

DOORMATS, VULTURES, AND COPERS

Elizabeth Hughes Schneewind, MA, MSW, New York City Department for the Aging

The client described in this narrative was an eighty-year-old childless widow experiencing depression, loneliness, and fears. Through narrative therapy counseling, she attained a new conception of relations with others and learned how to better meet her needs without becoming wither a "vulture" or a "doormat." This case illustrates the capacity of older people to make substantial, beneficial changes.

The received opinion of much of the human service professions concerning old people has been that the job of therapy is to help them to deal with the many losses they experience and to come to terms with the life they have led—that is, to resolve Erickson's issue of integrity vs. despair (Erickson, 1982; Hargrave & Anderson, 1992, pp. 59-63). There has been little discussion of using therapy in the way it is often used for what is called, prejudicially, the "adult" population, those between, roughly, 18 and 65: to help clients learn ways of dealing with other people that lead to more satisfactory ongoing personal relations, rather than simply finishing well. King (1980) notes that, "Freud did not...encourage psychoanalysts [to work with middle aged and aging patients] and states that the old may prolong therapy under the guise of having new symptoms, whereas in fact merely regressing to a childlike state." Erikson & Kivnick (1986) say that for the old there is "...not time to take the roads not taken" (p. 141). The focus on changing one's life is assumed to be appropriate for reasonably healthy but hurting adults. But it has frequently not been applied to the old because of a perception that they cannot make substantial changes in lifelong patterns of interaction. It is assumed that they can, at best, tie up the loose ends of their lives and learn to accept what, for good or for ill, they have been and have done. Old age is a time when losses occur more frequently than the establishment of new relationships. But it is also "...a time of quietness and reflection when the individual

can look back on his life now, more or less completed" (Busse & Pfeiffer, 1969, p.186).

The following is a presentation of work with a woman of advanced years who made substantial changes in her approach to life and her interactions with other people.

Therapy with an Old Woman: A Case Study

The client discussed in this narrative, whom I will call Ruth, fell into several groups often regarded as anomalous in our society: she was an old woman, one who never had children, and she had no immediate family left. She was also a healthy old person who wanted to change to improve the quality of her life, not her death—a desire often treated as anomalous among the old. Although we always addressed one another by our last names, I will call her Ruth. (All names in this paper have been changed.)

Ruth came to me for therapy after the death of her only sister, Mamie, and, one month later, the death of her remaining brother, Harry. She had also buried another brother and two "wonderful" husbands. Her first husband had died suddenly when they were away from home. Although she needed help, she did not even call her sister because of her fear of "the little word, 'no.'" Ruth was suffering from a painful clinical depression, feeling "as though big tears are dropping from my heart." Her constant theme was, "I'm all alone; I have so much love to give, and no one is left to give it to." Giving, she said, gave purpose to her life. Her counterpart worry

was, "There'll be no one to take care of me when I need it."

In addition to the many deaths in the family, her problems might be seen as stemming from her family history of mental illness. Her "hysterical stroke," discussed below, might be thought to show that she, too, was touched by madness. Instead, while I considered the need for medication for depression, our work used concepts from narrative therapy (White, 1989; White & Epston, 1990), and Ruth's depression and anger were viewed as resulting not, as is traditional, from individual defects, limitations, or pathology, but from her attempts to honor the social precepts presented to her from an early age by her family, her religion, and the surrounding society (Leichter & Mitchell, 1967); her normal wish for the emotional and physical support afforded by intimate relations; and her position in a world that assigns no clear role to a single, childless elderly woman without immediate family. Ruth's stated goal was "to get my life back." She in fact used therapy to change patterns of thinking and behavior and redefine herself. In line with narrative concepts, an audience was recruited, mostly among the dead (White & Epston, 1990; Troll, 2001). They acted as Ruth's cheerleaders, helping her to see herself in a new light and to function in a way more to her liking.

Although she initially described her mother as a disciplinarian and her father as "kind and very religious," he seems to have delivered strong and stern messages about expected behavior: "Turn the other cheek," "Never show anger," "Walk away from a quarrel," "Say you're sorry even if the other person is at fault." We are God's servants, put on earth to help others. He told the children, "Every night your little finger goes to heaven and writes down the bad things you have done," and you are called to account when you die.

Ruth absorbed these lessons and followed them faithfully and, when we first met, uncritically. Her sister Mamie, in contrast, had been the bad girl, loud mouthed and disobedient. As an adult, Mamie suffered from considerable mental instability and had several psychiatric hospitalizations. She frequently quarreled with relatives and periodically cut

herself off from Ruth. Brother Harry was diagnosed as schizophrenic and had had a lobotomy. The other brother, Leonard, married and had children, but died as a young adult. After Ruth's father died, at an early age, she became everyone's mother, even her own mother's mother.

To her sorrow, Ruth and her first husband could not have children. In conventional thinking, women without children remain unfulfilled. Childlessness was thought of as the woman's fault. About thirty-five years before we met, Ruth had had what was described by the doctor as "an hysterical stroke," in which she suffered some loss of vision and speech for a period of weeks. This occurred after a friend became furious with Ruth because, while being briefly in charge of her adolescent daughter, she had permitted the daughter to talk with a boy at the beach. The mother chastised Ruth by saying, "You don't know what it's like; you don't have children." For some weeks Ruth could barely speak. The doctor told her the "hysterical stroke" came from anger at letting herself be stepped on, "like a doormat." At the time, she said, she did not understand this. As Greenspan (1993) says, women generally blame themselves for whatever is wrong in human relations.

Although Ruth had some cousins and some relatively remote in-laws related through her two husbands, she had definite notions about who counted as relatives (Leichter & Mitchell, 1967, p. 90) and who should be her major supporters in her time of grief: Nina, the widow of Ruth's younger brother Leonard, dead for thirty years; and Nina's grown children, Susan and Bob. These in-laws, Ruth told me, were disappointing her. They neglected her at holiday times. After her siblings' funerals, none of them accompanied her to the graveyard, leaving her to make these melancholy trips supported only by the rabbi.

Nina's family, Ruth said, were thoughtless and selfish. They ordered, with her money, expensive food for the *shiva* for Harry. When, after some time, Ruth went to the kitchen to get something to eat, friends told her that her in-laws had taken away the remaining food. The friends were outraged and described Nina as "a vulture." Vultures became the symbol

of what Ruth was afraid she would become if she became more assertive.

As she described the pattern of her daily life, Ruth appeared to be far from alone. She spoke daily with friends and saw them frequently. She also saw relatives, although she did not regard them as such. Many of her friends were in a similar position: widowed women living alone and needing company, rides to the doctor, help when ill, and other forms of support which they, in fact, gave to one another. Ruth and a blind neighbor exchanged calls at the beginning and end of each day. As Ruth described these relationships, they appeared to be warm, fulfilling, and in some cases, of very long duration—including elementary school friends. Clearly they had weathered many storms. It did not seem that Ruth suffered from some pathological sense of isolation or alienation.

Ruth said she had no family other than Leonard's family, even while referring to cousins. She and I explored her map of who counts as family and of whom it is acceptable to ask for and to receive help. In Ruth's eyes, the core of family support should be parents, siblings, children, and the spouses and direct descendants of siblings and children. She felt grateful for her parents' love and care and mindful of the struggle her mother had had after her father's early death. With two chronically mentally ill siblings who strained their mother's emotional and financial resources and one married brother "busy with family responsibilities," Ruth, the oldest child, felt it was her job to support her mother. Although her mother did not overtly discourage her marriage, she allowed her daughter to take on the role of helper even before she became frail and ill, never suggesting that Ruth needed her own life. The family precepts held Ruth close to home (Leichter & Mitchell, 1967). When, at twenty-eight, she finally married her suitor of ten years, whom her father had thrown out, she did not move in with her husband completely until, after a few weeks, he issued "an ultimatum." She felt she had to help her mother, who never asked for help. The combination of the family lessons and her mother's "unselfish" behavior toward Ruth's troubled siblings made asking unnecessary.

At eighty, Ruth still revered her parents and their teachings. It would not have been fruitful to attack her parents' values, nor would it have shown respect for her beliefs. As is traditional in Judaism, she made regular visits to the family graves and had a sense of communion with her parents during these visits. She was assured that talking with her deceased relatives was normal and healthy (White, 1989; Troll, 2001). Rather than treating what they had said as unalterable because they were dead, we treated the relationship with the spirits of her parents as dynamic and still capable of development and modification. We explored such questions as, "What would your parents think about your situation today, as a woman on her own? How would they feel their teachings apply?" In time, Ruth was able to say that their teachings about looking only to immediate family for help, while suitable at the time, were not applicable "in today's world, where you have to look out for yourself." She decided her parents could not have been expected to foresee her situation; had they been alive today, they would have agreed with her modifications of their messages.

Just as she had to expand her notion of family, Ruth faced the task of ceasing to look to her brother Leonard's family for help and support. Had good relations with Nina and her children been one of Ruth's persistent goals, we might have pursued some alternative explanations for their behavior and invited them to sessions. Both women found themselves in sad and anomalous situations: Nina had been a very young widow with two small children, and Ruth had no children. Society has vague and often conflicting guidelines about how to behave in these roles (Leichter & Mitchell, 1967). Ruth thought she had no one, but Nina may have felt her situation to be difficult precisely because she did have children, one of them in need of special education. Nina may have hoped to remarry and feared that would make her relations with Ruth ambiguous and awkward. She said, "Call us if you need us." Feeling that they knew her needs, just as she had known her mother's needs, and afraid of hearing "no," Ruth did not call. Ruth came to acknowledge that Nina had "her own rules" and decided it would be best to detach herself

from Nina's family, rather than to be disappointed time after time.

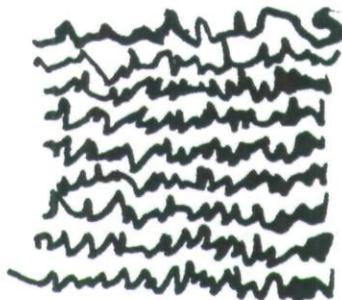
Talking of Mamie, Ruth often displayed pleasure and even laughed, a reaction she showed about little else during her severe depression. Mamie had had no trouble asking for help, refusing to fulfill requests she considered unreasonable, and expressing unflattering views of others, even to their face. Ruth described her sister as "salty," but kind, and sounded envious of her lack of restraint. The sisters had often visited the graveyard together, talking to their parents and reminiscing about family events. Mamie was brought into the family conversation, not as someone whose opinion needed to be modified but to shout "Hurrah!" whenever Ruth took bold steps in becoming more assertive. Ruth came to understand what the doctor of long ago had said about being "treated like a doormat," and she was tired of this role. But she did not see how she could stop being a doormat, complying with everyone else's wishes, without becoming a selfish vulture, like Nina.

Much of our work in therapy involved finding a third way to be, one in which one gives and takes help as appropriate, not holding back from asking for necessary assistance nor from refusing to carry out requests more suitably done by someone else—being, in other words, a good cop. These achievements came about step by step over two years, as Ruth confronted one hurdle after another. Some were major, connected to the deaths or to family relations. Others were individually minor, belonging to the small coin of daily life, yet added up to a fundamentally different pattern of interaction with others.

Inquiring into how she and friends managed the many tasks formerly performed by their husbands, I learned that these women had an active helping network, I also learned that, like Ruth, none liked asking for a favor, which would run the risk of rejection. But all had learned that Ruth never refused, so she was frequently recruited as a go-between to ask a third person to, for example, give a ride. While faithfully carrying out these missions, Ruth disliked being in the middle, as she had been between her mother and her husband,

and often found the reward for her well-intended act was having both sides irritated with her. Still deeply depressed after many months, she confronted a vicious circle: if no one needed her help, her life felt purposeless, but when she gave help, she frequently found herself in the increasingly unacceptable doormat position.

Ruth dreaded the first Passover season without family. She waited for an invitation



from Nina; when it came, at the last minute, Ruth turned it down and went to a friend's Seder. The next Passover, Ruth was more firmly determined not to swallow her pride and ask Nina for an invitation to her Seder. That, she said, would feel like appeasement, a new concept for her. This time she was invited by "my cousin's daughter," Nancy; she did not see her as her own cousin. At the last minute Nina invited her for Passover, and Ruth said no. After a few more unpleasant encounters, Ruth told Nina and her family, to their astonishment, that she wanted to end all relations with them.

We thought about what her deceased family members might advise concerning the conduct of her daily life. Harry, she thought, was a "realist" and would tell her to stop mourning him and get on with her life. Mamie would cheer her on. She remembered her father saying she should never go to bed angry and should always apologize after a scrap, even if the other person started it. She became increasingly convinced that she was "taught wrong for today's world" where "we get stepped on if we don't stand up for what is right." She then remembered a saying of her mother's with quite a different import from those of her father: "A child comes into the world fighting...and leaves fighting." She also

recalled the Talmudic saying: "If I am not for myself, who will be for me?"

We talked over the many times friends wanted help but could not bring themselves to ask for it. She agreed when I suggested that everyone was trying to figure out what was going on and no one was asking, and she said this was an unsatisfactory state of affairs. Yet she dreaded a "combustion;" she was fearful of losing people, a possibility she could not face in her already shrinking world. But she saw that she and her friends could be pioneers in working out a new code respecting helpers and helping. If family members were not available, could they not call on one another to give "family" assistance or even think of their little group as a new kind of family (Thorne & Yalom, 1992; Weston, 1996)?

At the time of the second year's Seder, Ruth had scarcely mentioned relatives other than Nina's family. After the Seder she began to call Nancy a cousin, rather than "my cousin's daughter." She was finding that close family ties were not necessarily the only or most important factor in defining who could give support; more distant relatives and unrelated friends of her own age might actually feel closer and serve as an alternate family.

Ruth's eureka moment came when she saw that the rules of giving and getting help could be changed so as to better suit people at her present stage of life. She said she was not up to entertaining yet and "felt small" when she accepted invitations or favors from others without returning them. Reminding her of her own compelling need to give, I suggested that accepting proffered favors might itself be a gift to friends in her social circle, who also prefer to be givers rather than receivers. She came up with a saying, "Life is a chain;" we are all connected and all need others, sometimes more, sometimes less.

With her friends, she was creating a new life narrative. It could not be one which simply negated the family teachings, for that would mean rejecting her forebears. But thinking of herself and her group of friends as family and pioneers gave Ruth relief and a new sense of freedom and security. She spoke with her friends about how unhelpful (not to say absurd) it was to have someone in need waiting

by the phone while a friend who would be glad to help sat home, ignorant of her need. Ruth began to contemplate what her parents would say about her if they were alive today. Ruth thought she could explain to them, without defiance, that life was different, requiring modification of the role they had assigned to her in their narrative. She felt sure they would understand and would want the best for her, even if it meant acting differently.

When Ruth said she would not know whom to call if she got ill, Nancy said, "Call on me!" That made Ruth feel less alone, but she queried how she could add to Nancy's many burdens, which included a troubled son. She smiled when I asked if people might think of her burdens when she offered help, pointing out that no one could ever experience the pleasure of giving help if no one accepted it. She decided Nancy was, after all, "like family." She talked about how "we," meaning her group of friends, had gotten together to help Nancy move to an apartment, and we discussed the hard work she and her widowed friends were doing to create an "alternative family."

Ruth was becoming increasingly disenchanted with her role as mediator for others. "I've always been treated like the doormat," she said, and acknowledged that people lashed out when she offered what was not hers to offer, putting her in a no-win situation as long as she saw the world as constituted solely of doormats and vultures. And she began to see that for many long years people had played upon her willingness to step in, beginning with her mother, who could not turn away Mamie's friends, who left her home a mess, but had no trouble letting Ruth clean up. Ruth's mother, like Ruth, had trouble asking for help, but had trained her so well that Ruth helped without being asked. The next time Ruth was asked to mediate with someone, she told the woman who asked her to make the request herself. She began to develop further the concept of a coper. Her new story sprang from her idea that life is a chain, in which each link both gives and receives. "Family first" was relegated to a secondary position. "Don't show anger" and "turn the other cheek" were demoted. She described, with evident pleasure, occasions on which she told people off when she thought

their requests were unreasonable. Yet she still found it hard to express negative feelings. While refraining from appeasement, she remained uncomfortable about making people angry: "I'm at war with myself."

The people whose opinions Ruth respected most were dead, yet their voices were very much alive in her daily life. When we brought their voices into our sessions, I asked Ruth if there were anyone who would not be surprised at her becoming a coper. Laughing, she said her parents *would* be surprised. Her mother used to say, in Yiddish, "If shit fell on Ruthie's head she would think it was snow." Ruth thought her mother would applaud her courage in trying new ways. Mamie, she thought, would cheer for her and urge her on: "My sister's done it again!" With respect to her prolonged grieving, Mamie would say, "Just stop!" And her father would sympathize with her plight: "It's hard now, Ruthie, but things will get better." All of her family, she thought, would support her as she developed in new directions.

As time went on, Ruth faced new hurdles. She needed to visit the family graves during the High Holidays but doubted she had the emotional strength to do so. She smiled at my thought of her going to the cemetery to tell Mamie she had taken a leaf out of her book concerning assertiveness and made it her own. Her dead relatives could give Ruth vital moral support, but of course no concrete support. Her "little family," as she had come to call them, could give both. Yet there remained matters that could not readily be delegated to non-relatives: assuming power of attorney for finance and health concerns or being the executor of a will.

As the High Holidays came close, Ruth announced that she had invited eight or nine people for Rosh Hoshana, friends who, like her, had no close family or had poor relations with their family. We discussed the fact that families of choice (Weston, 1996) could be more helpful than those we are born with. She explained that having these guests did not make her feel like a doormat, for she was taking a new approach, buying what she did not have the energy to cook.

The dilemma about getting to the cemetery was resolved when Nancy called with an

"ultimatum;" she and her husband were picking her up that morning to visit the graves. But Ruth came away "unfulfilled," for she had not looked at Mamie's grave and had not talked with her family. I asked what she had wanted to say. In tears she responded "that they have family and took family away from me, leaving me all alone." She confessed to some anger with her family. She thought Mamie might understand the anger and would say, "Just stop!" Nancy, who was heart-broken at the deaths of her parents, shared with Ruth the feeling of being "the last one" and they talked together about the inadmissibility of anger in their family. Asked what she could tell her parents about this teaching when she made a longer visit to the cemetery, she replied, "I would tell them they meant well, but it did not work out. You left me here alone and brokenhearted—why don't you take me, too?" Her mother, she thought, might reply, "I had it hard when Daddy died, and I survived," to which Ruth would respond, "But you had children with you."

After ten months Ruth was past the initial grieving period and had made some real changes in her approach to others, becoming better able to get her daily needs met. But she remained worried about what would happen if she needed substantial help because of illness. I introduced the idea of rethinking her network of support: "slicing the pie a different way." Instead of thinking that there had to be one person or just a few people to whom one could say, "I need help," and expecting them to arrange everything from cleaning and trips to the doctors to moral support and writing checks, families of choice might spread tasks among many members of a network, perhaps paying formal helpers for some services. But legal and financial matters did seem to require relatives, a much smaller pool. There was the old question of not wanting to ask, which meant waiting anxiously and hoping some relative younger than herself would come through. Having prior reassurances would be far more satisfactory. We undertook a new task: mapping out Ruth's needs and figuring out who in her network might help. One of her "family" friends complimented her by saying she was like a mother, but Ruth said firmly she wanted

to be like a sister, which suggested equal giving and taking, and she wanted to even out the balance (Hochschild, 1973).

With the approach of the first anniversary of her sister's death, the customary time for the unveiling of the grave marker, Ruth again felt overwhelmed with grief. She could not think of Mamie other than as "in that box." We talked about ways to change that vision, such as describing Mamie to me and bringing in pictures. Friends were pushing her to plan the unveiling, but she felt she could not bear to go to the cemetery and look at her siblings' graves. The depressive symptoms returned: she was up much of the night and could not bring herself to cook a proper meal. She had a vivid sense that Mamie was asking her reproachfully, "Why aren't you coming to see me?" I raised the possibility of seeing the agency psychiatrist about medication, which she had refused before. This time Ruth said, "Yes. I'll try anything." The psychiatrist prescribed an anti-depressant, which enhanced her energy and assertiveness.

With all the anguish, Ruth continued to be able to talk back to her friends who were pushing her about the unveiling and her grieving. We consulted Mamie for moral support. Ruth laughed as she said, "She'd tell 'um, 'Go to Hell!'" Ruth found a sympathetic listener in her young cousin Nancy, also grieving over deaths and tired of people telling her what to do. Ruth suddenly recalled an incident from many years before: she had visited her mother at the hospital late at night and, on leaving, had fallen into a large hole in the sidewalk. No one was in earshot, and she thought she could not get out alone, but struggled and finally succeeded. Getting out of the hole became a useful metaphor for her.

Ruth arranged for a rabbi for the unveiling, but struggled with inviting friends: she did not want to burden them and was afraid of inviting people because they might turn her down. She reverted to her old pattern of hinting rather than asking outright. She said "the girls" would let each other know. She agreed that, if roles were reversed, she would want to be present at the unveiling of a friend's relative and would not feel burdened. When the unveiling came,

nine or ten friends and relatives showed up; among them Nancy and her family.

With the help of the anti-depressant and cheered by her friends' support, Ruth held a highly successful New Year's Eve party. Without guilt, she bought baked goods, instead of making them, and allowed others to bring food. Her friends sang "Hello, Ruthie!" sensing that the real Ruth had returned to them. In truth, she did feel back to herself, but with changes that improved her life: "I no longer have to be perfect."

Two years into therapy, Ruth had achieved her initial goals: "getting my life back and feeling like myself again." She told me of a dream in which she saw Mamie in black shorts, smiling and dancing. Ruth thought the black symbolized that Mamie was dead and the dancing that she was at peace and wanted Ruth to let go and stop mourning, which she did. Ruth had learned much about the give and take of helping. She felt well and regained her energy and an interest in food. She was proud of herself when she stuck up for her rights or refused to be put in the middle of a situation. She was pleased not to be a doormat and did not consider herself a vulture. That dichotomy had lost its hold; it no longer seemed a dilemma. When she worried aloud about who might visit her if she ever became sick or were in the hospital, several friends volunteered their support.

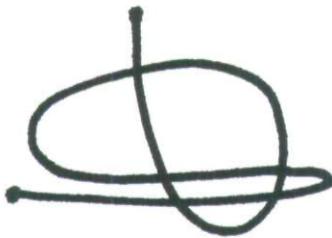
Ruth had become increasingly close to Nancy, who looked to Ruth for advice on handling her troubled teenager and on standing up for herself. One day she asked Ruth, "Will you be my surrogate mother?" Ruth gladly accepted, but it took some coaxing for her to see that that made Nancy a surrogate daughter, someone who might reasonably be asked to assume family-like responsibilities. Ruth began to drop hints and even asked specifically if Nancy could handle her assets if necessary.

At this point Ruth missed several sessions because of a bad case of flu. Nancy had been a disappointment to her. Her husband had broken his hand, and she was not available in the way Ruth had hoped for. She was still hoping for the person who would always be there, the person who would show up without being asked. But she recognized the

disadvantages of depending on just one person. Her mother had had no friends; Ruth realized that her mother's total absorption in children had not only laid a burden on Ruth, but had also not served her mother well, as she came to live in isolation. Ruth had honored her parent, but learned a lesson by watching her and, late in life, chose to live differently.

Nancy talked with Ruth about problems she was having with her son. Ruth acknowledged that some problems, such as that with a son, might be hard for Nancy to discuss with an outsider or with her husband. Ruth could play a unique role in Nancy's life, and Nancy in Ruth's. Ruth took Nancy to lunch one day and "popped the question" about help with her affairs. Nancy talked to her husband and gave a positive answer. Details needed to be worked out.

On Mother's Day, Nancy took Ruth to the cemetery and then back home to her house for a quiet family day of dinner and games with Nancy's son. Ruth was enjoying her alternative extended family. A few days later, Nancy, her husband, and Ruth met with a lawyer to draw up a will, a power of attorney, and other legal documents enabling Nancy to take care of Ruth's affairs in emergencies. Ruth began to teach Nancy, similarly unhappy about being a doormat, about becoming a copier.



Conclusion

Narrative therapy is based on the idea that there is no objectively true story of a person's life. Rather, our lives are made up of a vast number of lived experiences, of which some are singled out to make up a dominant story. This story is created by ourselves and others and is generally heavily influenced by the dominant stories of our society. This story may be a "problem-saturated story" in the eyes of

oneself or others (White & Epston, 1990). Ruth's dominant story was that of the "good girl," always ready to help, never demanding on her own behalf, seldom expressing anger, and always apologizing, whether at fault or not. This story was probably not seen as problematic by others, who generally profited from it. Ruth did not always see it as a problem. Indeed, she thought she was behaving properly, according to her parents' and society's precepts.

But finding that it placed her in uncomfortable situations and made her unable to protest against wrongs, such as her in-laws taking away the food at the shiva, Ruth began to see the story as a problem. White & Epston (1990) notes that constructing a new narrative requires new words. Years before, a doctor had given her a word for the problem: being like a doormat. At the time she did not understand the concept, but she came to do so. Her friends at the shiva gave her a name for what she did not want to become: a vulture. Together we came up with a name for what she wanted to be: a copier.

We externalized the problem by talking of Ruth being treated like a doormat, rather than being a doormat (White & Epston, 1990). This enabled us not to speak of her as at fault but to look at what the problem did to her and what she could do to it, thus making her responsible for the problem. Externalizing problems can "(a) free persons from problem-saturated descriptions of their lives..., (b) encourage the generation or resurrection of alternative...stories of lives... and (c) assist persons to identify and develop a new relationship with the problem" (White & Epston, 1990).

Following Erving Goffman, White and Epston (1990) uses the term "unique outcomes" to describe "aspects of lived experience that fall outside the dominant story" (p.15), in other words, exceptions to the dominant story. As she thought about being a copier, Ruth did remember times when she spoke up for herself. When her first husband died suddenly and she had to take over his business, she found she had to become quite assertive in her business dealings in a world dominated by men. Knowing that she had this

strength, she was able to draw upon it with her friends and relatives, thus defying the problem (White & Epston, 1990). She also became able to defy her family's definition of family and expand the concept to suit her current needs. Over time, Ruth constructed a new life story, one that enabled her to find her life more fulfilling.

White and Epston notes that the creation and endurance of a new story can "be enhanced by recruiting an 'external' audience" (1990, p.17). These usually are living people, but for Ruth it was most important to work with her deceased family members. As we talked with her parents, the source of her precepts, and told them about her current circumstances, she came to think they would, if alive, modify their views to suit present times and give her permission to become an assertive coper. Her sister was important for encouragement. Mamie had long since broken with the in-laws and would have applauded Ruth for doing so at last.

Ruth's life story is not a fairy tale. Not everything worked out as she would have liked. Nancy had spells of being absorbed in other matters. Like any eighty-two year old, her age at our termination, Ruth experienced deaths of friends and acquaintances with increasing frequency. She still found asking for things hard, although she mostly stood up for herself without qualms. But she stated she was not depressed and had "the tools" to restructure her life to her satisfaction. She tapered off therapy and her antidepressant and went forth to face life on her own. At the time of a follow-up call three months later, she told me she had had periods of sadness at the time of her siblings' anniversaries but felt that her life was in order. She had a family: a daughter, Nancy; grandchildren, Nancy's children; and an extended alternative family, her friends.

Ruth is a shining counter-example to the assumption that old people cannot change. As the population steadily ages, there will be more and more Ruths who wish to make and are capable of making fundamental changes that will improve the quality of their remaining years. Narrative therapy is particularly well suited to elderly clients because of the length of their stories, offering a wealth of material

on which to draw and because of their need to face a new and much changed world. Elderly clients deserve the same attention, effort, and faith in their potential that we, as therapists, should accord all our clients.

Note

This paper was written years after my work with Ruth. I mailed it to her home, asking her to give me her opinion if she wished. She telephoned me to say she thought the paper was an accurate description of our work together. Now ninety, she continues to live by herself and has continued her familial connection with her friends and Nancy. She said she is feeling well and has continued to use our conversations as a guide in her daily life.

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Elizabeth Hughes Schneewind, MA, MSW, is a Geriatric social worker for the New York City Department on Aging. Comments regarding this article can be sent to: ehschneewind@nyc.rr.com.

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