THE LLLI ALUMNAE ASSOCIATION

# Continuum

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*"Organizations… are centers* of human relatedness, first and foremost, and relationships thrive where there is an appreciative eye—when people see the best in one another, when they share their dreams and ultimate concerns in affirming ways, and when they are connected in full voice to create not just new worlds, but better worlds."

—from *Appreciative Inquiry*

The renewal initiative that LLLI is pursuing with the help of the Chaordic Commons most certainly will result in change, for change is a part of life itself. By taking an "appreciative eye" view of LLL, resulting changes will move us closer to relationships that are right and visions that are realized.

## Co-constructing the LLL of our dreams

Think back to a high-point you experienced in La Leche League—a time when you were most alive and engaged. What did it look like? How did it feel? Who was involved?

What do you think is the heart of La Leche League—the central core that gives this organization its distinctiveness?

What three wishes would you have to enhance the health and vitality of LLL?

Unconditional positive questions like these, say David Cooperrider and Diana Whitney, authors of the booklet *Appreciative Inquiry*, lead participants in a "cooperative search for the best in people, their organizations, and the world around them."

Appreciative Inquiry (AI) is one of the tools that LLLI Review Network and Drafting Team members are using to discover LLL's untapped potential and to generate positive change.

AI could be considered as the flip side of "problem solving." It doesn't ignore problems, it just tackles them from a different direction.

According to Whitney and Cooperrider, problem-focused planning rarely brings a new vision and often elicits defensiveness and devisiveness. Participants become bogged down by power and control issues and by an emphasis on the negative. As a result, notes Cooperrider, deficit-based approaches to change "reinforce hierarchy, erode community, and instill a sense of self-enfeeblement."

On the other hand, people who work in organizational change have learned through the appreciative inquiry process that "*human systems grow toward what they persistently ask questions about*." When an organization connects with its positive potential, dramatic and exciting change is not only possible, but unstoppable.

Imagine, then, hundreds—even thousands—of conversations taking place throughout the LLL world focused on the best that's been and could be. By email, telephone, letter; at small group meetings, workshops, conferences; in Spanish, French, Dutch, Afrikaans, English and a dozen other languages; Leaders, Applicants, mothers, doctors, fathers, funders, and others who have a stake in La Leche League's future are talking about the value of "what is," envisioning "what might be," and zeroing in on "what should be."

*We find that the more positive the questions, the more longlasting the change effort*

—David Cooperrider & Diana Whitney

Appreciative Inquiry works because it draws out the very best in an organization—"every strength, innovation, achievement, imaginative story, hope, positive tradition, passion, and dream." According to Cooperrider and Whitney, the more positive the questions asked, the "more longlasting and successful the change effort." Inquiry, they say, "is inseparable from action." In fact, the very act of *asking* becomes an agent of change. Questions framed toward the positive create awareness, invite imagination, and open new possibilities.

How would you answer the questions at the start of this article? What kind of a discussion might they generate with other LLL friends? You're invited to share your thoughts, your stories, your reflections, your dreams via email <reviewnetwork@llli.org> or by writing Review Network members Sue Christensen or Pam Oselka (see contact information, p. 12).

If you would like to know more about AI, the booklet *Appreciative Inquiry* may be ordered online at <www.bkconnection.com> or by calling 1-800-929-2929 in the US.

## Coping with stress: for women it's nurturing, friendships

For decades, scientists have believed that people react to stress with a rush of hormones that direct the body with a message of "fight or flight." But a recent study has identified a very different biological and behavioral pattern that explains a key method used by women to cope with stress.

"It seems that rather than responding in a fight-or-flight fashion when threatened, fearful, or stressed, women may more often tend-and-befriend. Women are more likely to protect and nurture their young, and turn to family and friends for solace when they are stressed," explains Dr. Laura Cousino Klein of Penn State's College of Health and Human Development. Klein participated as a post-doctoral scholar in the UCLA study led by principal investigator Dr. Shelley E. Taylor.

"This 'tend-and-befriend'pattern is a sharp contrast to the 'fight-or-flight' behavior pattern that has long been considered the principal method for coping with stress by both men and women," notes Klein. "For women, that didn't quite make any sense from an evolutionary standpoint. It's a rare female of any species that would leave her baby to fend for itself while she physically takes on an aggressor. Females are more likely to protect their children, and bond with other females who can help provide protection in the process."

For decades, psychological research maintained that both men and women rely on fight or flight to cope with stress, meaning that when confronted with stress, individuals either react with aggressive behavior, such as verbal conflict and more drastic actions, or withdraw from the stressful situation. The researchers found that men often react to stress with a traditional fight-or flight response. However, the researchers found that women are more likely to manage their stress with a tend-and-befriend response by nurturing their children or seeking social contact, especially with other women.

*It is well known that oxytocin is released during childbirth and lactation. But, in terms of biobehavioral stress research, it has been overlooked*

"The hormone oxytocin might be the key. It is well known that oxytocin is released during childbirth and lactation. But, in terms of biobehavioral stress research, it has been overlooked. Oxytocin, in fact, is a mood regulator. Studies show that oxytocin decreases anxiety and depression, and promotes an affiliation or friend-seeking response in females," says Klein. "After a hard day's work, for example, women are more likely to affiliate, while men may need time to decompress. Both men and women produce oxytocin from the posterior pituitary gland, but women churn out more."

If a woman is stressed, she may get a quick burst of the stress hormones epinephrine, norepinephrine, and cortisol. Then comes oxytocin. The female hormone, estrogen, enhances oxytocin's role and the tend-or-befriend response in women, while the male hormone testosterone appears to enhance fight-or-flight in men.

The "tend-and-befriend" methods range from talking on the phone with relatives or friends, to making simple social contacts such as asking for directions when lost. This difference in seeking social support during stressful periods is the principal way men and women differ in their response to stress.

"This doesn't mean that women never become angry or aggressive, or that men never tend or befriend," says Klein, "but the 'tend-and befriend' response to stress is more common among women."

This is the first new model to describe people's stress response patterns in more than 60 years and fills a gap in the stress response literature. Almost all the stress response studies in the past have been conducted on males and`so, therefore, upheld fight-or-flight as the main response to stress.

Men are more likely than women to respond to stressful experiences by developing certain stress-related disorders, including hypertension, aggressive behavior, or alcohol abuse, explains Klein. The tend-and-befriend response may, in some ways, protect women against stress and may provide insights into why women live an average of seven years longer than men.

"This research may encourage other researchers to further investigate the differences between men and women, as they study diseases such as Alzheimer's, cancer, or depression," says Klein. "We (researchers) need to open our vision. We're merely on the tip of the iceberg."

The study is published in *Psychological Review*, 2000, Vol. 107, No. 3, 411-29.

## Attachment parenting never stops

When my daughter, Heather, 27, informed me she would be having major knee surgery this summer, I offered to come and stay with her for two weeks. I knew, as only a mother knows, she would need a lot of initial help and no one would willingly give it as well as I could. She had no idea of the intense post-op care needed. Neither did I.

I felt so strongly about being there, I bought the plane tickets before I asked my boss. (This took courage since we are still in a culture where nurturing is not the norm and attachment parenting one's children, regardless of the age, is not encouraged, perhaps even regarded strangely.) I told her I would be with my daughter for two weeks and had arranged coverage at work. She started to grumble, but something in my intention caused her to have new respect for me. This was nonnegotiable. I was going to be there!

I was almost caught off guard by my intense desire to be sure I was with Heather after surgery. It was a knowing that she needed me. Perhaps because I am in menopause, it was easier to quietly speak my truth to my boss and not worry about consequences. I knew what I had to do, whom I needed to be with, and was not afraid of what others would think.

Surgery was successful—in and out in one day. Not too long ago, such surgery would have required several days in the hospital. Now patients are sent home with pills, a handful of instructions that are not so easy to understand, and some numbers to call.

For the next week, I gave my daughter 'round-the- clock care with pain meds, meals, and waking up every four hours to help her walk to the bathroom. Part of Heather's pain medication came through a catheter inserted in her knee, which we removed ourselves a few days later. I did all the shopping, errands, cleaning, animal care, organizing, etc.—things a Mom likes to do for her daughter.

*I was almost caught off guard by my intense desire to be sure to be with Heather after surgery.*

Heather lives with her two cats in a small apartment. We shared the same bed (sometimes all 4 of us!) so I was able to monitor her closely. It was like being with her as a neonate all over again. What a gift! I loved every minute. I found out that I haven't lost my touch either.

An extra bonus was having Heather's brother and his family live upstairs, so my four-year-old grandson became the assistant physical therapist. When I wasn't helping Heather, I was feeding Malu and doing puzzles.

By the end of the two weeks, I was really wishing I could have another week in order to continue the help my daughter needed. However, I was grateful for the time I had. She had started back to work and I was due to fly home Sept. 11.

As it turned out, I did have my extra week, although I would have gladly gone home as scheduled rather than stay because of the tragedy our nation faced.

When I did leave, Heather was in an even better place, had begun physical therapy, and was doing really well. My daughter was surprised at how much she did need me! Our relationship moved to a new and more trusting level.

My husband was very understanding throughout this time. His strong support took away the stress that might otherwise have been present. Mail, meals, correspondence, my work, and my spouse all survived well without me.

Just hanging out with my two children, daughter-in-law and grandson for this length of time was very special. We had our family ups and a few downs. Siblings will always be siblings. But because my children are now adults and I have been trying to practice HRE, I was able to be a better "Wise Woman," listen more and allow them to work things out.

In LLL we talk a lot about attachment parenting our little ones and even teens. Well, I have found out those feelings don't ever go away. As long as we are mothers, we will have that special connection, intensely knowing our children, and will always be able to be there for them (in one way or another)—even when they think they have outgrown us. Thank you La Leche League and Dr. Sears. I am grateful for the courage to follow—once again—my mothering instincts.

*Louise Cox, Connecticut USA*

RETIRING ON FATHER'S DAY

Before the babes were even born
You fathered them with tender care
Supporting Mom from start to term
Shouldering more than your share

When they were small you fathered them
In wee hours in the rocking chair
Or on endless jaunts around the house
Dancing with the "Daddy flair"

Juggling long hours at the office
And commuting's wear and tear
When little needs required Dad's presence
You always managed to be there

Engrossed in "Dad" tasks on the weekends
(things to be completed NOW!)
When little hands wanted to help
You took the time to show them how

And when the big ones wrecked the car
Dad taught compassion and concern
By focusing on what's important
And giving room to "live and learn"

As they branch out, supported by
A father loved and much admired
Although you've left your office job
You'll never be a Dad retired.

Sue Switzer, Georgia USA
for Father's Day, 16 June 1996

## The Leader & the Princess

*Carolyn Wills joined La Leche League in 1967 through correspondence with the Franklin Park, Illinois office and eventually became a Leader. She checked out the LLLI web site recently "just to see how far LLL has progressed."*

*Carolyn started an LLL Group in Rockford, Michigan and eventually served as state treasurer to the fledgling LLL-Michigan. She was also "co-editor, typist, printer, collator, stapler, and mailer of the state newsletter." In order to do this, Carolyn recalls, "I purchased a Gestetner Mimeograph on my own, as the state organization had no funds for this kind of machinery. Postage for the mailing was a strain, but we managed."*

*Carolyn shared the following story during her online visit.*

Last minute family problems caused me to miss the 1971 LLLI conference, where Princess Grace of Monaco was a special guest. The next year, when I learned that my husband, Bob, and I were going to be in Monaco, I wrote to Her Highness. I wondered if we could just meet, since I had missed seeing her at the conference. Never dreaming that my request would be honored, I was quite overcome when an invitation to visit her was extended through a telegram!

When we arrived in Monaco that fall, I called the Palace and spoke with the secretary to Princess Grace. Bob and I, along with about ten women from France and Monaco who were equally interested in LLL, met the Princess at the Rouge Croix Building.

The Princess asked Bob (the only man present!) to be seated next to her. She poured tea for all in delicate porcelain cups. The meeting lasted about an hour, and, while mostly in French, the Princess translated for Bob and I. It was a meeting I will remember for the rest of my life.

## Mother-to-Mother Connections

Spring is an opportune time to celebrate the rejuvenation of the connections we have made during our lives. La Leche Leche League International is planning a series of activities to celebrate the various "Mother-to-Mother" connections formed through LLL activities—many which have lasted for decades and even into second generations. Such meaningful connections deserve to be recognized and we hope you'll join the celebration! Here are a number of things that you can do:

- Reconnect with that special other mother in your life by email, a phone call, a letter, or in person.
- Share your connection story—at an LLL meeting, on the LLLI Web site, with LLLI.
- Send a free e-greeting card from LLLI's Web site to anyone you wish to thank for her support or friendship <www.lalecheleague.org>

Stories illustrating Mother-to-Mother connections will be featured in upcoming issues of CONTINUUM, NEW BEGINNINGS, and on the LLLI Web site.

LLLI will be sending a very special email greeting from one of the Founders to those Leaders whose email addresses are on file.

For anyone wishing to donate during this meaningful celebration, a card featuring an original watercolor print by Paul Torgus will be available to give to a special person he or she would like to honor.

For those donating $50 or more before June 1, the name of a person they wish to honor will be printed in a special section of the July/August 2002 issue of NEW BEGINNINGS.

## The LLLI bookshelf: *A General Theory of Love*

*A General Theory of Love* by Thomas Lewis, M.D., Fari Amini, M.D. and Richard Lannon, M.D. is a book for those who are intrigued by the development of emotion in infancy, the unspoken rhythms between mother and child, and the power of ties that lead both children and adults to love. Written in eloquent language full of metaphor and images, the reader will linger over phrases and insights, delving deeply into the deepest emotions of the heart.

The authors' story opens with a poem, an unusual introduction to the early chapters which explore the history of the triune brain and its reptilian, limbic, and neo-cortex functions. The authors outline the basic tasks that each part of the brain oversees in a way that both the scientist and poet will find engaging. The reptilian is the control center for breathing, swallowing, and heartbeat. Speaking, writing, and reasoning all originate in the neocortex. It is the limbic brain that is unique to mammals and is the impetus for forming close-knit, mutually nurturant social groups—families—in which members spend time touching and caring for one another. This description is important background for the later more philosophical aspects of their writing; yet it is possible to read the chapters in a different sequence and still find the ideas clearly understood.

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Several tenets of the work are familiar and comfortable ideas for those who have breastfed, felt a close attachment to their babies, and enjoyed the contact and support of a La Leche League Group. We learn that limbic resonance is operating in these experiences in the same way as the communication between a child and a pet animal, the harmony between a couple falling in love, or the experience of hearing a concert in a crowd of passionate music lovers. As a society we need to attend to the limbic needs of the infant or risk an epidemic of loss and loneliness among our children and adults. To quote the authors:

> *In modern America, ignorance of the developmental extent of parental love is perilous…. Many parents, particularly mothers, find it excruciating to leave young children behind for days at a time. Limbic pain of that magnitude should not be dismissed as a trifle without the most careful deliberation, the best possible evidence.*

There is great comfort in the chapter subtitled, "What Can Be Done to Heal Hearts Gone Astray." It is clear from this section that good psychotherapy actually alters the living brain. It, too, is a limbic process as one "...[sits] in a room with another person for hours at a time with no purpose in mind but attending." People do come to therapy unable to love and leave with that skill restored.

One of the many gifts that parents bring to their babies and children is limbic regulation. This concept is none other than the everyday interaction that mothers and fathers and loved ones provide each other. As part of this discussion, the obsession in our culture with isolating babies at night is carefully refuted. Human beings are drawn to the hub of harmonizing activity of others who help them to balance their emotions through relatedness. Together the bonds between human beings, families, and affiliations do more than all the psychotherapists in the world.

Sprinkled throughout the book are beautiful quotations from literature: Shakespeare, Homer, Emerson, Twain, Hemingway, and many more. Just as the reader is touched by the words of these great writers, so will he or she be inspired by the messages that will reverberate in one's soul long after reluctantly turning the last page of this extraordinary book.

*Mary Lofton, Illinois USA*

## Needed: shared wisdom

*The power of LLL has always been mother-to-mother sharing. While our initial focus is on the breastfeeding relationship, as Alumnae, we also have a collective wealth of mothering knowledge and wisdom to pass along. How do you respond to this post from Diane to the LLLI Web site? Send your responses to Sue Christensen,* CONTINUUM *editor (see address, p. 12).*

Anyone else feel this way? Three beautiful breastfed boys—the youngest is now 21, six foot five. They are all off on their own now and doing wonderfully. I am so proud, but they were the joy and center of my life. I gladly gave up my career to be their mom, and it was worth every moment, every memory. NOW what? Who am I? This is the hardest time of my life.

# Getting started in genealogy

*Carole Miller was an LLL Leader in California from about 1974 to 1981. She's spent the last 14 years tracking down her ancestors and turning genealogy into a hobby that she enjoys sharing with others. Recently, Carole gave pointers to members of the Southern California Alumnae Organization about getting started on their family histories. This article by Carole is based on that presentation.*

I love working on my family tree. It is like detective work. I fit it into every spare moment. There are many ways to go about it and many aspects to work on. Some researchers like to gather the names of the descendants of a common ancestor. Some like to trace one last name as far back as it will go. Some like to learn about the lives of their ancestors and write up a family history. Some need to trace their biological inheritance, like diabetes, heart disease, cancer, or mental illness. Others, like me, like to do it all and include all branches, male and female.

Sometimes there is so much in front of me to do, I don't know where to start. I then follow my inspirations and work on fun searches, alternating with the harder parts in the same day. I have found it is easiest, sometimes, to stick with one part of the family at a time or to use one or two resources at a time. It is like working a puzzle where clues to the solution are in the back of my mind and answers will soon emerge if I stick it out. When I lose interest in what I am doing, I move on to another part of the genealogy. I have learned, however, that careful notes help me do the genealogy that I have not worked on for a while without retracing my steps.

**Getting started**

To start your genealogy, fill out a family tree form and fill out a family group sheet for each family on the form. Do them in pencil and get asmuch information as you can from your relatives. Next, visit your local genealogical resources. If you have a local Family History Library at the Church of Jesus Christ of Latter Day Saints, that should be your first stop. It will hold the most resources and the volunteers will let you know which libraries in your county have the largest holdings, if there is a National Archives near you, and where the nearest store is for genealogical supplies.

In my area, Orange County, California, our largest Family History Library is in the city of Orange. We have the Sherman Library with a room full of address directories going back to the 1880s. We have the National Archives with all the available census records, and at the Huntington Beach library we have a large genealogy section of books.

Get well acquainted with the holdings at the Family History Center, get all the help you need from their volunteers, and attend their Family History Fairs (at least order the syllabus). The majority of the people using all these resources are the general public and everything is free or at cost.

It is important to start your research with documents on yourself, then your parents, then your grandparents. This is good for several reasons. 1) You may correct wrong assumptions and discover things you did not know before. 2) You will be less likely to take a wrong turn and search the wrong family. 3) The more recent the document, the harder it is getting to obtain it because of stolen identity problems—older information before 1900 gets easier to find because more records are microfilmed. 4) You can get information from people who are still living. 5) You can inspire older relatives to write about their lives.

**Digging deeper**

If you just want to research a little, the Family History Center will have everything you need without needing to purchase anything except for copies. It will also cost you to order documents. If you keep working at it, you will discover additional money is most wisely spent in this order: reference books, a good computer, internet service, a scanner, and hiring a genealogist to help you get over your toughest problems.

To know what county to order documents from, use an Atlas that shows the counties. Use a vital records handbook to know what records a county holds, what their prices are, and their address and phone number. To search for a document, use an index, but do not stop there. You will see that the document will contain much more information than the index. It will not have translation errors and will be proof of your data.

Another advantage of having copies of the documents is for membership in organizations that will offer scholarships to you and your children if you have an ancestor in any war.

Even with documents, you have to sort out fact from clues. A death certificate is proof of the date of death. It is not proof of the birth name. (My relative was given a girl's name at birth. He went by a male version alias of that name all his life and his widow entered that alias on his death certificate.) In census records, no one is bound to be accurate. The only fact is the date and place of the interview. You can still get strong clues as to whether it is the family you are looking for. Clues are very important. Gather them all and, lacking documents, they can be your circumstantial evidence.

Be grateful when you are given genealogy from relatives, but do not believe it is "all done." A circular chart will show what has not been done. A wall chart that contains what you have so far is also useful. My computer genealogy program produces one for me. I make notes on it, then make a new one occasionally.

**EXAMPLES OF DOCUMENTS (IN THE US)**

| Document: | Where obtained: |
|---|---|
| Birth Record | County, State |
| Christening Record | Church |
| Adoption Records | County |
| Census Records | National Archives, FHC* |
| Marriage Application | County |
| Marriage License | County |
| Social Security Application | Social Security Dept. |
| Address, Phone directories | Large Libraries |
| Birth of children | County, State |
| Divorce | County |
| Newspapers | Libraries, FHC* |
| Property Records | County |
| Court Records | County |
| Family Bible | Family, FHC* |
| Death | County, State |
| Burial | Cemetery |
| Will | County |
| Probate Records | County |

*FHC is Family History Center, Church of Jesus Christ of Latter Day Saints

**Staying organized**

If your work is organized from the start, you will waste less time and work. Alphabetize files by the family-group name. Each file has the names of husband and wife at the top of the folder. (Women are always listed by their birth name in all files and records.) That file should contain all the records of a husband and wife since their marriage, all their unmarried children, and records of other marriages of those parents who are not part of the direct ancestry. Documents are kept in a fire-safe file box and copies can be placed anywhere else you want.

Adoptive children are placed with the original parents and also with the new family using their new adoptive names. In the computer record, the descendancy goes with the adoptive family and the genealogy of the birth family is also worked on.

If you get stuck in your research, try other spellings or dates, trace from sibling's or offspring's records, search for other documents, study the area and customs, get more experience by researching other ancestors first, learn more from family history fairs, ask a volunteer at the Family History Center, or hire a genealogist.

Here are some final tips:

- Enter dates this way: 19 Feb 2002.
- Enter the county for each city.
- Enter the source of each bit of information you use in a note page for each person (use "copy" and "paste" in your computer to make this easier).
- Document and verify all genealogy from family or the Ancestral File.
- Don't count on your memory.
- Finally, don't count on anyone keeping your work after you go. Turn it in to the ancestral file at the Family History Center where all family and distant relatives around the world will have access to it.

*Ed. note*—Located worldwide, Family History Centers are branch facilities of the Family History Library that provide access to most of the microfilms and microfiche in the Library to help patrons locate their ancestors. Everyone is welcome to use the centers' resources.

The Library website <http://www.familysearch.org> has a number of tools and a wealth of information, including ancestor searches, locations of local centers, genealogy links, and more.

## Human milk: the best gift for future heart health

According to a new study appearing in *Pediatrics* in early February 2002, researchers have found that babies who gain weight too fast in the first year of life can become obese and develop high blood pressure later in life.

The study was led by Dr. Nicolas Stettler of the Children's Hospital of Philadelphia, who states, "Early infancy seems to be a critical period for the establishment of obesity."

Dr. Stettler says that one easy way to prevent infants from putting on too much weight is to follow the guidelines of the American Academy of Pediatrics, i.e., give an infant nothing but human milk up to the age of six months, add solids slowly after this, and continue breastfeeding for the first year or longer.

Extensive research suggests that breastfeeding not only plays a future role in minimizing obesity but also helps prevent insulin-dependent diabetes and high cholesterol, conditions which are among the highest risk factors in developing heart disease.

Insulin-dependent diabetes also was found to be less common among children who had been breastfed. Those who were exclusively breastfed during the first three months of life had a 34 percent lower risk of developing this disease later in life.

Several studies also indicate that babies provided human milk were more likely to have good cholesterol readings later on in life. Exclusive breastfeeding in the early months contributed to higher HDL Cholesterol (good cholesterol), and lower LDL (bad cholesterol), later in life.

## LLLI welcomes new head of funding development

Anne Gaskell, Executive Director of LLLI, recently announced the appointment of Sharon Bell-Wilson as the new Funding Development Director.

Born and raised in Chicago, Illinois, Sharon received her Bachelor of Arts degree in Human Relations in 1974 from Judson College in Elgin, Illinois, where she now resides. After several years in casework with the Illinois Department of Public Aid, Sharon relocated to Ontario, Canada, where she embarked on a twenty plus year career in fund raising and non-profit association management. Prior to returning to the USA in 2001, Sharon served as Executive Director of the Ontario Chapter of the Canadian Breast Cancer Foundation, where she was successful in broadening the chapter's fund raising activities to include major gifts and special projects, such as the establishment of the first-ever Fellowships in Breast Cancer Research and Diagnostic studies.

Sharon notes that she is typically drawn to organizations whose mission relates to women and children. Thus, the move to LLLI fits nicely with her own health-related philosophy. Recalling the days when breastfeeding in public was something that just wasn't done, Sharon says "Thank God for my generation of baby-boomers, who saw breastfeeding as not only a very natural act, but a healthy one as well. I'm looking forward to adding an even greater understanding of the benefits of breastfeeding to my ever-expanding knowledge bank."

Already an avid reader, she eagerly anticipates learning more about breastfeeding and how she can turn that knowledge into a compelling case for financial support for the programs and activities of LLLI.

## Don't miss Autumn's Story

The Discovery Health Channel recently aired "Autumn's Story" about the daughter of Stephanie Neurohr, a La Leche League member from Dallas, Texas USA. Autumn Grace was born with a tracheo-esophageal fistula and esophageal atresiam—medical conditions that made it difficult, if not impossible, for the baby to eat and breath properly.

Stephanie, who wrote, directed, produced and musically scored Autumn's Story says, "The original filming was intended for an educational program on pregnancy, birth, and recovery. When Autumn was born, the project was immediately forgotten and survival became paramount. Months after Autumn's discharge from the NICU (Neo-natal Intensive Care Unit), I painfully pulled out a reel that had captured the horrifying moments after the birth. It was at this time that the educational video turned into a documentary and a mother's desire to finish the story for Autumn. I had no idea that Discovery would embrace Autumn's Story and select it to share with the world."

Stephanie shares that today, Autumn "is now two years old and powerful, bright, and beautiful from the inside out. She continues to make great strides with her ability to swallow solid foods and cover her airway as well as talk with only one vocal cord." And, she emphasizes, "Mother's milk pulled us through."

Autumn's Story will be reaired many times in the next two years. Check your local cable station for viewing times and dates.

You can also look for details at the Discovery Channel Web site: <www.health.discovery.com>.

## Update: LLLUSA

Both within and outside of the USA, there is strong support for the developing La Leche League entity called LLLUSA. You can read about the history and background of this effort online at <http://www.lllusa.org/lllusa/background.html>

The LLLUSA Steering Committee, chaired by Alice Barbiere (former Eastern US Division Director) has recently finished extended work to define its purpose and goals. The work of the Chaordic Initiative has been of great value to the Steering Committee, infusing it with new ways of thinking, new directions, and a clarity of purpose as LLLUSA moves forward.

❖ **LLLUSA Purpose**
The purpose of LLLUSA is to provide a forum and a voice that provides information and support for breastfeeding in the United States of America, by focusing on issues, concerns and activities within a context that reflects U.S. culture, society, and governmental structure.

❖ **LLLUSA Vision**
LLLUSA will be a nonprofit organization that embodies the national identity of La Leche League within the United States and represents the viewpoint of LLLUSA to La Leche League International. The goal of LLLUSA will be to make breastfeeding the cultural norm in US society. To accomplish this goal, LLLUSA:

◆ Provides breastfeeding support, education and information in the United States through:

- Political advocacy
- Public relations
- Medical and legal resources
- Support for Leaders and others working with breastfeeding mothers
- Cooperative action with other organizations and government agencies
- Other activities as needed

◆ Fulfills the LLLI mission within the United States

◆ Provides support to other LLL organizations throughout the world in their development.

## A new direction for USWD

The US Western Division is making great strides toward a new direction that is "purposeful, respectful, and based on common sense and trust," according to Division Director Barbara Emanuel. To get a real feel for their destination…

| *Replace the words:* | *With:* |
|---|---|
| Control | Shared purpose |
| Rules | Resources |
| Required review | Communication |
| Approval | Collaboration |

This management shift, says Barbara, is about furthering LLL's mission and moving toward the heart of LLL.

## LLLI featured on The Balancing Act

Have you ever dreamed of seeing the advantages of breastfeeding presented to millions of people? Have you ever wished that LLLI could spread its message on television? These wishes and dreams recently became a reality when La Leche League was featured in a short segment on an independently produced, nationally syndicated television series.

The Balancing Act, hosted by actress and director Joanna Kerns, is dedicated to addressing the issues facing today's professional woman and explores the "balancing act" of juggling a career by day and motherhood by night.

The segment, approximately five minutes long, featured Dr. Lorene Wu, a family practice physician who spoke at our 2001 LLLI Conference. Dr. Wu presented some of the advantages of breastfeeding, including its immunological and other health benefits. During her interview, Dr. Wu also emphasized the unique living properties of human milk that cannot be duplicated by any baby milk substitute.

Dr. Wu, who graciously volunteered her time, spoke with a natural enthusiasm developed not only from her professional background, but also from her own breastfeeding experience. She breastfed her nine-year-old daughter, Jasmin, and her two-year-old twins, Sofie and Olivia, are still nursing.

Other volunteers also helped with this project; chief among them was Florida LLL Leader Delaney Casey. Delaney not only hosted the camera crew in her living room, but also agreed to an on-camera interview for the show about breastfeeding from a mother's perspective. And scenes of her leading an LLL meeting are shown with a voice-over that promotes the advantages of breastfeeding.

If you would like to see the segment, it is available for viewing by streaming video on the LLLI Web site <lalecheleague.org> as well as on the Five Star Productions site <vstar.com>

## What one family went through and why I want my story told

When I embarked on parenting "LLL style," I thought that I would end up with happy, loving children. So you can imagine my feelings as my son became increasingly depressed and violent. My husband and I spent years in therapy trying to figure out how we could become better parents for Ethan. We kept thinking that if only we were more patient and invested more time, everything would be better. But things only got worse and worse for him. It affected my other two children as well—their brother's outbursts were making them upset and angry.

When Ethan, our middle child, was in second grade, a comment from his teacher led me to ask the school to do an evaluation. I think by that point, I knew something was different about him, I just could not put a name to it. The school psychologist, however, made a determination that I remain bitter and angry about to this day. She told us that our son was too attached to me and had psychological problems because he was unable to separate from me. It was these problems, she said, that were making it difficult for him to learn to read and spell in school.

My husband, who was exhausted from all our struggles with this child, started to wonder if maybe she was right. Ethan nursed until he was six, longer than any of my other children. I, not knowing what to do after she told us this, went home and got into bed and cried. I had learned through LLL not to automatically assume another's views on parenting were accurate, but we had sought help from so many professionals for our son. Most told us he was fine and that we did not need to worry. Finally there was someone who was agreeing that there was something wrong. I knew she was correct. I knew there was something not right with my son. And so I began to wonder if she was right about the things she said about his attachment as well. Perhaps I had coddled him too much.

*No family should have to go through the years of stress and frustration that we went through*

After that we pulled my son out of the public school and put him in a small progressive private school. For a while things were better. But then in third grade, things started to get worse again. Our home was nothing like the loving LLL home I had envisioned it would be. At one point, when things became unbearable, I called my neighbor, a well respected psychologist, desperate for help. I was convinced my son needed medication or to be committed.

My neighbor asked if I was comfortable letting her look at the evaluation that the school had done on him in second grade. Although I was ashamed to have her look at this evaluation because of the awful things it said about me as a mother, I was so desperate that I slipped it under her door.

That night at 10 PM she called me and said something that changed our lives. She asked me what the school had told me about our son. When I told her what the school psychologist said, she was shocked. She told me that Ethan, who is extremely bright, had a learning disability that needed to be addressed. She directed me to a neuropsychologist and told me to schedule my son for more extensive testing.

I was nervous about the testing because Ethan was so miserable about the school testing. But much to my surprise, he came out of the session happy and proud. The woman who was testing him realized that Ethan needed to feel some type of success, so she had Ethan dictate a story to her. Dictating allowed Ethan to focus on the writing without worrying about the spelling and letter formation. It was like giving an injured child a wheel chair and watching his joy as he finally was able to move around independently. He was so proud of his story. He had us read and reread that story to him. It was the first sign that things might turn around for our boy.

At the meeting with the neuropsychologist to talk about our son's testing, they went over his strengths and weaknesses. As they talked about his weak areas, my husband kept saying, "Hey, Jill and her Dad do that exact same thing." When we finished the meeting, I asked if there was a name for why Ethan was struggling. I knew it was not ADD, but I wanted a name to go along with all the language processing problems they told me he had. I was amazed when the doctor said, "dyslexia." I then asked if I might also be dyslexic and was told that most likely my father and I were both dyslexic. "You see, dyslexia runs in families."

The next year was an improvement over the previous one, but it was still a struggle. Ethan's teachers refused to accept that this bright boy had a learning disability. They would constantly give him inappropriate work that would frustrate him and make him explode with anger when he got home. He had a team of wonderful tutors and a therapist who helped him, but they had a hard time working with a school that

did not want to make adjustments for this child. He also had a lot of difficulty coping with his peers who were leaping ahead of him in many areas.

By then, I was once again confident as a mother and knew to follow my instincts. Although his teachers told us that our son was extremely smart and did not need to attend a school exclusively for dyslexics, I knew that a year or two at a school like that would help build his confidence and take away the anxiety he had developed from years of people not understanding him. Ethan started at the Carroll School in September. It was the right decision. I still can not believe the changes that have occurred in my son so far this year. He is a different child. He is happy, loving and slowly becoming less anxious and more relaxed. My motherly instincts were correct—my son needed to be in a place where everyone understood what it is like to have dyslexia.

As I have learned more about dyslexia, I have also looked back and am beginning to understand many things about my past that never made sense to me. I now understand why my son was so difficult, why he often did not seem to comprehend my directions when he was a toddler, and why he became so frustrated so often. I realize where his fear came from and why Ethan and I struggled to get along using words. And now I also understand my own struggles with writing and forms. I can see why I sometimes misspeak and frustrate those I am talking to.

Today, I am proud of my son and the hard work we've put in as a family to solve and work on his issues. Life is still not perfect, but at least we know and understand just what it is that we are coping with.

I recently learned that my LLL Leader, the one who trained me, has been coping with a lot as well. She is a very eloquent and poetic person and wrote the following to me in an email about her daughter's illness....

"I remember when we were young mothers, we were so careful, so protective, so sure the world would embrace our children. I'll tell you Jill, I never imagined the kind of pain I have felt for my daughter." That statement brought tears to my eyes. Yet despite the pain, I've come to realize that we also gain an incredible wisdom in difficult times—experience built on a foundation of La Leche League concepts and knowledge.

I believe one of the most important goals for LLL Alumnae is to provide a link between the nurturing we receive in LLL as young mothers and the more complex world that we enter after our children wean. Just like we tell pregnant women to come to an LLL meeting to learn about breastfeeding, mothers of preschoolers, school-age children, teens, young adults, and even grandbabies and grandchildren can benefit so much by the stories of women who have gone before them.

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*Jill Levien, Massachusetts USA*
*jilll@msn.com*

*Ed. note*—for further resources, Jill suggests: <http://www.ldonline.org> and <http://www.schwablearning.org> She also recommends the Carroll School's new Web site (created by an LLL Alum!) <www.carrollschool.org> as well as The Landmark School at: <www.Landmarkschool.org>

## Join the Alumnae!

*YES, I want to keep in touch and support LLLI. My Alumnae membership category is checked below. Enclosed is:*

- ☐ $6 for Continuum (I am currently an LLL Leader or member)
- ☐ $19 for an LLLI Alumnae Membership (includes Continuum)
- ☐ $36 for Continuum and an LLLI Individual Membership
- ☐ $50 for a 3-year LLLI Alumnae Membership (includes Continuum)
- ☐ $75 for a 5-year LLLI Alumnae Membership (includes Continuum)

Name: _____
Address: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Current LLL status: _____

*Send to: LLL International, P.O. Box 4079 Schaumburg IL 60168-4079 USA*

Continuum

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## Did you know that La Leche League International…

❖ provides over $33 million per year of in-kind services.

❖ reaches well over 300,000 people in 63 countries every month.

❖ offers information in 32 languages.

❖ has approximately 7,100 accredited Leaders who facilitate more than 3,000 monthly mother-to-mother breastfeeding support group meetings around the world.

❖ has a Center for Breastfeeding Information (CBI) with over 17,000 full-length research studies with more than 300 categories of breastfeeding data and adds over 125 new studies a month.

❖ has trained more than 3,000 LLLI Peer Counselors and over 387 Program Administrators.

❖ has sold, since 1958, over two million copies of THE WOMANLY ART OF BREASTFEEDING, which is now in its sixth revised edition and has been published in eight languages and in Braille.

❖ is contacted over 10,000 times a month at 1-800-La Leche .

❖ receives more than 150,000 hits per month on its award-winning Web site.

❖ maintains consultative status with the United Nations Children's Fund (UNICEF), official working relations with the World Health Organization (WHO), acts as a registered Private Voluntary Organization (PVO) for the Agency of International Development (USAID), is an accredited member of the US Healthy Mothers/Healthy Babies Coalition, is a founding member of the World Alliance for Breastfeeding Action (WABA) and a member of the Child Survival Collaborations and Resources Group (CORE).

*These statistics are from the 2000-2001 LLLI Annual Report, which you can request by phoning 1-847-519-7730 or emailing LLLI@llli.org.*