

## New Narratives for a New Century: Comedy, Romance, Mystery, and Tragedy in the Helping Professions.

*The article is a reflection on the question "what kinds of narratives do the helping professions need to develop in the twenty-first century?" The possibilities and prospects of employing various genre from modern literature are explored. Examples from the author's personal and professional life story are offered as illustrations.*

by  
**John A. Kayser,**  
editor of "Writing Narratives"

John A. Kayser Ph.D., Associate  
Professor, Graduate School of  
Social Work, University of  
Denver.

*A writer uses everything she's ever known, seen, thought, felt, believed, experienced. . . . Nothing lived is wasted. In any other career, the past is only important in so far as it helped you get to your current position. But not for a writer. Everything in the past and present is vital in creating the future and all its amazing possibilities, every detail and gesture, and memory.*

—Gail Mathabane,  
*Love in Black and White*—

A running debate between a treasured senior colleague and I during the past year or so has centered on the question of whether narrators of stories about professional helping need to make an explicit point in their narrative. I have been arguing that narrative authors need to tell us what they have learned by sharing the meaning that they have made out of their experiences. My colleague has argued that narratives should be more like literature and art—where the beauty of the story and/or power of the artistic expression conveys meaning(s) without needing to hammer readers with a heavy-handed "moral of the story."

I have been both intrigued with my colleague's argument and frustrated that the best reply to it I could think of was "Well, most practitioners and academics are not that experienced—or good—in writing literature." Like all good debates, however, it is not the search for "right answer" but rather the challenge of conceptualizing narratives in a new manner that has provided the intellectual stimulation and delight. Without conceding my original position (or "always reserve the right to contradict yourself"), I have decided to explore the possibilities and prospects of using various genre from modern literature in crafting narratives of professional helping.

This endeavor is based, in part, on a growing belief that much of the professional literature in the helping professions is intrinsically insular—it is written by ourselves, for ourselves, and to ourselves. Yes, research and scholarship is important to advance scientific knowledge and practice in a given discipline. However, research rarely gives us wider access to—or influence with—the public-at-large. In addition, it tells almost nothing about what

the life of a helping professional is really like.

As Enrenreich (1985) observes, the helping professions are regarded with deep ambivalence by the public. On the one hand, we are admired for our altruism and willingness to work with difficult people and near impossible situations. On the other hand, we are viewed with deep suspicion because our work often is with those who have been stigmatized and marginalized by society. Narratives framed within the genre of modern literature may help the general public to see us in new ways as we present our work and our lives in their full humanness—with all of its joys and rewards, compromises and limitations, humor and laughter, heartache and sorrows, ambition and need for power, eccentricities, insecurities, and absurdities. Narratives also allow us to perceive ourselves in new ways, as we describe our thoughts, motives, and interactions with others.

What follows are some brief illustrations taken from my own continuing personal and professional journey in social work, first as a clinician, then later as an administrator, and most recently as a social work educator. I do not have sufficient hubris to claim that these vignettes are "literature." Rather, I following Anne Lamott's (1994) advice that a good starting point for authors is writing *short assignments*. She writes: "I [have] a one-inch picture frame that I put on my desk to remind me of short assignments. It reminds me that all I

have to do is to write down as much as I can see through a one-inch picture frame. This is all I have to bite off for the time being. . . .to figure out a one inch piece of my story to tell, one small scene, one memory, one exchange" (pp. 17-18).

These narrative sketches, then, are some of my one-inch stories that hopefully convey something comedic, romantic, mysterious, and tragic about my life as a professional helper. This is not to suggest a conceit that my life is somehow extraordinary. Rather it is a belief that each individual life story, while unique to that person, also touches on universal themes common to all. And intellectual humility demands that I should first attempt to use the narrative suggestions I hope others later may follow.

### Comedy

*"We want your ideas, your thoughts, your feelings . . . . We're more desperate than usual this week."*

—Headline from an employee newsletter—

Professional social work may have reached the century mark, but it will not reach full maturity until it publishes its first joke book or humor periodical. I know many colleagues with a wonderful sense of humor and playfulness, yet rarely is such humor captured in the social work literature. Frankly, I am jealous that professions such as psychology and education can create such delightful academic parodies as the *Journal*

of *Polymorphous Perversity* or the *Journal of Irreproducible Results*. Why can't social work laugh at itself in the same way? You would think that once "empowerment" became co-opted by conservative Republicans, we might see the irony and/or get the hint that it was ok to lighten up. But no! Often, I'm afraid, we are perceived by others (maybe, at times, by ourselves) as self-righteous, overly politically correct, and—worst of all—terribly, terribly grim.

The following story illustrates an effort to use humor during an extended organizational crises. [A more extended, traditionally written account (i.e., non-narrative) of this experience appears in Kayser & Garrison (1995)].

It is the first "management survivors" meeting. I am sitting in the executive board room with a sharp, sinking feeling in my stomach. Less than 16 months ago, I changed jobs. What I thought was a long established, financially stable, mental health hospital system is in a deep downward spiral. Assaults come daily from within and without (e.g., budget cuts, sudden staff lay-off, program closures, protracted infighting among staff, competition for patients from for-profit providers). Census has fallen, morale has been crushed, rumors are rampant, and doom and gloom pervades all levels of the organization. The CEO, who a few weeks ago had laid off my boss, Dr. A., along with *entire levels* of senior and middle management, was himself subsequently

dumped by the board of directors. Dr. A. has returned as part of an interim executive triumvirate. (Apparently, the private medical staff had a "small problem" with admitting patients to a private psychiatric hospital which didn't have a medical director!)

This meeting has been called by Dr. A. to meet with all the remaining system managers. He and I get along well. For once, the intrapsychic transferences are aligned within the psychoanalytic astro-

logical constellations. (The person looking for the "good father" has met the person looking for the "good son.") Dr. A. is tall and gray, serious, task-driven, and obsessive about policies and procedures. I also know he has a heart. When he initially was laid off a few weeks ago, he gathered his immediate managers together to say goodbye. He cried openly in grief about the hospital he had given so much to, and gave permission for the rest of us also to grieve for our own losses and those of our colleagues.

By now, you are wondering "this is comedy?" Well, as I once read on a bumper sticker, "If you have to skate on thin ice, you might as well be dancing."

Dr. A. begins the meeting by informing us that the new name for the remaining managers group is "IMT" (short for

"Interim Management Team,") and why that name was chosen over other possibilities. This is very much part of this organization's culture. When I first started this job, I had to learn a whole new language of programmatic acronyms.

As the meeting proceeds, I can feel the fingers of my depression and survivor's guilt

begin to creep in. Not really paying attention to what is being said, I began to construct mental anagrams about this

new designation "IMT." With one of those quirky flashes of humor that occasionally comes upon me, I realize how I can change "IMT" to something else.

There is a pause in the meeting as one agenda item is finished. I raise my hand to signal I want to make a comment—the first time I have spoken since the meeting started. I start talking in a slow, somber cadence. (Actually, I am secretly emulating the way Dr. A. usually talks, but he doesn't know that—I hope.)

"I think we should give serious consideration to changing the name 'IMT' to something more reflective of who we are as a management group."

No response, but at least I have the floor.

I continue: "This organization is in crisis, and the em-

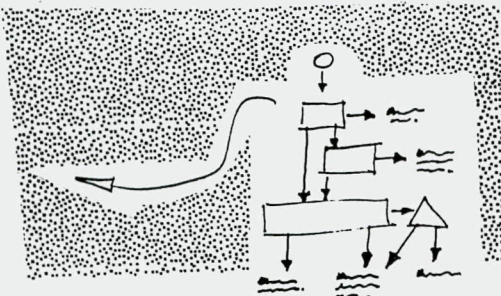
ployees need some hope or signal from us about who we are, what we intend to do, and what direction we plan to proceed. 'IMT' doesn't really signify anything. We should pick a name that provides a sense of hope and optimism."

Now heads turn in my direction. Dr. A., seated at the middle of table, looks down at me over the top of his glasses, perched half-way down his nose. He asks the question I have been waiting for. (In using humor, it really helps to have a straight man to set up the punch line!) "Do you have a suggestion, John?"

"Yes," I reply. "I have been thinking that if we changed 'Interim Management Team' to 'Interim Management People' we would get the initials 'I-M-P'—which is certainly a much more appropriate designation for any group of managers attempting to lead this organization!"

Laughter from the group erupts. Dr. A. throws up his arms, leans back his head, and lets out a loud guffaw, "Thank you, John Kayser!"

The spell of doom and gloom has been broken. Although the group won't go so far as to actually adopt the name "Imp," we spend the next twenty minutes addressing the morale of the organization. I point out that, with all the budget cuts there has been no regular employee newsletter for sometime and that we need to do something to reestablish communications and to combat rumors. Ernie, an administrative colleague with a journalism



background, proposes starting a one-page double-sided newsletter as an insert in the twice-monthly paychecks. He and I agree to organize this, and we leave the meeting with *carte blanche* as to how to proceed (as long as we do it cheaply).

Two weeks later, the first "edition" appears. On the front page is a cartoon of two CEO-types struggling to sit in the same executive chair, with the caption: "Dammit, Jenkins! This is not what I meant by a merger!" Following this was detailed information about the status of merger talks currently underway between our hospital and our main competitor in the nonprofit health care market.

Although Dr. A. wonders aloud where this is headed, we are on a roll. For the next two years, the newsletter appeared, evolving into an information forum, critic-at-large, humorist, and counselor to the distressed employees of the organization. Each edition contained both timely factual information along with bizarre headlines, slogans, nonsensical awards, and fractured metaphors, my favorite of which is: "We've got to run a tight ship or the bottom will fall off, and we'll sail off in a different direction."

Looking back now, I fondly see this experience as combining *Mad Magazine*-type humor with a focus on promoting individual and group mental health in an organization that, at times, truly was mad. Humor was an important way of dealing

with organizational chaos, grief, and loss.

### Romance

*"Look! Up in the sky! It's a bird. It's a plane. It's . . ."*

—Opening line of a classic superhero TV show—

**M**y wife is a clinical psychologist and we have been married for twenty plus years. A few weeks ago we were having dinner with a colleague whom we have worked and been friends with since before our marriage. The conversation turned to other "professional couples" the three of us knew in common. Our friend, who has a wry perspective on life, made the observation that there often appeared to be an unequal distribution of power in many of these relationships. She gave an example of seeing a clinical social worker at a conference relate to her husband, a psychiatrist, in a passive, dependent, clingy manner. That observation, in turn, reminded me of a remark I heard a field director make at social work national conference. A first year student had told her: "I don't need a field supervisor. My husband is a psychiatrist, and I get my supervision from him." Lord, save our professions and all clients from such as these!

I have been thinking of this conversation ever since, mentally taking inventory of all the professional couples I know, gay and straight. I realized that there are too many variations in these relationships to come up

with any valid generalizations. To an external observer, these relationships run the gamut of health in terms of psychological compatibility, equality of economics, divisions of nurturing/affectional responsibilities, and distributions of power.

Finally, I started thinking about these issues in terms of my own relationship with my wife. We are true "soul mates" in terms of values and outlook, but very different in temperament and style. The constant struggle in our relationship is how do we save enough emotional energy to give to each other (and to our late adolescent son) when we both work in jobs which demand that we give so much to others. I thought of the following story from the beginning of our relationship which illustrates the intertwining of the personal and the professional.

**T**he middle 1970s brings my first post-master's job. A social work vacancy opened up in the children's day hospital where I did my second year field placement. Although I have moved back to Minnesota, I apply for the position, and am hired. I pack up, and move back to Colorado without a clue as to what else awaits me. Heading west, I come to realize much later, creates the watershed-crisis of my adult development. I finally have to grow-up.

At age 26, I still am stuck in the adolescent male fantasy that one day some beautiful woman will seduce me, and that's how I'll know that I truly can be loved. In truth, the

women I am attracted to scare the heck out of me. Even worse, I can't really conceive that any woman genuinely would be attracted to me.

I start work in September. The staff welcomes me back, and soon I am deeply immersed in clinical work with children, parents, and families. Mid-October, the unexpected happens. A psychologist on staff asks me if I would like to go to a Halloween party with her. I am dumbfounded. "Are you asking me for a date?" I stupidly ask. Such incredible thick-headedness immediately angers her. (I only learn later of her own struggles to risk asking the question. Much much later, this episode becomes one which she loves to retell, each time enjoying my embarrassment at being such a social klutz.) Somehow or other, we get past my stupidity and her hurt.

I tell her I will go, but only if I don't have to wear a costume. She says ok, but I am sure she is thinking "what a stick-in-the-mud!" She says she'll be wearing one. We make arrangements for the party, and go back to our individual offices.

Of course, immediately I go to the phone book and lookup theater costume shops. Later that week, I rent a great one, thinking "Maybe I'll be able to do this if I am in disguise!"

The night of the party, I come to her apartment in full costume regalia, having chosen a favorite fictional character—the one I believe is closest to my own personality. She opens the door. The light flowing from

behind illuminates the blue and red "SuperGirl" outfit that she made. She has long, beautiful dark hair, an oval face, penetrating blue eyes, a strong nose, and an expressive mouth. I confess that the "S" sewn on her chest did not make me think of the "Man of Steel." I would have run right there, if I had not been in costume. There I was—deerstalker cap, great cape, English tweed coat—doing my best to have smoke languidly curling from my lips and meerschaumpipe. I whip out my magnifying glass, and begin to search for clues: "Elementary, my dear Watson."

We both laugh, enormously pleased with ourselves and choice of costumes (which later are recognized as symbolic for key features in our long lasting relationship). "Where is this party, anyway?" I ask. "At the edge of Kansas," she replies mischievously. We drive off into the deep, dark night.

Toto, I don't think we're in Kansas any more. Twenty-five miles past the end of civilization (ok—the city lights of Denver), we arrive at a horsebarn! I do recall some earlier mention that the party would be with "people I ride with," but I did not imagine it would be at the barn itself. The room off the indoor arena where the party is in full force is dimly lit, unheated, filled with people I don't know and am not sure I want to interact with. But hey, we are all in costume, so it really doesn't matter! I drink hot cider, nibble on things to eat, and manage to make small talk. I get lots of compliments on my costume.

As the party winds down, she asks if I want to see "Toby," the schooling horse she is learning to ride. "Sure," I say bravely—mentally counting on one hand the number of times I actually have been around horses. Toby is big, dark, and pungent! Breathing through his nostrils in visible bursts of steam, he responds pleurably to her gentle "horse talk." Relaxing a bit, I begin to stroke his face, neck, and sides.

After awhile we leave his stall and walk to the end of the barn. The stars brilliantly light the dark sky. It is incredibly cold. We stand close to each other for warmth. I want very much to take her in my arms and kiss her but am afraid to make the first move, afraid to screw up the moment, afraid to do anything. The moment passes, and I take her home—mentally beating myself up all the way for my timidity.

Somehow we survive the first date and begin to spend a lot more time together. The more the relationship deepens, the more torn I am. Pursuing this relationship means giving up much of the things that have kept me safe and insulated from my own feelings and needs. We spend long Saturday walks together, telling each other about our lives, our childhoods, our families. I am incredibly in love, deeply depressed, and riddled with anxiety. I go into therapy.

For the first time, I learn nonpassive ways of acknowledging and expressing emotions. Amazingly, not only does this improve our relationship, it

makes me more effective as a clinician. I begin to gather courage in raising difficult issues with clients that previously had been (mutually) avoided. I discover there is power in being direct and assertive, both personally and professionally.

Over time, we learn to love each other and ourselves during good times and bad, in sickness and health, till death do us part. (We also celebrate our beginnings by throwing incredible annual Halloween parties). While we have other aspects to our complex personas, the original costume metaphors remain. Yet, our imperfect humanness helps keep us in balance—we've come to know the weaknesses of invulnerability and the shallowness of wisdom derived solely from logical deductions.

For the past eight years, we have lived on a small acreage, complete with horses and other assorted domestic animals. Each evening, as I muck out the stall, I see the stars shining in the evening sky. I know they bless our love, bless our lives together. And horses (and their owner), I discover, smell sweet.



## Mystery

*"Is there any point to which you would wish to draw my attention?"*

*"To the curious incident of the dog in the night-time."*

*"The dog did nothing in the night-time."*

*"That was the curious incident," remarked Sherlock Holmes.*

—Arthur Conan Doyle,  
*Silver Blaze*—

Somewhere in my graduate education, I read or was told in supervision that I should learn to "trust the puzzles." This admonition proved useful advice in clinical work when attempting to discern why a client was behaving in a particular way or when reflecting on why I was reacting in a certain way. It suggests that much of the helping process is, indeed, mysterious.

Which reminds me of two other quotes that I have tried to take to heart as well. Terry Tafoya, a clinical psychologist who is Native American, spoke at a conference several years ago (1992), remarked that "all systems of knowledge are also systems of ignorance." Similarly, Yalom (1989) notes: "The more the therapist is able to tolerate the anxiety of not knowing, the less need is there for the therapist to embrace orthodoxy. The creative members of an orthodoxy . . . ultimately outgrow their disciplines." Slowly, I have learned to trust my unknowing, trying to nurture what my colleague Pam Metz (1997) calls the beginner's

mind.

This story, then, is about one mystery that, while unravels part of it, continues to remain something of a puzzling about professional helping.

It is *deja vu* all over again. Several years ago, I began to suspect that one of my earliest child therapy patients from years past now had enrolled as a student in the social work masters program. It is not clear why I began to think this since this student never took a class from me, never spoke to me at all during two years through the program, never communicated in any way. So how did I begin to suspect there might be a connection?

There are, in fact, only two times I can actually recall seeing this student in person for any extended time. The first was when a group of first year students came to a faculty meeting to talk of their concerns about needing greater cultural diversity in the curriculum and in the student body. As they introduced themselves, I heard a distinctive first name spoken—a name I had heard in only one other context before, a name I had heard only one other person called before. The last name, however, was different. From the back of the room, I looked at the face. The hair, complexion, and glasses looked somewhat as I remembered, only older and more polished. Still, I wasn't sure.

I pushed it to the back of my mind, thinking this was likely one of those transference issues again. It had happened

before. Sometimes I have spied a face in the crowd—some late adolescent or early adult—who reminded me of some child I had worked with in play therapy long ago. I thought of these unsettling experiences as stemming from unresolved feelings about no longer being in practice. While I loved teaching, I often missed doing clinical work. Yet, I knew that if I gave time to practice, I wouldn't be able to write. I wanted to publish, not perish. (Or, as Leonard McCoy says to the Vulcan high-priestess in *Star Trek III*, "I choose the danger.")

About a year later, I came to my mailbox in the front lobby to pick up some material that had been left for me. The student and two children were standing at the receptionist's desk, about five feet away. Seeing the student up close was a powerful jolt. The profile was the same. It took all of my might to resist the powerful urge to walk over to the student and say: "I wonder if you are \_\_\_\_\_?"

I hung around the lobby longer than needed, hoping the student might give some sign of recognition. Nothing happened. Concluding the business at hand, the student and two children turned and left the building. I didn't feel ignored or avoided. I felt unrecognized.

I went home, took out a box of old client notes, and pulled out the case file. There was a Polaroid picture of the two of us, taken on the day we terminated, plus two-years-worth of yellowing process-recording notes from our therapy

sessions. A couple of odd items also were thrown in—pieces of information I had heard over the years "through the grapevine" and simply filed away. One was that the student had graduated with honors from high school. Another was that the student had gotten married.

I thought back to the last conversation I could remember having with my ex-client. The student's mother had called me about six years after the child



therapy had ended. The student was then in high school and experiencing some adjustment difficulties. I agreed to talk to the student, and—if needed—to see the student in therapy. When we spoke by phone, I asked: "Do you remember any of the work we did earlier?" The reply was: "I remember it. I just don't understand what it was for." Although I extended an invitation, the student chose not to resume therapy, and I lost further contact.

Keeping the limits of confidentiality, I discussed the present situation with my wife, who pointed out that there might be many reasons why this student would not want to re-establish contact, including the

need to preserve privacy about something painful. I had a hard time hearing her counsel. Some part of me wanted the student's acknowledgment that I was important, that we had done good work together, that somehow remembering and reconnecting was essential for continuing therapeutic progress.

As graduation approached, I realized there will be no reconnection. I know I needed to accept that fact and let it go. Anyway, by now I have half convinced myself that I made the whole thing up. Just a "fig newton" of a runaway neurosis.

Nonetheless, I decide to play a long shot. I remember the street address of the mother's house from several home visits I made. I look up the student's address in the school's directory. It is the same. Score one for Sherlock!

Somehow knowing for sure makes all the other parts of not knowing more tolerable. I will never know if the student remembered our therapy, or if the student's choice of a career in social work had anything to do with our earlier work. Certainly, it would be flattering to think so, but on the whole I think not.

Looking back, the biggest mystery is why the whole thing became so important to me. The narcissism of the therapist in needing to see first-hand the fruits of one's own work is powerful. Exploration of this mystery continues, albeit with a different case, in the final section of this article.

## Tragedy

*"Either get ready for elimination or else your hearts must have courage for the changing of the guards."*

—Bob Dylan,

*Changing of the Guards—*

Like all human activities, social work is finite and mortal. It has a beginning, and it will have an end. At some point, entropy and chaos eventually will coalesce to overwhelm generativity and homeostasis. Social work—as an individual, collective, and corporate enterprise—someday will die (Krueger, 1997).

Cognitively, humans grow to learn that death is a universal phenomenon. Existentially, we come to know that a personal death awaits us all. Organizationally, however, it is much more difficult to grasp that fact that our cherished professions and institutions also must go through a similar developmental course (Cameron, 1983). Because organizations embrace many lives and may exist over many generations, there is a tendency to believe that their life course is infinite. Thus, in countless organizational meetings and retreats, grand vision statements about the future—views of unceasing increases in progress and excellence—have been boldly proclaimed. Rarely, however, is there consideration that the organization or profession itself might cease altogether. Conveniently, these types of omissions help us maintain what Becker (1973) so poignantly termed

"the denial of death."

But, as Isak Dinsen notes: "All sorrows can be born if we can put them into a story" (quoted in Riesman, 1993). We need narratives that describe the end game—the way social work dies a bit everyday—just as much as we need creation stories (the way it is renewed and reborn a bit everyday) and maintenance stories (the way it adapts, continues, and perpetuates itself everyday). If we only write about the death of others (e.g., clients with whom we worked), we never have to face the limits of our knowledge, the failure of our methods, the illusionary nature of much of our theories and science. Those cold realities are very much part of the hidden story of the human beings who do professional helping.

The following is one such story. Long before I ever knew anything about narrative theory or began writing narratives of professional helping, I wrote a "mourning paper" in an elective doctoral class (Kayser, 1982). The paper wrestled with a personal and professional puzzle I was struggling with at the time. Why had a treatment failure occurred in a particular family that I had a long involvement with as a clinician, despite enormous amount of intensive mental health interventions? Writing the paper allowed me to achieve some measure of personal and professional closure. I have reconstructed the portions of the paper into the following narrative account.

They call it a "terminal degree." Meaning, I gather, that it is either the end of the educational line or else you die trying. With these comforting thoughts, I take my first steps towards doctoral education. Moving from full time employment to half-time, while also taking a full time course load, I come to work for the first month or so in a complete daze. Not only are research and statistics giving me fits, I have had to relinquish a number of treatment cases—some of whom I have carried for several years. (It is pre-managed care days, when long-term individual psychotherapy was the professional aim of many psychoanalytically-trained clinical social workers.) I am preoccupied with worry and loss about the individual children and adults, and their families, with whom I have been working with so deeply, so intensely, and so long.

In fact, doctoral education has forced me to terminate with a family I have been working with almost continuously since my time as a second year social work student. I was the individual therapist for Mrs. G., seeing her first when her adopted daughter, Alice, entered the children's day treatment program. Later, I treated Mrs. G. on an outpatient basis for several years.

The case presents many complex features. Alice is mentally retarded, has uncontrolled seizures, and relates to her mother in an extremely regressed, hostile-dependent, oppositional manner. Mrs. G. parents in a controlling, intrusive



manner that only serves to reinforce Alice's negativity. Mr. G is placed on involuntary permanent disability by his company for chronic somatic complaints of undetermined etiology. Only Ray, one year older than Alice and also adopted at birth, appears to be relatively healthy and symptom-free. He is bright, verbal, and gifted academically, socially, and athletically.

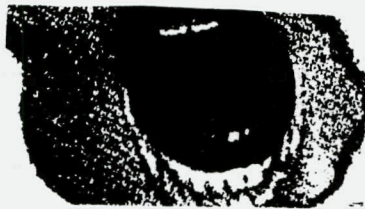
The parents perceive the company's action against the father as a grave injustice, and have instituted a protracted lawsuit. Eventually, Mr. G. is reinstated, only to die from a massive heart attack shortly after returning to work. Mrs. G. and Alice strongly defend against feelings of sadness and anger. Only Ray, then age 10, is open in expressing grief.

In the years which follow, however, Ray's overall functioning declines. What begins at age 12 as a few localized acting-out episodes (e.g., shoplifting, minor theft) has by age 17 blossomed into major juvenile delinquency (e.g., car theft, burglary, vandalism, substance abuse, and physical assaults). In contrast, Alice's functioning significantly improves. Her seizures are controlled, she acts much less regressed, and does well in special education classes and vocational work settings.

The focus of my work with Mrs. G shifts over time. First, it is to help her parent more effectively by setting age-appropriate expectations for

Alice, and to begin dealing with the realities of her child's multiple handicaps. After Mr. G's death, therapy focuses on helping Mrs. G. and the family deal with the grief and loss. Somewhat later, it focuses on the endless series of conflicts between Mrs. G. and Ray. Finally, the focus of treatment shifts to examining Mrs. G.'s own masochistic tendencies—her belief that unless she is suffering from crises and trauma, she cannot be loved.

Through it all, Mrs. G. is an eager-to-please client, each week smilingly confronting me with therapeutic conundrums that I try to solve. The case becomes intimately entwined with my own learning and developing competence as a therapist. I find it especially difficult to let this case go, always being impelled by the inner belief that if



I only knew more or could somehow increase my therapeutic skills, then some breakthrough or cure would occur. While there was some progress in all areas, the pathological embrace between mother and son intensifies and magnifies over time. At the end, I feel a palpable sense of defeat.

Doctoral education allows me an escape—giving me a legitimate, external reason to terminate the case. Writing the doctoral paper allows me to mourn my own sense of failure in the case. I conclude the paper with these comments: "Failure is both difficult to acknowledge and accept. Yet, when it is

recognized, it can lead to clearer perception and understanding. . . about the difficulty in treatment which certain conditions of psychopathology present. It also serves as a reminder that the process of therapy is a human one. . . its limitations come both from the complexity of the problems per se but also from the imperfections of the therapeutic change agents."

Closure achieved. I move on. Many years pass. I become a social work educator, teaching a class of first year students in an interviewing class. The midterm assignment is to audiotape or videotape an interview with a client from the students' field practice.

It is *deja vu* all over again (times two). I read a paper and listen to an audio tape of a mother dying of cancer. The social work student is working with her to say goodbye to her adult mentally retarded daughter. Although the student changes the names to preserve confidentiality, the case history information is the same. I listen to Mrs. G's voice on tape. She sounds resigned to her death, but there is no hint of false martyrdom or masochism evident. I hear Alice's voice—older, deeper, far more independent and self-reliant. The student does a lovely job of helping the two of them talk to each other. There is a passing reference to an older brother who has been incarcerated for many years and who has no contact with the family.

Midway through the quarter, Mrs. G. passes away. I do not tell the student what I

know. I silently grieve for the hard life of Mrs. G. I say a prayer for all those helpers who came after me, who helped her and her family in ways I could not. Therapy, I realize, is not a continuous process with a clear end. Therapy may focus on helping clients' resolve important developmental crises in their lives, without necessarily achieving total closure on many problematic issues.

I grieve for myself and my obsolete knowledge. I grieve for all those yet to enter the field who will have no idea

about the joys, the heartaches, and the pitfalls of doing long-term psychotherapy work. The theory has been declared bankrupt, the therapeutic technology is being lost, and the long-term systems of care have been dismantled.

A new era has dawned, and I must get ready for elimination. Remembering that old supervision adage that a social worker's primary goal in alleviating social problems is to eliminate the need for social workers, I hope to find the courage to accept the changing of the guard.

## Conclusion

This article has been an experiment to see if the genre of modern literature lends itself to developing new narratives for the helping professions as they move into the millennium. Pain may be the universe's gift to the poet (Simmons, 1991), but as Oren Lyons notes (quoted in Simpkinson & Simpkinson, 1993):

**Life will go on  
as long as there is someone  
to sing, to dance, to tell stories  
and to listen. □**

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