcare provider talked to me about riding a motorcycle. While looking at my chart, a female physician said, "I see here you're a professor. I think you would know better than to ride a motorcycle. That's why we call them donor cycles." I wondered how often this happens to others. After being released from the hospital I filed a complaint about these interactions arguing that an ethic of care had been violated<sup>iii.2</sup>.*

The physician more or less acts like the pedantic teacher, using professional status and medical knowledge to chastise the professional patient, noting Marifran's status as a professor. Here we begin to see the polysemic nature of the "official" language. Within the dominant discourse there are subfields, specialties, and the physician calls upon each in order to discipline Marifran. And although we have sympathy for Marifran at this juncture, Robin recalls a conversation with a friend that allows for an alternative perspective to emerge.

When Marifran relayed the story of how she had been treated and how she had responded with a letter of complaint, I couldn't help but remember a story that a friend had shared with me years earlier. She worked as surgical trauma nurse and one day she told me that it had been a particularly bad day with numerous accidents, but motorcycle accidents are the worst, she said. That day a young woman had been brought in who had been thrown from a motorcycle as the result of an accident. Half of the young woman's face had been ripped away. After hitting the pavement she had slid on one side of her face for several feet, searing the skin off and tearing the muscles and tendons away from the bone. My friend said it was eerie to see half of the girl's face as beautiful and the other half of her face completely mangled and ripped away. Why do they do it to themselves, my friend asked.

After hearing Marifran's story, I wondered how many times my friend the trauma nurse probably wanted to say, *how could you do this to yourself*, but was restrained by bureaucratic and medical ethics of care? The physician in Marifran's case is unable to control her comments. She sees an opportunity—another professional, a professor, of equal status—that provides a situation where she experiences a chance to speak freely.

Dueling discourses of discipline between professionals is intriguing. Obviously the physician had disciplined the professional/patient, but the professional/patient sent a letter of complaint, using academic discourse to discipline the healthcare provider. Marifran did not write a personal letter to the physician; instead, she disciplined the physician by sending the letter to her superior, using official, professional language—*ethic of care*.

## Dedicating Oneself as Engagement

*After much research, planning, and anticipation the MS@P campaign rolled out in the Fall semester of 2006. Just shy of two years after my accident. The timing was strategic for two reasons. First, it needed to coincide with the beginning of the academic semester at the university to reach new and returning students and for annual campaign evaluation purposes. Second, it needed to occur during motorcycle riding season.*

*Campaign messages were run on the campus television station and displayed inside the student union and in city buses that serve the campus. A website was launched. From a press release, news stories were run in the campus newspaper, the community newspaper, and on the local public radio station. A booth was created for campus events to encourage face-to-face interactions with target audience members, which included a table-top display containing campaign messages, a raffle to win items donated by campaign sponsors, giveaways of promotional items, and representatives from a local motorcycle dealership with a motorcycle and safety gear.*

*Many students are dedicated to working on the MS@P campaign. Through service-learning projects they partner with the city, motorcycle safety organizations, state agencies, and local businesses to complete projects that promote motorcycle safety. For example, three communication classes worked sequentially to obtain funding, gather petition signatures, and complete a proposal to acquire a specialty license plate that promotes motorcycle safety. These service-learning projects are featured in a textbook I coauthored about teaching health communication from a service-learning perspective.*

*Although the MS@P campaign requires much time, energy, and funding, it is energizing and fulfilling. I have to admit, the students were right when they suspected that advising a long-running campaign would help me recover emotionally from my devastating accident.*

### Dedicating Oneself as Engagement: Theoretical Underpinnings

Dedication fills one's time and consumes one's energy, thwarting an apathetic existence. Neither Marifran nor the students are able to remain detached. Indeed, the vast majority of the students continue to be engaged, which is evident based on the continuing campaign and on the joint research efforts between Marifran and her graduate students (Kosmoski, Mattson, & Hall, 2007; Mattson, Haas, Gillig, & Kosmoski, 2011; Mattson, Haas, & Kosmoski, under review; Mattson & Hall, 2011). Dedication is definitely linked to engagement, but it should also be noted that dedication may dissipate. Its role in engagement may be complex. What will happen if the initiators leave the campaign activity? One can only wonder if dedication can sustain itself if the project is carried forth by those who did not initiate it.

### Expressing Avowal as Engagement

*I often am asked how long the motorcycle safety campaign will continue. I have always said, in one way or another, that "the campaign will continue until the roads are safe for motorcyclists!" I have committed to this statement in media interviews and in academic publications, and I intend to keep this promise. And it's not the only promise that I have kept. There are other promises to myself and for my husband.*

*I endured a month-long stay in a trauma unit, eight surgeries, and several months in rehabilitation. I did not endure this experience alone, however. My husband, Jim, was with me each and every day. Because he was not in favor of me riding a motorcycle, I was concerned that he might not want to live with the profound changes this accident would force on our lives. Prior to my accident both of us were very athletically active. Now, not only would my level of athleticism change but he would have to sacrifice regularly playing hockey to help care for my needs as an amputee. He never balked at his new responsibilities. He stayed at the hospital with me full-time and took on some of the nursing duties. When we returned home, he took care of me and joked that his class on wound care in college many years ago finally was coming in handy. He gave up playing hockey for a few months until I urged him that he needed the exercise and the break. After he agreed, our life shifted toward our new normal.*

*During those months of recovery, Jim and I had ample time to talk. I expressed deep sorrow and remorse not only for the loss of my leg but also for the loss of our previous life. He expressed regret for not being more demanding about not wanting me to ride a motorcycle. On the day of my accident, he recalled, he wished out loud that my motorcycle wouldn't start when I was having trouble with the ignition in the driveway but he was too hesitant to come out of the house and tell me so. Enlightened by these discussions and the constant physical and emotional pain I was experiencing, I promised myself and Jim that I would never again ride a motorcycle. This is an easy promise for me to keep because I respect the*

*sacrifices Jim made for us and I better understand and appreciate the personal risk. To this day, if I am too close to a motorcycle, I feel my blood pressure and a sense of panic rise within me.*

### Expressing Avowal as Engagement: Theoretical Underpinnings

Avowals – performative utterances – do more than promise intentions and future actions; they bring them into existence in a felicitous way, that is, under appropriate circumstance with specific authority (Austin, 1962). Bourdieu (1991) felt that Austin had not carried his theory to its ultimate conclusion suggesting that the performative utterance is a form of symbolic power grounded in cultural institutions. We provide the following example. One can say “I do,” but until the community hears the words, “By the authority invested in me, I now pronounce you…” that act has not been solidified. Yet, we also know that divorce is possible and the rates of divorce are quite high. This leaves one to wonder how avowal actually plays itself out.

In a particular way the promise Marifran made to her husband demonstrates Austin’s (1962) concept of avowal, as do her public promises to her students, her colleagues, and the media. She feels personally bound by the promises; however, she is not institutionally bound by them. Yet, over time, the university perceives her work as something that could be a means to promotion and they encourage her repeatedly to make this the driving force of her academic career; they strongly encourage her to make her campaigns (the MS@P campaign and the upcoming prosthetic parity campaign) visible at the state and national level and then to seek promotion on the grounds of engagement. No doubt Marifran would have moved her campaigns forward to the state level with or without this institutional reinforcement. And one might wonder if any symbolic violence exists within this scenario, but the push to promotion speaks of the “careerism” of the university, a university that wanted to make engagement a new priority. Thus, the university promoted a track to which Marifran would be expected to dedicate her life.

There very well may come a time when the activist is exhausted by the engagement, especially at the highest levels of commitment. How then does the activist gracefully disengage? The personal avowal to her husband is not likely to ever change, but the promise that she will continue her work until the roads are safe for all motorcyclists may be too daunting a promise to keep. How many promises must be fulfilled before the activist can rest?

### Proclaiming Moral Commitment as Engagement

*Nor have I forgotten the promise I made to myself in the hospital after meeting with the prosthetic leg representative, “When I get out of here, I’m going to start a support group that includes a peer visitor program.” Less than a year after the accident, I learned of another amputee who tried to start a support group and was willing to work with me to try again. After planning and putting up flyers all around the city, we held our first support group with a few earnest people attending. The Amputees in Action support group continues to thrive and all but one of the original members, John, who passed away a couple years ago, are still involved. Many of the current members are certified peer visitors and since we gather at a rehabilitation hospital, we request visits with amputees who are current patients as part of our meeting. In addition we take referrals to visit with other amputees and sometimes they become members of Amputees in Action.*

*In the midst of starting the support group, I continued to recover and contemplate life without my left leg. I slowly realized the necessity of prosthetics for amputees and the overwhelming details and costs associated with these devices. As suggested earlier, six months after my accident I was fitted with a C-leg that features a computerized knee and a stumble-recovery system that I take full advantage of and appreciate every day. Seven years ago, this high-end prosthetic cost more than \$50,000 and I had to file a dispute with the health insurance company to help pay for it. They initially denied my claim arguing I requested a “Cadillac leg” that was unnecessary. I countered that I was eligible for a medically-necessary C-leg to assist me in living a productive, independent life. It was during this extensive verbal and written exchange that the usefulness and impact of my advanced training and practice in health communication became fully transparent. Many times I thought to myself, what if I hadn’t been educated in argumentation, persuasion, and debate, would I have to settle for a prosthetic leg with less functionality or worse yet no prosthetic at all?*

*I later learned that many of the almost 2 million amputees in the United States are without prosthetics because their health insurance plans no longer cover prosthetics or their coverage is so insufficient that they cannot afford a prosthetic; many seek social service programs such as Vocational Rehabilitation or the Shriners Hospitals for Children. As I struggled to understand this phenomenon, given that in return for premiums paid for group health insurance, consumers assume and then expect to be covered for catastrophic illness or injury, my prosthetist told me about a callout hosted by*

*Amputee Coalition, a national advocacy organization for amputees, to address this very issue. This meeting was to inform interested constituents about state-by-state and a federal initiative to pass prosthetic parity legislation. Prosthetic parity legislation requires commercial health insurance companies to provide coverage for the purchase, repair, and replacement of prosthetic devices and components. It puts prosthetic care on par with other critical medical services. I attended the callout and eventually became active with the group.*

*What most persuaded me were the stories told by two prosthetists who were championing the initiative. Eventually, Indiana Amputee Insurance Protection Coalition became a committee of a few very dedicated people; I was one of the founders. When I consider what we accomplished, our bill passed in one legislative session, I am reminded of the words of anthropologist Margaret Mead, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.”*

*As we fought for legislation to protect insurance coverage for prosthetics for amputees, sometimes I was called out during testimony by the opposition who questioned why I was involved given that a state law wouldn't apply to my prosthetic coverage because through the university I have an insurance plan that is federally regulated. I would respond that I was not motivated by self-interest but by morality. Speaking out on behalf of other amputees was the right thing to do.*

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In 2009, I invited Marifran to speak to the students taking a class that I was teaching—Diversity at Work. Marifran talked about her motorcycle accident and the adjustments she had to make on a daily basis both at home and at work. After Marifran left, I asked the students if they had any further questions. Indeed they did and I was surprised by the questions: “What happened to the truck driver who hit Prof. Mattson? Did he go to jail? Was it a DUI or had he fallen asleep at the wheel?” I paused, waiting for quiet and then said, “He didn't hit her; she ran into him.”

I had suspected long ago that this would be one of the most difficult issues for Marifran to discuss. She had done everything right—taken motorcycle driving classes, worn the safety gear, and was riding in the middle between more experienced motorcyclists when the accident happened. Even still, things had gone wrong. And we'll probably never know for sure whether the motorcycle slid on gravel or grease, or whether Marifran took the curve too wide or became distracted with something else on her mind, or was too tired to be driving, but however it happened, I felt the need to share with her the impression she was leaving with students—that the truck driver was at fault, when that was not the case. This would not be an easy conversation, I thought.

I was wrong. She immediately thought about why she had said she'd been hit by a semi. And she suggested that it sounded silly to say it the other way around—the motorcycle hit the semi. After all, what kind of damage could a motorcycle inflict on a truck, but she did not become defensive. And she stopped saying that the semi hit her. This is the kind of language structure that Penelope (1990) addresses in her book (i.e., how language choices establish blame, direct responsibility or disguise accountability).

During a different semester two students came to see me during office hours. They were in my class as well as a class that Marifran was teaching. After we chatted about a course assignment they asked me something about Prof. Mattson. “How is her husband doing? He must feel so guilty.” I didn't understand the question. They added, “Prof. Mattson said the motorcycle was a birthday present.” I paused before answering.

“A present to herself,” I said. “She was thrilled and excited and could hardly wait for the Harley to arrive.” Jim paid for the bike, but “he was opposed to it from day one,” I told them. I think that's why I didn't think of Marifran as a hero at first; I thought of her as strong and brave and resilient. Heroic came later, when she forged ahead to fight for the rights of the less fortunate amputees who had not only not been given C-legs, but had not received a prosthetic at all. That's when she became a hero to me.

### Proclaiming Moral Commitment as Engagement: Theoretical Underpinnings

Moral commitment is distinct from commitment driven by passion (Hume, 1739-1740/2007) or self-interest (Smith, 1776/1937). It draws on a rational understanding of morality, of having good will, and goes beyond duty, representing Kant's notion of the categorical imperative, that is, striving for the highest good as discussed in his *Critique of Practical Reason* and *Metaphysics of Morality* (as cited in Denis, 2012). We are not arguing that we know the truth of what motivates individuals; but we are saying that moral commitment may be the personal explanation of the driving force of those who engage.

Moral commitment is the aspect of engagement that speaks most vividly to heroic actions. Without a doubt there are heroes in this story: the motorcyclist who made a tourniquet out of a shirt and stick, the truck driver who supplied the crowbar to strengthen the tourniquet, the nurse who assisted, the first responders, the surgeons, nurses and anesthesiologists, the students, the prosthetists, the founders of various amputee advocacy groups, and Marifran and her

husband Jim, but it is also important to note that in addition to the heroes exists heroic discourse. Each (the heroes and the heroic discourse) takes on a duty of moral obligation.

With respect to symbolic power, rather than symbolic violence, it is crucial to note that the campaign slogan for prosthetic parity is grounded in professional discourse. *Prosthetic* is drawn from the medical world and *parity* from class or military origins as in equal rank. The campaign slogan demonstrates concern for others, resists the ‘logic’ of insurance companies, and demands a change in the law; it can be called *heroic discourse* – a discourse that champions the rights of the less fortunate. The expression – prosthetic parity – preceded Marifran’s accident. It is not tied to any one individual but rather to a movement on behalf of those who do not have parity. It represents heroic discourse which can pull back the curtains of habitus, allowing the public to see the symbolic violence that has been occurring all around them.

### Charming Others as Engagement

*I am grateful to so many people and credit them with bringing me back from the depths of despair after losing my leg. By engaging with others through the MS@P campaign, Amputees in Action, and the Indiana Amputee Insurance Protection Coalition, I muse that only after becoming a patient and a health advocate by accident do I feel like a legitimate health communication professor. Repeatedly, I experience a thrill as I consider that the president of the university and the mayor of our city now participate in our motorcycle safety events and listen to success stories since our prosthetic parity law passed in Indiana. Stories such as 12-year-old, Evan, the double-amputee whose health insurance carrier, prior to the current law, would approve payment toward one but not two prosthetic legs when he outgrew his legs. Or Matthew, the 7-year-old boy who was born without an arm below the elbow and whose Dad, a fireman, cried the day the prosthetic parity law passed the legislature. Tears rolled down his cheeks as he asked me “So, does this mean I can finally afford to make an appointment for my son to be fitted for the first prosthetic he has ever had?”*

*Recently I was approached by senior colleagues who encouraged me to seek promotion to full professor on the basis of the Scholarship of Engagement. It will entail another formidable challenge that once again I was reluctant to accept, as this approach to promotion is not common at our university. However, when it was suggested that doing so might benefit others by providing a unique model, how could I refuse?*

As one of those senior colleagues who encouraged Marifran to consider promotion to Full Professor, I told her that I felt she needn’t do so on engagement if she didn’t want, as I believed she deserved promotion based on her research if she so desired. At a *research one* university there was of course the possibility that a stigma would be/could be attached to someone’s promotion based on engagement; academic pettiness does exist. I never wanted her to feel second rate. My own promotions came with volatile criticism of my work. I knew all too well how the promotion process unfolds. Perhaps, I was warning her; but at the very least, I was reminding her.

### Charming Others as Engagement: Theoretical Underpinnings

No doubt, Marifran charmed many people through her sheer determination to overcome the physical and emotional challenges that came with the loss of her leg. Each step (figuratively and literally) that she took brought her new-found respect from those around her. She grew from a resilient human being to a hero. So few know the extent to which she suffers as a result of this accident. She rarely mentions the phantom limb pain that keeps her awake with the sensation of pins and needles in a foot that no longer exists or the hurdles that occur when trying to cross campus on a blustering wintry day. She keeps a good deal to herself or shares only with her closest friends. Nevertheless, others appreciate the efforts she has put forth, especially in terms of her engagement. She has charmed people.

In addition to charming others, the challenged individual may be charmed by others, as well. For example, Marifran is charmed by the persuasiveness of her students, the stories that physical therapists bring to her, the tears of a grateful father, and the attendance of the Purdue University’s president and the local mayor at a motorcycle safety event. She is charmed by a wide range of individuals including those who represent the oppressed as well as those who hold positions of power. Whether one is capable of charming or being charmed by others depends on a variety of factors which culminate in a judgment.

We often are too quick to judge others and in the case of the amputee we are likely to assign positive or negative valence depending on the perceived cause of the amputation. The physician judged Marifran negatively as she felt that Marifran should have known better. Others may judge the type-II-diabetic amputee as having brought this upon him or

herself; whereas others might laud the veteran amputee returning home from active duty. Judgment of others may initiate specific responses.

Marifran's promotion will require judgment, as well. Whether the outcome is positive or negative the process acts as a form of symbolic power. Interestingly, the very fact that I reminded Marifran of the symbolic power that could lie ahead was a form of symbolic violence. I didn't see that my statement about her research being capable of carrying her promotion forward was giving life to the official bureaucratic discourse of privilege until Marifran and I had yet another and very recent exchange. I sent Marifran an email telling her that my novel – *Zombie Seed and the Butterfly Blues: A Case of Social Justice* – had been accepted for publication. She replied, "CONGRATS on the book contract!! ...which publisher?...regardless, very, very exciting!! ☺" "Regardless," with respect to the publisher, can be read as follows: "Not that it matters."

But it does matter in academe. Some publishers are ranked more highly than others. Parlor presses and self-publication are perceived as last resort. Her comment raised the *official* language, just as mine did with regard to her promotion. We're friends, neither of us meant to hurt the other. But our discourses were mildly intimidating; they raise the questions of how will the master discourse perceive us and our work. I could have eliminated the comment about appreciating her research and simply shown respect for her engagement; she could have asked *when* the novel is coming out, rather than *which publisher*, but we did not, likely out of habitus.

## Conclusion

As we began this project, we proposed that an etymologically-based conceptualization of engagement would prove useful and we believe that indeed it did. We also proposed a stage model for understanding engagement, laying out the definitions of engagement in a linear way: entering conversation, initiating activity, dedicating oneself, expressing avowal, demonstrating moral commitment, and charming others. But as we tried to fit the story into that linear framework, it simply did not work. Indeed, each of the aspects of engagement exists in Marifran's story, but they do not follow a simple stage model. Nor do they follow a linear trajectory. For example, Marifran entered into conversation early by renaming her "stump" an "abbreviated leg." She faced difficult conversations while in the hospital and she continues to face difficult conversations today. Additionally, avowal did not follow the proposed stage model. Marifran demonstrated avowal while still in the hospital when she said to herself, "*When I get out of here, I'm going to start a support group that includes a peer visitor program.*" In short, the stage model seems less useful than expected in understanding community engagement.

In contrast, Bourdieu's (1991) theory of symbolic violence provided a useful framework. By relying on Bourdieu's theory, we discovered rich and complex aspects of each conceptualization of engagement and uncovered the role of symbolic violence in the course of analytic interpretation (see Arendt, 1977 for a discussion of alternative perspectives; see Berry & Clair, 2011 on reflexivity). In addition, we believe our study of engagement also contributed to Bourdieu's theory. First, we discovered that the theory should be expanded to include discussions of how the multiple professional "official" languages can challenge each other. Second, we discovered that the professional discourses may act to stifle the true feelings of individuals and simultaneously may free other professionals to speak their mind. Finally, we discovered that professional discourse need not always be seen as violence as Bourdieu expected. In this case, the professional campaign discourse acted as heroic discourse that fought and won rights for the disenfranchised.

Marifran is a hero; and it is important to study individual heroes, but it is equally important to study *heroic discourse*; in this case, *prosthetic parity*. *Prosthetic parity* is a phrase that conjures the professional "official" language while simultaneously addressing the needs of the marginalized. In this case it drew together various professionals and lay people in support of those in need, which is exactly what defines community engagement. We hope that this study contributes to future scholarship of engagement, where academics focus on "enriching the quality of life for all of us" (Boyer, 1996, p. 21). Finally, we hope this study encourages others to undertake such studies and similar activism in the name of social justice.

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<sup>ii</sup> Marifran has written her story in past tense and Robin has written her recollections in present tense. We feel this reflects our individualized reliving of these events.

<sup>iii</sup> Enomoto, E. K. (1997). Negotiating the ethics of care and justice. *Educational Administration Quarterly*, 33, 351-370; Groenhout, R. (1998). Care theory and the ideal of neutrality in public moral discourse. *Journal of Medicine and Philosophy*, 23, 170-189; Tong, R. (1998). The ethics of care: A feminist virtue ethics of care for healthcare practitioners. *Journal of Medicine and Philosophy*, 23, 131-152. We have provided these references in an endnote so as not to disrupt the flow of the story.