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Episodes on High F

The author shares her thoughts and experiences as a mother in the wake of her son's suicide through a series of related episodes, weaving personal narrative with scholarship. She reflects on the difficulties of talking about her son's death; how transgenerational trauma made her son more vulnerable to sexual abuse and drug addiction; the limits of traditional substance abuse treatment models; how homophobia contributed to her son's death; and how she celebrates her son's life along with her own marriage to her female partner of twenty-five years. Finally, she explores the connections she makes as a Jewish woman of the second generation after the Holocaust between the trauma of the genocide and the trauma of losing her son. Both tragedies seem to elude human understanding, yet the author continues searching for answers, piecing together the episodes about her son's death and the impact it continues to have on her life.

“Do you have children?”

“Yes.”

“No.”

Sometimes I say “yes,” sometimes I say “no.” It depends on the context. Although saying “no” takes a toll on my relationship with and to the world, saying “yes” raises problems, too.

The problem with saying yes to someone whom I am not invested in knowing better is that there may be follow-up questions:

“A boy or a girl?” “Grandchildren?” “What does he do?”

In a situation like this, saying “You don’t realize what a tough question you just asked,” or “I used to have a son, but he died,” or “my son died through suicide,” offers more information than many people want. Some will simply say, “I’m sorry.” That’s my initial response when hearing about someone else’s

loss or grief. Others may spout some platitude, really wishing that they had not tried to be friendly. Still others may be thinking, “Get over it.”

I continue to jump, kick, and twist rhythmically in the water in time to Michael Jackson’s “Billie Jean,” and wonder how long I will obsess about this stranger’s innocent but loaded question or when I will have to fend off the next inadvertent verbal assault. Even after nine years, the trauma of my son’s death still crashes against the routines of my daily life.

What I experienced in my water aerobics class is somewhat different from what I experienced after returning to work in August of 2001, two months after my son’s funeral. In this case, the people I encountered at work were not complete strangers: I had known them for a year and they knew that my son had died through suicide. My colleagues did not ask many questions, probably because the bare bones of what happened to him was as much as they could take in, and they were unsure how to respond to me while my emotions were still raw from the trauma. I know it’s not easy to deal with someone else’s anguish, and I wasn’t reaching out for support. The few people who knew me better would take the initiative periodically to ask how I was doing. I found their efforts comforting.

As time went on, it became easier to talk about my son, Shandi. Several years after his death and after receiving a moving e-mail message from one of his former high school friends, I encountered a colleague in my department whom I told about being touched by the message I received. He responded, “So what do you expect me to say?” His rebuff shocked me and reinscribed my silence.

Jan. 29, 2008. Seven years after my son’s death, I share a lovely birthday dinner with Becca, my life partner and spouse of 25 years. Cousins and friends send birthday messages and Becca gives me a card full of her softness. I am loved. But below the surface I mourn because Shandi and other dear family members aren’t here. They have either died or live far away from this Midwest community I now call home.

I also get a birthday call from cousin Jane, and we talk a long time about family history, who came from where and when. She is the amateur but skilled genealogist of my father’s family, most of whom come from Czernowitz, a pre-World War II thriving Jewish community in what is now western Ukraine, today almost totally devoid of Jews. Talking to Jane makes me think about my Viennese mother, too. I get the idea to sing “*Wien, du Stadt Meiner Träume*” (Vienna, My City of Dreams) at next year’s Yom HaShoah (Holocaust Remembrance Day) service at our temple to honor my mother Hilda, who used to sing this song and my cousin Herta, both of them Jewish refugees from Vienna who fled from Nazi-controlled Europe and who are now dead, and our Viennese relatives who did not escape the Holocaust.

Later, I actually pursue my idea about Yom HaShoah and get the go-ahead. But as I start working on the song and the German lyrics my mother sang, I realize that I cannot sing high F yet and don't want to do the vocal exercises to help me get there. I don't know why it's so important to be able to sing this song, hit high F, or why I resist making the effort. Is it related to how I stop breathing when I'm crying as a way to block the feelings I am having? Is the grief still stuck in my throat, physically and emotionally? Does high F represent a primal space where, in my grieving process, I still need to go?

On this birthday, I make a deep connection that I hadn't made before between my son's death and the Nazi genocide. I perceive that the collective legacy of that genocide is still traumatizing individuals in the second and third generations of my family after the Holocaust. Several cousins on my father's side struggled with heroin addiction, two also dying through suicide. I only learned this after Shandi's death.

Looking for research that might corroborate my perception, I learn that in their studies of Holocaust survivors, Dan Bar-On and Julia Chaitin, and Zahava Solomon see common patterns that inscribe the parents' trauma on the second and third generations and how the muteness of the survivors of the ghettos and camps was learned by the next generation. Although my parents were not concentration camp or ghetto survivors, but Jewish refugees who escaped European anti-Semitism shortly before the Nazis came to power, they appear to have been greatly impacted by the Holocaust in ways that continue to effect their children and grandchildren.

I speculate that my parents also felt the losses of their extended families who were killed, guilt for surviving when others didn't, as well as guilt for not being able to help any more family members escape. Their muteness was probably a way to assimilate their children and protect them from trauma. Thinking about my own relationship with my son, I too was silent when I should have spoken. Diane Harvey explains that when the traumas from one generation are not addressed they continue to visit upon the following generations (1).

I add to my family's Holocaust experiences the possible influence of the Armenian genocide, from my son's paternal grandmother's heritage; the male transgenerational alcoholism that plagued his father's family; and the secret sexual abuse my son suffered from ages nine-and-a-half to thirteen from our then landlord. I see the stresses of current and intergenerational pain piling up, a phenomenon Louis Cozolino says occurs because past traumas make us more vulnerable to future ones (265). It is hard to accept that I did not and could not shield my son from it all.

In the spring of 2010 I begin teaching Holocaust literature in my college classes and apply for and am accepted into the Annual Summer Institute on

the Holocaust and Jewish Civilization at Northwestern University. As I read to prepare for the institute, time and again the texts resonate on a personal level, shedding light not only on the Holocaust but also on my son's and my traumatic experiences.

Shandi Stephen Free Hopkins was born on February 23, 1970. We called him Shandi, a made-up name his father and I liked that bore a relationship to our era and generation, when people we knew were trying out rural living, organic farming, and South Asian spiritual practices. (When Shandi's friend "Light" called twenty-plus years later and I asked him to spell his name, he told me that his parents were hippies, too.)

Rural Maine is where we landed when I became pregnant, thinking that it would be easier to afford having a baby there than in Cambridge, Massachusetts, where we were living before, and to be closer to Shandi's father's family at this scary time in our lives when we felt very alone. We were jobless and penniless in 1969, college drop-outs who had been anti-war and anti-racist movement activists but were frightened by the political violence and turmoil around us. Given our emotional and intellectual immaturity, although we tried to escape it, the violence and turmoil permeated our personal lives anyway.

In the early 1970s, my toddler son asked me to read again and again *Where the Wild Things Are*, by Maurice Sendak, in which Max expresses his anger, tests limits, feels empowered to explore the world on his own, but still has a safe place to which to return when he's had enough adventuring, and where his mother gives him unconditional love. Shandi, an innocent victim of his parents' dysfunction and, later, the sexual abuse secretly perpetrated upon him by a neighbour, unconsciously and repeatedly acted out Max's story as he grew older. As he moved out into an increasingly dangerous world for him, coming home safely became harder and harder to do. As a young child he would cry when he saw homeless people on the street, did not understand why there was so much sadness and misery in the world, and expressed his pain and frustration by pushing behavioral boundaries in school, getting into fights, and ignoring his school work, while still remaining an engaged learner and caring individual.

In high school he was a sharp political analyst and always sided with those who were most oppressed. He grew up in a racially mixed working- and middle-class neighborhood in Cambridge, Massachusetts, and was very active in school around social issues. Known as "Tippy the Magic Squirrel" on his campaign poster, Shandi was elected as the Cambridge Rindge and Latin High School's student representative to the school committee, because of his strong sense of social justice and delightful sense of humor. When going through

his papers I found an apology letter to him and his family from a Harvard University Police officer who had profiled his racially mixed group of friends on Halloween. Perhaps the officer apologized only because Shandi was white. The Cambridge Massachusetts police officer who racially profiled and arrested Harvard Professor Dr, Henry Louis Gates, Jr. in July 2009 as Gates tried to enter his own house, never apologized. Recently, I was reminded of Shandi and began to cry while viewing an episode of *Eyes on the Prize* in which a young man arrested at a sit-in says, “Be cool, Mom.”

As an older teenager, Shandi began to identify with people living on the periphery—drug addicts and conspiracy theorists and the like. During his last year in high school he stopped coming home to where his lesbian mom lived with her lover and moved into a bleak, unoccupied apartment where his father stored his house painting supplies. Ostensibly, he left home because he was not comfortable with his lesbian moms, but in reality, and because of unresolved trauma, he desired to pursue a more perilous existence than the relative safety that family life could offer him.

Then one day Shandi went off to the land of *Where the Wild Things Are* and couldn't return, even though he tried to from time to time. Although he memorized Max's story and could read it himself by the age of two, and although he wished for a similar outcome in his own life, his journey ended before he could sail back to “where someone loved him best of all.”

Shandi began smoking pot heavily and using LSD during his last year in high school and eventually moved on to heroin and cocaine use. He had been actively using heroin for five years before asking if he could come home and join me in New York, where I was studying for my doctorate. Gradually becoming less and less functional, he moved out again and lived on the streets for almost a year before deciding he wanted recovery. While on the streets he was beaten up and poisoned and almost died several times. He told me horror stories about what happened to him that I couldn't take in then and now can barely remember. One night, before he got into treatment, I was on the phone with Shandi from my home in Central Illinois with a street map of lower Manhattan in front of me, trying to direct him to a shelter near the World Trade Center that I had located. He was too high to figure out where he was on his own. I kept the map by the phone because he often would call me when he got disoriented at night.

Once Shandi made the decision to try to turn his life around, it took too long for him to get into a treatment program. While trying to direct him to safety on the streets of New York, I was also trying, with the help of a local treatment professional, to get him into a program in Central Illinois. Unfortunately, the local methadone program had closed right before I moved here, and none of the other programs we investigated were willing to accept someone who was

multiply addicted as he was. Through the Herculean efforts of a number of caring people who gave him places to sleep, provided pro bono medical care until his Medicaid kicked in, and fought hard to get him into a facility, Shandi finally was admitted to the Smithers Alcoholism Treatment and Training Center at Roosevelt Hospital in New York City, but that program could not handle Shandi's unique needs, given his multiple addictions and undiagnosed mental illness.

Shandi was in Smithers for six weeks, beginning to do considerably better and feeling proud of himself for speaking at AA meetings and leading them, as people told him, "with great honesty." But on Memorial Day weekend of 2001 he got into an argument with another patient who called him a "pussy" and a "faggot." No one intervened. I don't know if someone on staff actually overheard the beginning of that encounter. Many hospitals are short-staffed on holiday weekends. Homophobic bullying like my son experienced in his treatment program—not because he identified as gay, but because he often responded sensitively to people's emotions and had long hair—occurs all the time in such venues, as it does in schools, on the street, in homes, and elsewhere. Rarely does anyone intervene. Even if someone on the staff had witnessed the early part of this encounter, it is unlikely they would have known how to respond appropriately. According to Michele Eliaison, substance abuse counselors and other treatment providers have had very little if any training about addressing homophobia or the needs of LGBT clients. This also would negatively impact other clients who, like my son, do not identify as gay but are still victimized by homophobia and transphobia. When my son was high, he would sometimes adopt the misogynist and homophobic behaviours himself that he encountered on the streets, when otherwise he would be supportive and loving toward his two lesbian moms. Some of his hostility was also caused by the man who sexually abused him and who, when Shandi threatened to expose him, told Shandi that his mother would not mind because she was a lesbian. I know from my work in teacher education that most teachers, counsellors, and school personnel feel unprepared or unwilling to take on homophobia, while "[h]omophobic and transphobic harassment, bullying, and violence are common in nearly all schools, and sexual and gender minority youth experience more extreme and persistent violence and harassment in school than their heterosexual peers" (Ressler and Chase 18; Kosciw, Diaz, and Greytak). Frequently, the victim is blamed for not being tough enough.

The argument at Smithers did not get physical, but someone on staff who thought it might called the security guards and had both men thrown out onto the street with a couple of plastic bags for their belongings and prescriptions for their meds. The professionals call such an action an "administrative discharge." In education, we call this "zero tolerance" (Skiba and Peterson). Instead of

solving problems, educators and administrators try to control behaviors with strict rules. In many cases, life and death decisions are made by people who, without full knowledge or consideration of the consequences and the pain they may cause, act precipitously and mindlessly.

Shandi was far from rational at times, and this was exacerbated because while at Smithers his methadone maintenance was accidentally and suddenly reduced to an unsafe level. He was going through severe withdrawal symptoms, which at first the staff interpreted as recalcitrance. Smithers was not a very understanding environment for people addicted to illegal substances like heroin and cocaine at that time. Their program focused almost exclusively on Alcoholics Anonymous's first step of admitting one is addicted and did not offer much in the way of psychological services to people who were also deeply traumatized.

Psychotherapist Patt Denning and other experienced clinicians advocate client-driven therapeutic practices for substance abuse treatment instead of the punitive approach taken by Smithers. At one point, Shandi told me that he poured his heart out in his journal. However, instead of receiving support, he was chastised because he wrote a sprawling, impassioned narrative rather than tersely responding to the short-answer questions on the assignment he was given. (After he died I tried to get a copy of his journal, but was told that it was destroyed to protect patient confidentiality.) A former Smithers patient I know, embittered by the lack of services she had received and who also had been thrown out of there a number of years before, said that she thought the two men were lucky to have gotten plastic bags.

Shandi hanged himself three days later, on June 4, 2001. If he hadn't killed himself then, I picture him, in his continuing despair, throwing himself into the pit that once was the World Trade Center. September 11, 2001 and June 5, 2001, the anniversary of his death, are intimately and irrevocably intertwined for me.

May 27, 2006. Another Memorial Day weekend, and I wind up in the last place on Earth I ever wanted to be: St. Luke's Hospital, where Shandi died five years earlier. St. Luke's is, to me, very close to hell, where there seem to be no angels on duty. I am here because, while walking under a bridge in Central Park, my foot goes into a hole in the walkway, re-spraining an already weak ankle. The superstitious part of me interprets this random event as punishment for not being able to save my son's life. After five years of grieving and therapy, I still too often blame myself, going over and over in my head what I could have done differently.

A volunteer ambulance stationed in the park takes me to the nearest hospital. When they tell me it will be St. Luke's, I become mute, not knowing how to share my story with strangers. The memories of Shandi dying at St. Luke are

the only images and thoughts swimming around in my head. These merge with the pain in my ankle, preventing me from talking even to these medical volunteers, who are kind people just trying to help.

Three hours after arriving, I leave the emergency room without having been treated, having overheard someone complain that they have been waiting nine and a half hours to be seen. In those three miserable hours I communicate with no one. I only wait that long because I am in shock and can't express what is really on my mind. In 2006 as in 2001 I am flooded with feelings, thoughts, and questions: How many hours did Shandi wait to be treated? Was he brain dead when he got there? Did triage consider him a priority? Were expensive interventions ruled out because he was an addict and had been homeless? Did people do everything they could do for him? Did I do everything I could do for him? I remember that on the night he died I made an emergency call to the doctor who treated him pro bono and helped him get into Smithers. He came to the hospital in the middle of the night because I couldn't believe that my son was already brain dead and could not understand why they had not moved him out of the emergency room, where they were keeping him breathing on a ventilator, onto a ward.

Stretch that old ankle, make it walk, I say to myself. Don't fall apart here, it's too easy. A hospital full of throwaway people treated as though they don't even deserve to know why there is no one to help them in an emergency room. Three hours, nine and a half hours. Why the fuck do poor people in pain have to wait so long? Is it realistic to think that institutions like St. Luke's can save more people, be more humane, even in the face of wars in Iraq and Afghanistan and politicians mercilessly slashing budgets for social services? How do we continue to fight for justice knowing there is no justice in a system based on profit and greed?

I continually relive those last days before my son died, thinking about how I might have helped to prevent his death, at least temporarily. Or, was it really, as his doctor said, "too late?" I felt so helpless during Shandi's illness: the cloud around him kept me out, and the cloud around me kept me from breaking through his. Until the end, I never accepted the fact that my child might die. I am reminded of a poster I created for my lesbian mother's group, "Babies Beaks Tilted Toward Sky, Worms Not There." The irony was not lost on the group. It seemed unthinkable not to be there for our children. We cared so much. We were obsessed with caring about our children. Shandi always cared about me, too. One Valentine's Day he gave me a bear with a necklace that said, "I love you too much," and was pleased that I kept it around for so many years. Yet, we often let each other down, me in anguish because I could never do enough

for him, and he ashamed because he could not meet his own expectations of who a good son should be. When he was young, we used to enjoy the irony in Sendak's story *Pierre*, about a boy who always says "I don't care" and gets eaten by a lion. Shandi spent so many years in pain, wanting love and suppressing those feelings with drugs. As an addict, he occasionally encountered kindness, but mostly cruelty and horror, his mother halfway across the country, not being able to make enough of a difference, and his father equally distant.

Yet there was much more to Shandi than his traumas and addictions. Upon his death, I began trying to launch his memory into cyberspace, to let people know what happened to him and to give his many friends and family members a place to share their memories and feelings. His half-brother, Rafi, whom I came to know and love during the last years of Shandi's life as we both tried to help him, and I created a Web page, then added a blog, and eventually MySpace and Facebook pages. Friends from high school and college responded with memories that showed many facets of his life, some of them previously unknown to me, and it was clear that he had left a profound impression on many people. But in my need to connect with them I jumped into this new technology before I knew how to use it. I have received messages that people continue to visit these sites, but they are currently inoperable, incomplete and in a state of chaos—probably related to my unresolved problem with high F.

Becca and I were married on June 4, 2004, in Provincetown, Massachusetts on the third anniversary of Shandi's death. People wonder why we would get married on such a sad anniversary: It was in the stars. On May 17, 2004, lesbians and gays won the right to marry in Massachusetts. We were already back East to visit Shandi's grave, as we always try to do on his *yahrzeit* (the anniversary of a death, ritually acknowledged in Judaism as part of the grieving process). Close lesbian friends were marrying in Massachusetts on June 4, so we decided to extend our trip and marry to affirm and celebrate Shandi's life and our own relationship of twenty-one years, thus linking our love for Shandi with our love for one another. Seeing our relationship legitimated in this way would have been very important to Shandi. It might have helped him find more security in our home. We acted in the Jewish tradition of *tikkun olam*, "mending the world," and certainly in an effort to try to heal ourselves. After all the time we had been together, with all the agony and grief we had shared, and despite how angry we can get at how marriage can still be a heterosexist and misogynist trap for many women, as it was for our own mothers, we wanted to commemorate our relationship in this way that so many people take for granted.

I started putting the ideas together for this essay in the fall of 2006 as I began teaching a doctoral seminar in the teaching of English, trying to lessen the disconnection I was feeling between my life and my teaching at the time. We began the semester with discussions about feminist pedagogy, leading

to the importance of autobiography in the development of teachers and in honing our theories and practices of teaching (Britzman; Fisher; Worsham). As a way to demonstrate how we can draw on our own lives to deepen our teaching, I shared a narrative I wrote about Shandi's death with my students. I was primarily interested in demonstrating what might be possible to learn about ourselves as teachers through life writing, and what happens when we are willing to risk letting our students know more about who we are.

I did not take into account that sharing the story of Shandi's death might emotionally overpower some of my students. Shoshana Felman speaks about this happening when her students listened to Holocaust testimony (49). Although some of my students felt inspired by my story and began telling their own, or thinking about how they might do something like that in the future, some were thrown off center and became angry. Others felt abandoned by my apologies to those who were offended. I ended the semester overwhelmed by negative self-judgment and confused by what had happened, questioning if the struggle to integrate my life with my teaching was possible or worth it. The problem was, I didn't know how to help my students "receive information that is *dissonant* ... with everything they have learned beforehand" (53). To do this, Felman argues, teachers have to manage the crisis by putting it into a broader perspective (54). At the time, I wasn't able to do that.

In another seminar a couple of years later, I taught a class on trauma theory, in preparation for reading Art Spiegelman's graphic novel *Maus*. Coincidentally, the session took place on Shandi's fortieth birthday. (He died when he was 31.) I had decided in advance not to talk about the significance of this date for me, because it seemed inappropriate and I feared a repetition of the disastrous experience in the doctoral seminar. A mistake, I realized later. Throughout the two and a half hours of class, trying *not* to mention my son's death made it impossible for me to speak coherently about any aspects of the difficult subject matter we were studying. I disengaged from the class, which reinforced my silence and the disconnection between teaching and life that I have struggled with since Shandi died. Had I thought about Berenice Fisher's caution about the importance of context, how in one situation someone's story can help and in another, hurt (Fisher 138); had I explained the connections I have made between the Holocaust and Shandi's death, and related that to Spiegelman's memoir about his relationship to his father who survived Auschwitz, the students and I might have had a more significant and powerful learning experience together.

Yom HaShoah 2010. My temple's worship committee decides that I won't be singing "*Wien, du Stadt Meiner Träume*" or telling a personal story about my family at the Holocaust Memorial Service. They say that the service is not

about individuals, but about what happened to all the Nazis' victims. They ask me, instead, just to read the letter I received from Gisela Wibihail, a Viennese archivist who has tracked what happened to Vienna's Jewish population during World War II, including my extended family.

The letter was pieced together from Nazi records. It contains clinically rendered detail about how Vienna's Jews were murdered as well as euphemistic Nazi phrases, such as "Jewish transports being resumed" and "disembark newly arrived persons and their luggage," designed to obscure the grotesque brutality of "The Final Solution." Such documents never tell the whole story (Horowitz 157-180). Without more context for the document, including the song, which carries memories of my mother and her family, and how it all reverberates with the loss of my son, the reading does not convey the full meaning that I wish to convey to the congregation. Nor does it help the congregation understand the emotional, psychological, and spiritual experience of the victims, and those who escaped or survived, or the impact of the trauma of the Holocaust on succeeding generations. Neither does it help me express my grief.

Do I still need to reach high F? Is that how to pierce my muteness when I become too full of feeling? How can I express the grief and testify to the trauma in ways that integrate these into my life and work? So many questions remain.

My Orthodox refugee uncle Arnold, as gentle a person as one might ever meet, had a frustrating way of handling difficult questions that I would pose as a child. He would say, "Y is a crooked letter." While this expression was meant to be humorous, I suspect it was rooted in a deeply spiritual place, perhaps reflecting his understanding of God's response to Job and to the belief that the big questions in life are beyond human understanding. Events such as the Holocaust and Shandi's death seem to belong in this realm, and yet I still search for answers. I continue to try to piece together the episodes about my son's death and the impact it has had on my life, knowing there is more meaning there to find.

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