

## Tips from an Accidental “Interculturalist”

### CONSEILS D'UN "INTERCULTURALISTE" ACCIDENTEL

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**Abstract:** Host-parenting an international exchange student facing a medical crisis brings representatives of 1st and 3rd Worlds together under one roof. All parties are mature, adult English speakers who have travelled internationally; the medical crisis resolves happily. Why, then, so much hurt and anger? Why so much ill will? A host-Dad looks back at some of the speed bumps and flashpoints that were provoked by ordinary, well-intentioned conversation, along with good faith efforts to get through them.

**Key words:** International; Intercultural; Interculturalist; Exchange student; Host-parent; Communication

**Resumé:** Le parent d'accueil des étudiants d'échange internationaux face à une crise médicale qui réunit les représentants venant du pays avancés et des pays en voie de développement sous un même toit. Toutes les participants sont des orateurs anglais mûrs, adultes qui ont voyagé internationalement; la crise médicale résout heureusement. Pourquoi, et tant de mal et colère ? Pourquoi tant de mauvaise volonté? Un Papa hôte regarde derrière soi à certains des ralentisseurs et des points d'ignition qui ont été provoqués par la conversation ordinaire, bien intentionnée, avec des bons efforts de foi de les passer.

**Mots-clés:** International; Interculturel; Interculturaliste; Un programme d'échange; parent d'accueil; Communication

As host-parents to an international exchange student our focus initially was on relationship-building and education. When the diagnosis of breast cancer, malignant, advanced, was given to our hosted-daughter, a Kenyan mother of three, only weeks before completing her graduate studies in sustainable international development, this focus shifted immediately to health, which promptly expanded to include communications. Thus, what we had was an improvised intercultural enterprise between representatives of 1st and 3rd Worlds under conditions of unforeseen adversity and with high stakes.

Inasmuch as my wife and I are retired professionals, mature, educated people with foreign travel and foreign language experience, and all of us English speakers with access to 1st World healthcare resources,

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we felt optimally prepared for the intimacy and adversity and the multifaceted task that lay ahead when we took our hosted-daughter home with us for respite, care, and sanctuary during her unanticipated third year in America for painful medical treatment, outcome uncertain. Still, and despite a genuine healthcare miracle - our hosted-daughter, Iris, became cancer free without mastectomy - my wife, June, and I came away bruised, frustrated, and disappointed. What went wrong?

Driven by intermittent communication disconnects between us that were managed by my habits as a physician and father and my wife's as a teacher and mother, we achieved an operational competence-of-sorts at that interface where our cultures met, connected, and periodically clashed; where we regularly hurt one another with our words and behavior. The competence was our ability to bend and not break. That meant simultaneously managing three objectives which sometimes pulled in opposite directions, our own limitations and needs, our caregiving relationship, and our home as sanctuary, aware that failure in any one of these was capable of derailing everything. Cultural interfaces were everywhere, in our home and in the community, and all, it seemed, posed threats to the success of our enterprise.

Our learning to bend, not break, was a practical measure instituted on the fly, aimed at enabling, not just June and me, but everyone involved to get Iris where she needed to go, meaning optimally recovered and with confidence restored. It wasn't informed by studies. It wasn't thought out in advance. Where culture driven needs and expectations clash to create sparks and sores, one needs answers promptly and, for us, there wasn't time to turn to books. (Besides, there was - and still is - no host-parenting literature; what little exists focuses on what one gets out of it, not how one gets through it.) So we coped and talked (and I took notes). That's how we became accidental "interculturalists"-of-sorts. By default.

The following are examples of some communication disconnects and the way they hurt or complicated things and our efforts to manage them, or at least find a way to keep our footing and stay on task in spite of them. These vignettes are taken from my Journal.

## **WHEN INFORMATION SHARING TRAUMATIZES**

Arranging rides for Iris into Boston for three add-on appointments next week turns out to be the easy part. June and I, who have been transporting her for her hospital visits, will need help. There isn't much lead time. People have already made plans this week before the Labor Day Weekend. June puts out the word by email and phone calls.

It is Sunday night. This coming Tuesday, Wednesday, and Thursday are the days in question. We have all just watched the US men's volleyball team beat Brazil for the Olympic gold and have begun watching a movie. The phone rings. I stop the movie. June goes into the kitchen to pick up. Iris and I can hear June's conversation from the TV room. The caller is a friend who knows Iris and has helped before; she is returning June's call. June summarizes the problem. Iris's white blood count has dropped very low and additional booster injections are required; we need transportation assistance for the additional trips into Boston. Can she help?

Iris turns in her chair and looks at me. I don't immediately notice she is holding back emotion, fighting to maintain control. "Mum doesn't have to tell about me," she murmurs. "They don't have to know the details. This information about my illness and treatment is private." I see the distress on her face. "Now I feel exposed," she goes on. "Telling people these details takes away what little dignity I have left."

"I don't understand. I know what you are saying. I hear you. But I don't understand."

"Telling about me this way is trauma to me. It kills me."

"In America" - I'm trying to keep my voice calm and reassuring - "when you bring people into your circle of caregivers and ask them to step in and help out, you don't hold them at arms length and say, in effect, 'I want the ride, but not your personal caring.' You put them in the picture. It's what we do here."

"The information will be in my record now," Iris goes on, as if she hasn't heard what I just said. "It will get around. It will get around (the university), Boston, and the world. The information will be out there."

They can use it against me.” She pauses. “It’s times like this, when I feel so trapped, that I start shaking and crying.”

“Use it against you? Who will use it against you? How can this information be used against you?” She isn’t ready to listen.

“They just need to know I’m doing OK. You tell them I’m managing. I’ve been unwell. That’s all you need to tell people.” Her voice is cracking.

“I think we’re dealing with a difference in our cultures. In America we share family information with friends who step in to help. In your country, maybe people rely only on relations, not on people outside family.” Iris doesn’t respond.

“Besides, how does this take away your dignity? And how did the illness and treatment take away any dignity in the first place?”

“I can talk about this with you,” she says, ignoring my questions. I can talk to you about my guilt at being a burden. I know I’m a burden. People keep reminding me that you are retired people and this is a burden for you. But I keep telling myself that now you are my family here. I am your daughter. I think this because this stops those guilt thoughts.” We are talking past each other.

“I wish I could drive myself to treatment. I’d rather walk and take a train and if I drop and die, that’s better than people knowing these details!” What is she talking about? If this is about family secrets, what’s the big secret? I’m not even sure I know any more what she means by ‘family’.

Iris gets up from her chair. “I’m going to go upstairs.” She leaves.

I’m alone with this mess. Doubt creeps into my awareness. This is about culture difference, isn’t it? Then anger. June and I are new at this and we are doing our best. What terrible offense have we committed that deserves this censure? Then defensiveness. How are two retired people like us who’ve stepped up to the plate supposed to get support and input about what we’re dealing with without reference to what Iris is going through? Then more anger. Why must the host make accommodation, always the host?

June, off the phone, returns and I tell her what happened. She goes upstairs and tries to talk to June. She returns. No luck. We sit and talk and support one another. We put the movie back on.

Iris returns and takes her seat and says she wants to say what’s on her mind. We stop the movie. Iris is in better control. She isn’t crying.

“Before, I’d go up to my room and cry,” she tells us. “But I want to talk and say how I feel. I may be wrong but it’s how I feel. I feel safe here and I can cry like this and speak what is on my mind.”

She proceeds to vent her feelings, which, if you accept some basic assumptions, proceed logically. The assumptions are that sharing details of her illness and response to treatment represents a loss of privacy and that, in turn, means a loss of dignity, the combination of which puts her at the mercy of unnamed others who mean her harm.

At one point June leans forward to speak but I touch her knee and she holds back. We listen. Meanwhile, independent of one another, we are both coming to the same conclusion. We must no longer object or argue, protest or try to explain in the face of her “assumptions”. But, neither shall we feel guilty about our behavior. We shall continue doing what it is we do; that is who we are. Iris will simply have to deal with it, with us.

Iris is the one to get us off the dime. She observes that, once again, she is breaking down on the evening before an infusion. To bed.

How can we not be sensitized and jarred by Iris’s equating loss of privacy with loss of dignity, and both signifying vulnerability to predators? The concept is disconcerting; what we call reaching out and sharing is experienced by her as betrayal. When Iris treats friendly inquiries or caring gestures, like the Muslim receptionist who asked about where she got her scarf, or the black chauffeur who waited until she was safely in the house before driving off, as intrusive, secretly prying and a pernicious threat, how can they not, in return, feel misunderstood or maligned, feel hurt and take offense? How can they not want to withdraw or become dismissive?

Is this the reality of life in a polygamous, tribal society where one is obliged to continuously align and realign one's self inside an invisible force field of interpersonal tensions, with propriety and safety always in mind? Is our hosted-"daughter" a person raised to be alert to the dangers of gossip from half-siblings, from someone of another tribe? Like hospital receptionists and chauffeurs? Like our friends and neighbors? Is Iris, like her countrymen, simply orienting herself to meet expectations and avoid jealousies and survive competitions - to find comfort among the "us", and safety from the "them"?

Take a deep breath, Sonny, and move on. Drop that bone.

## **WHEN PROACTIVE PLANNING PROVES TOXIC**

Today's crisis and breakdown begins innocently enough. June approaches Iris over a late breakfast to begin setting out the back-up plan for next week when we will be in the Adirondack Mountains. Iris will be alone and taking care of our dog and the house, and going to her chemotherapy infusion and her follow-up injections by limo provided by the university, unaccompanied. (Until now I've always taken her and sat with her during these infusions.) We're arranging for friends and family to be in touch and standing by.

June explains that the plan will be written out and posted but, for now, she wants to go over details. The first detail is who to call in the event something untoward happens.

"Nothing will happen."

"But you still have to know who to call in the event of an emergency."

"I know," Iris counters, annoyed. "I dial 211. Every child knows that."

"Dial 911," June corrects. "And be sure to call (our daughter) Helen. She has to know."

"Nothing is going to happen. I have to think positive."

"Our daughter has to know so she can coordinate things if that is necessary."

"I can't think bad thoughts," Iris persists. "I can't think bad thoughts because then they'll happen."

"You're thinking like a Kenyan" June snaps. "In America this is called 'being prepared'."

"This is not Kenyan thinking! It's the way I think!"

"The important thing is we have to think of these things to be prepared."

"I don't want more negative things in my life! I'm trying not to think of them! I've enough negative things!"

"Sorry, but you have to think of these things, Iris. When we were at Cape Cod (for a week two months ago) we were an hour and a half away. We called every day. Now we're going very far away. We won't be able to come back in a crisis. We need to know that you'll be prepared."

"You don't have to call. I'll be fine."

"We're just asking you to follow some simple rules."

This conversation ends shortly after I enter the kitchen. June leaves. I begin preparing my breakfast and say nothing. The tension is palpable. Iris is the first to speak. She recounts what just happened between her and June; it apparently began with June asking how she is and her responding, "I'm fine." Iris She picks up where that conversation left off.

"I tell my doctor everything. I don't hold things back. When I say, 'I'm fine', it means I'm fine. And Mum is wrong to say I'm thinking like a Kenyan. This is me! This is the way I am! Mum's assuming I speak as an Kenyan is one of the ways I am made to feel like an outsider". She is tearing. "Every time there is a misunderstanding," she concludes, "you and Mum are on one side, me on the other, and then I have to make myself clear. I have to defend myself. I feel so isolated. I feel so misunderstood and not accepted."

“I understand you feeling misunderstood but I can’t understand your feeling not accepted. I don’t understand that.” No response. “We all on a learning curve here. We know nothing about Kenya or Kenyans. But we do ask ourselves questions. Is this a cultural thing? You just said it isn’t, so now we know. We also wonder if you are telling your doctor everything because you tell us you need to keep personal information private. Now I know that you are comfortable enough that you tell your doctor everything. You just told me that. We didn’t know this.”

“Some days I feel so low. You know I’m unwell, going through this awful thing. I tell you how I’m doing.”

“But when you say, ‘I’m fine’, after we ask, it can mean two things, Iris, and we don’t know which it is. It can mean, ‘I’m fine. The muscle aches have stopped and I have my energy back.’ It can also mean, ‘I don’t want to talk about how I’m doing. No matter what person is house-sitting for us,’” I go on, “during our week away, a friend, a daughter, we’d be having this same conversation. It’s not about you. It’s the way we plan ahead when we’re leaving the house in someone’s charge.”

We return home from our vacation on Sunday and learn Iris had visits from friends while we were away and her spirits are up.

A “double” bind is a bind in which you find yourself wherein, no matter which way you turn you are still in that bind and, what makes it “double” is that you are unable to step out of the box, as it were, and walk away. A double bind has clearly become manifest here. We have to trust her but can’t rely on her. There is to be no discussion. We can’t change plans.

But Iris has finally provided an insight into breakdowns like this one, namely, that what Americans value as being proactive a Kenyan would view as “inviting the problem”, bringing it on simply by thinking about it. This might be an oversimplification, even inaccurate. But it’s enough to engender fresh resolve in June and me. We shall continue to hang in there, hang on, and, again, move on.

## **BITING THE HAND THAT FEEDS YOU**

“I’ve just learned something about American healthcare,” Iris concludes as we drive home from the hospital that first post-operative day (removal of the breast lump) and following a bizarre exchange between her and the discharge nurse. “And I’m so glad you were here to explain it to me,” she adds. “I got it all out and I feel I’ve left it behind, back in the hospital.”

But, I feel my explanation about healthcare today, in reaction to her meltdown with the discharge nurse, was not only inadequate, it was not really mine to provide. A more thorough explanation and detailed instructions by the system would have been more appropriate. But I’ve learned something about the expectations of a non-American who becomes a patient in our healthcare system, and, through this, maybe expectations of a large portion of Americans who become patients as well.

Here’s the story of that bizarre exchange and what it was that she’d “left behind”. The discharge nurse, who had spoken to Iris earlier, comes to the bedside with final instructions. He explains in detail about the discharge medications and the care of her drain, demonstrating by emptying the drain and measuring the accumulated fluid and resetting the suction feature. He tells her what to expect in an uneventful recovery and how to recognize signs of infection and shows where in the papers he gives her is the number to call. He shows her the surgeon’s number and tells her to call later to schedule a follow-up visit. “Do you have any questions?”

“I have no questions,” Iris responds, but her expression, her tone, and her body language, now familiar to June and me, betray her. Something is wrong, very wrong.

The nurse recognizes the signs and asks, “Are you sure?”

“I’m sure.” He waits. He knows she is holding back.

“If there is a question I can answer, I’ll do my best.” He continues to wait. It is clear he won’t back down.

Iris begins modestly enough but her indignation and disapproval quickly dominate her response until a scolding tone plus her tears become the message. "I'm supposed to call the doctor for an appointment?". She is not seeking clarification. She is venting.

"Yes."

"There isn't one already in the system? You don't have an appointment to give me?"

"No. You must call for the appointment."

If I'd asked you this earlier would you have the appointment?"

"No. This is the way it is customary done. The patient calls for the appointment. I think I know where this is going. Is it because she's African?"

I interrupt. "Just to clarify," I begin, "is what you are telling us the customary process for everyone or is it for just some patients?"

"This is the way it is for everyone."

"Where is the doctor now?" Iris demands, changing her focus. Being expected to make the phone call for the follow-up appointment is the tip of this iceberg.

"She is probably in surgery? Is it something I can help you with?"

"It is something I have to speak with her about directly."

"Do you want me to have her call you? I can page her?"

"No." The nurse patiently waits for her to reveal her issue.

"I just find it funny that she wasn't here to talk to me," Iris says in an angry and now trembling voice. "I find it strange she didn't come to check on me this morning."

"I can't speak to the doctor's routine," the nurse says, "but if you like I can introduce you to a Patient Advocate."

"No! No Advocate!" Iris declares. "I just want to say how this makes me feel! I feel the surgeon has no humanity!" Her reprimand is bitter. "I feel like I'm nothing more than a piece of sand in the ocean! I expected the doctor who operated on me to want to see how I'm doing the next morning! I expected her to come herself and talk to me!" Where does such an expectation come from in a visitor lucky to be entitled to healthcare insurance so many Americans can't afford?

"I know the doctor couldn't advise you about details of the recovery until biopsy results are available in about nine days," the nurse offers which doesn't mollify Iris.

"The surgeon did call and speak to us personally last night, immediately after the surgery," June reminds Iris. "She said she was very pleased with how it went. I told you last night when you came from Recovery."

"I don't remember you telling me. At least that shows some humanity," she concedes.

In the car ride home the conversation continues. I try put things in perspective for Iris. I explain that, in America, doctors work within systems and it is unfair to blame the doctor for lack of time to spend in caring attention when it is the system that is responsible. It is the system that directs the doctor's time and tasks. June adds that, in America, patients sometimes must chose between a hospital system that offers much caring but little effective treatment, or the reverse. Especially at a teaching hospital where everybody wants to have treatment, they are always very busy. The effective treatment is what such a system favors because that sustains the hospital's reputation.

Iris confesses that, while Kenya provides doctors who are always very involved and caring, they don't necessarily have the technology to offer the best treatment.

Then Iris plays the "money" card - "Is it because they want to make more money?" - whereupon I erupt.

"Not more money! Hospital's and clinics want enough money, enough money to stay in business." I am shouting. I tell her about hospitals closing and the clinics I've worked in that repeatedly faced bankruptcy after years of annual multi-million dollar deficits. June points out that doctors get a fraction of their fee in

the current managed care environment, then adds this critical reminder. In the past, when a patient hospitalized with breast cancer surgery would remain for more than a week in the hospital, the doctor would have multiple opportunities to pay multiple visits post-operative. "But how much time does it take just to stop by?" June concludes, showing her solidarity with Iris.

I'm sharp with her, too. "For each visit with a patient there must be a note in the chart!"

"Even a social call?"

"There is no such thing as a social call by a surgeon post-op!" Now my voice is shaking as well as shouting.

There is no further discussion. Anyone can do the math. Plus, I'm beyond annoyed.

Assuring traditional access to one's surgeon post-op would oblige, at the front end, a considerable waiting period just to have that first consultation and be scheduled for surgery. That doctor who was on call for exchange students at her university, and who Iris first sought ought when she felt her lump but who had no appointment time until after her visa expired, reminds me of those doctors who steadfastly provide patients with traditional time, once they get in to see them. The long wait to see them is the rub.

Entitlement, I have observed, does seem to follow free care as night follows day. How American of Iris. How like us.

## **"MOM" AS A TERM OF AFFLICTION**

"I can't change! I shouldn't have to change! This is me! This is the way I care! If I can't be me in my own house, how can I go on? This is making me sick, this tension, this not communicating! I'll end up with cancer! I can't last another three months!" And, finally (and, desperately), "Iris has to go!" June is the lightning rod in our home. She is the lightning rod for all the culture shocks that strike us host-parents. She takes the hits first and she takes them totally and they make her sick.

The tension in the house has become not only intrusive and persistent but maddening. June consults with two of our daughters. One supports her conclusion that Iris needs to find another place to live. "Your home is no longer a healthy place." The other focuses on Iris's apparent flashpoint and proposes a trial accepting Iris's evident message, "Don't be my mother!" (even as she insists on calling us "Mum" and "Dad"). Surely we can find a way to preserve the good we've done.

June and I talk more. "Why isn't she this way with you?"

"I no longer ask her personal questions. I don't give her advice. I initiate conversation about the weather, Obama, or world news. That's all."

"I can't talk about Obama and the weather for the next three months."

We revisit the language and remind ourselves of nuances. Must "Mum" and "Dad" signify roles, prompts to functioning? Can't they simply be terms of respect? Doesn't Iris keep reminding us that, in Africa, calling an elder "Mom" or "Dad" is a traditional honorific. Given the context of our lives, must these denote expectations? Then again, we are her caregivers and, as she, herself, reminds us, we are her Mom and Dad; she is our "daughter". We are her American "family". This is how we give care. We know no other way.

We remind ourselves of the horns to this dilemma. A hosted-daughter's pride, it seems, obliges her to exercise controls of one sort; to insure a caregiving Mom gives care on her terms. The host-parents' responsibilities oblige controls of another. A host-Mom must be the caregiver she already is. Calling June "Mum" cues both women onto the horns of this hot dilemma where it holds feet to the fire, as it were. The issue becomes, how does one resolve this matter without there being a winner and a loser? When a sick person insists on being viewed and treated as if she is well, as in this instance, in the interests of maintaining confidence and hope while, at the same time, insisting on being viewed and treated as sick and disabled, to be given slack, how can such a conundrum not make the caregiver stumble and feel, herself, stressed, and in low spirits? Must it be a zero sum

game - one party releases toxins and feels assuaged; the toxins then poison the other party - zero sum?

There is no satisfactory answer so our question becomes: how do we as host-parents bend and not break?

## **CONVERSATION AS TRIAL BY COMBAT**

There is laughter coming from downstairs. June and Iris are preparing to watch a Netflix movie. The laughter stops. Then: "Sonny, would you come downstairs!" (I know that tone.) I stop what I'm doing and shut down my computer because I know I won't be returning to my upstairs office anytime soon. I'll tell this story the way it unfolded, the way it hit me as I walked into it.

I go downstairs and enter the TV room where Iris sits in her chair, impassive and staring ahead. June is standing by her chair waiting for me.

June directs Iris. "Tell Dad what you just told me!"

I take a seat. My pulse rate is climbing fast but I know it is not nearly as high as June's. She is shaking. I look at Iris.

"I didn't want it to come to this," she murmurs, looking down.

"I'll tell him," June says and Iris immediately gets up and exits. I turn to June.

"Sonny, I was watching TV," June begins, working to maintain composure. "I was mindless. Nothing was on my mind. I'd watching Wheel of Fortune. Iris comes in and immediately begins speaking of the Oprah Winfrey Show she'd watched earlier. I naturally turn off the TV and listen. There was a woman on that show who had been diagnosed with breast cancer and both breasts were removed but it was in error. Another woman that was supposed to have had that double mastectomy. I limit my comments to, 'Oh, my.' and 'Poor thing'.

"Then Iris says, 'Now I'll always wonder about my case. I should have had that second opinion.' Is Iris still thinking that her diagnosis might have been in error? Is she still wondering if she even had cancer? Or, if her surgery was necessary? Is she still harboring mistrust for her caregivers, even as she has had the best of care available in the United States, care not available to so many Americans who need it and who can't afford it! Most upsetting, is she now claiming we'd never had a discussion about a second opinion? I have to say something. "But we talked about a second opinion,' I remind her.

"No, we didn't,' she contradicts. There isn't a hint of doubt, even though she had been medicated and was confused and depressed during that period.

"Yes we did,' I insist.

"No, we didn't!"

"At this point, disconcerted and feeling my blood pressure rising and wondering how I fell into this, I demand, 'Why are you telling me this? Why are you doing this to me?' Iris doesn't answer. Now, the tipping point.

"Sonny, does this mean Iris will go back to Kenya with a story that she may have been misdiagnosed or that she may have been given chemo or operated on for research! Just thinking that feels like a blow right to my heart and my blood starts boiling. America as predator and deceiver, as exploiter? My blood is boiling now, too.

(June continues.) "Why don't you talk to Dad this way?" I demanded. "Why don't you tell him these things? Why don't you bring up these problems with him. Why is it always me that has to get so upset?" I cracked here. "This is why I stay away from you, Iris," I blurted out. "This is why I avoid you. I can't take this." That was when I called for you to come down."



It is time for June and me to turn off the TV and retire to our bedroom. Behind closed door we talk. We discuss June's exchange with Iris and how I, too, would have corrected Iris if she'd stated to me there had been no talk of a second opinion. I recall very well our spelling out to her the choice between telling her NE doctor about a second opinion or keeping it secret with no records sent to the new doctor and our raising the question of whether or not her insurance would pay for such a thing, a complete work-up with all tests repeated, just to keep the second opinion secret. I recall her asking us specifically for a hospital where one of my cousins practices.

"When I reminded her of these points and the discussion about your cousin's hospital she insisted, 'No we didn't!'"

June is sitting back in the bed making an effort to take slow, deliberate, deep breaths. I'm standing. It's easier to start and stop pacing when you're on your feet which is what I do when my blood boils.

We talk about why we care so much about what Iris tells people back home and then try, once again, to understand Iris's attitude and her distortion and her insistence. We can't seem to get beyond notions like imperious, entitled, stubborn, and ungrateful.

"Why do I keep falling into this." June is berating herself. "I don't get this agitated even over my own children's issues? Why did I have to let my guard down?" (She is crying now.) "I was watching the Wheel of Fortune. I was watching the Wheel of Fortune and looking forward to seeing a movie."

Neither of us will sleep. Tomorrow Iris and I will be driving together to the university. I'll ask her if she actually believes she never had breast cancer, and if she believes me when I say that there was a discussion about a second opinion. I'll ask that, from now on, she limit her talk to June to topics that are pleasant. I'll tell her that putting all that into June is making June sick. Iris won't be able to stand up and walk away from me during this talk in the car. The following morning, in the kitchen, I find her note. "Hi, Dad. I shall not be going to university in the morning."

The following day, alone in the house together, June and Iris make contact and talk. The issue they choose is different from mine but the important part, where to go from here, gets said. June gets to say that she can't take into herself the toxic stuff that Iris keeps transferring into her. Iris must stop doing this. Iris must bring such matters to me because I don't take it inside me. Iris, for her part, makes this startling confession. In Kenya, if a parent and child say different things the parent takes a stick and beats the child until the child accepts what the parent says as right.

"But I'm not your mother."

This brings Iris back to earth. After a pause, and in subdued voice (according to June), she acknowledges. "You're right. You are not my mother."

"In America," June continues, "what you call fighting is what we call a disagreement. Both sides can express their opinion and it can be left there. We don't feel obliged to force the other to agree, to have to change their opinion."

"That's what I'm beginning to learn about America," Iris replies. "In America you have disagreements. In Kenya parent and child fight until one finally agrees with the other. In Kenya a parent takes a stick to that child until that child accepts the parent's opinion."

To me, Iris "taking a stick" to June seemed more like a mother taking a stick to a recalcitrant child, not the reverse. It wasn't as if June was Iris's mother. It was more as if June was Iris's child. Who would have guessed role-reversal, let alone role-reversal of a traditional form of parental abuse, as the issue here?

Iris subsequently admits to having taken a cane to students in her class in years past, as had been done to her when she was a student, although this is no longer practiced in the schools. Most startling, the president of the country publicly takes the cane to legislators who disagree with him.

## CONCLUSION

I can attest that the glue that held things together, that brought whatever measure of peace and calm we managed during those mini-crises that enabled everyone to move on wasn't love or understanding, although we gave these lip service. It wasn't knowledge or insight, either. These were always late arrivals, anyway. It was our ad hoc troubleshooting of the threats to either the mission, our caregiving relationship, or our personal well-being, that gave us the glue. The glue, it turned out, was our compromising. By compromising at least one of those three objectives - in the service, not of the other two, but of June and me bending instead of breaking - we created that glue that ultimately kept everything together.

Our experience (and this report) highlights derailment. Any discussion of what happened and its lessons must speak to this. It wasn't merely a recurring theme. Derailment is the key to understanding what was accomplished. And final credit for the compromises that kept things on track must include June's and my stamina and resilience and our love for and rapport with Iris, cultivated gently over the two preceding years and, especially, to a high-concept bottom line purpose, easy to get, easy to say, and, of course, easy to remember - sanctuary for an exchange student receiving painful medical treatment. This latter proved not just a bracing mantra but a compass as well. It was how we safely (and promptly) kept putting ourselves back on track during that remarkable year of repeated derailments. Whenever we seemed to be fighting over who, for example, gets to heal and who must carry painful and toxic feelings - when it, thus, seemed another of those win-lose propositions - June and I were always able to remind ourselves that when the mission wins everybody wins. And when everybody wins everybody gets to heal - to use that example - later, if not now. Somewhere else, if not here. Our ability to make small, uncomfortable, temporary sacrifices regarding the mission or the caregiving relationship or our own well-being was what enabled us, in the end, to bend and not break. Compromises proved the reliable friend, not love, understanding, insight, or compassion; it was the tactical compromise that one sees happening all the time and at interfaces of people, not just cultures, so easily overlooked, and usually unheralded. I believe it is overlooked, certainly unheralded, not simply because it is ubiquitous and flies beneath the radar, but because it carries the blemish of a standard or promise dishonored. We like to believe we're better than that. So we overlook the compromise; we don't celebrate it.

One last thing. I'm beginning to suspect that, while people who speak a common language obviously find it easier to understand one another in a conversation, it is people who speak different languages and who don't understand one another, that probably end up trying harder to understand, to be understood. They probably try harder not to offend, too. Making this effort is, in my view, as much the key as is succeeding in that effort. With both parties equally outside their comfort zones, meaning there is a starting jot of humility already there in place, this may actually stand a better chance of ending without so much bruising, frustration, and disappointment as when all participants speak the same language. Just a thought.