The Circle: A narrative group therapy approach

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Abstract

This article describes 'Circle', a narrative group therapy approach used in a high-level residential treatment facility for young people involved in the child welfare, juvenile justice, or mental health systems. Most of the young people engaged in Circle have survived significant physical or sexual abuse or neglect and have been viewed, by others and themselves, as 'severely emotionally disturbed' or 'dysfunctional'. Circle is intended to provide a space and opportunity for these young people to build a community of concern, and to identify and embrace preferred identities and directions for their lives. The work progresses through the following three stages: stage one - identifying what the young people give value to, exploring their preferred directions in life, and externalising problems; stage two - taking a stand for what the young people hold as important, negotiating their relationships with problems, and thickening the subordinate storylines of their lives; and stage three – stepping into preferred identities. Three exercises also are provided as illustrations of work completed in each stage of Circle.

Key words: residential treatment; young people; group therapy; Circle; community of concern; intentional states; externalisation of problems; outsider witnessing; subordinate storylines; re-membering work; re-authoring maps, definitional ceremony

It's a Friday afternoon and I'm sitting in a large room with 15 young people and adults after school is out for the day. We all sit on the floor in a circle and follow an opening ritual to begin our group therapy meeting that we call Circle. As we go around the room checking-in, one young person, Ann (not her real name), says she is worried about her upcoming transition out of the program. She isn't sure she can make it; she's afraid that 'old behaviours' will re-appear in her life and lead her astray.

Moments later, Ann is up in the middle of the room creating a movie scene about a time in her life when 'old behaviours' were getting the best of her. Another young person is selected to become a live representation of 'drug use' which is one of the old behaviours that Ann is afraid of messing things up for her. Ann provides this actor with some lines for his role; 'come on Ann, if we don't smoke then we won't have any friends', it says as it tries to trick Ann into believing that it is a crucial part of her. A staff member is placed in the role of 'education' which Ann has stated is important to her. Ann places 'Drug use' in front of 'education', blocking her access to this cherished idea.

After this scene is further depicted, Ann sets up Act II. In this scene, 'education' teams up with 'courage', 'persistence', Ann's grandmother, and Ann's best friend, to ward off the calls of 'drug use'. Although 'drug use' remains on the scene, it has lost its speaking rights. When it tries to re-assert itself, the team intervenes. Ann carefully and excitedly creates a scene that includes the steps she has taken to regain her life. These steps are filled with her intentions for her life and the people who have contributed to these and sustain them. Through this work, 'worry' has been acknowledged and then eased. Ann's intentions for life are present in the room, and their impact on reducing the threat of 'old behaviours' is witnessed by all in the room. Staff and young people share with Ann how they feel connected to similar values, and how being in Circle today has impacted their lives. In doing so, the sense of connection among everyone in the room grows more powerful.

The Circle community provides this type of stage and space for many young people – and adults – to redefine themselves amidst a safe, supportive community. It is built upon narrative practices and principles, and differs significantly from traditional 'talk therapy' groups. One young person described Circle as a place where 'people get to know me and I get to know them from the work we do. I was able to stand up to things through the work I did in Circle.' Indeed, I have watched countless young people over the years in Circle find the strength to hold themselves before their community, voice what's most important to them in their lives, and share their intentions for their futures.

Introduction

In residential treatment programs, multiple challenges emerge in trying to help young people move forward in their lives in directions that suit them. In many cases, these young people have been moved from place to place repeatedly, unsuccessfully, and against their will; as a result, and unsurprisingly, it is often difficult for them to believe and trust that adults have their best interests in mind. In many instances, their predominant experience has been characterised by feeling silenced, rendered invisible, or cut off from decisions about their own life paths, leading to a sense of impotence and lack of personal agency. This article offers a description of Circle, a group therapy approach designed to address these challenges and to create a shared community of concern among young people who have faced them for far too many years. A progression of three stages of work and development within this model will be described, along with particular exercises utilised in each stage that build upon each other. Specific examples will be used to illustrate the practice.

The setting

The program in which Circle is practiced is a high-level residential treatment facility for teenagers. Young people enter the program through child welfare, probation, or mental health agencies, or by families who experience their behaviours as too out of control to contain at home. In many instances, they have survived significant histories of trauma, including physical and sexual abuse and neglect. These young people often have been viewed and described as 'dysfunctional' or 'severely emotionally disturbed'. They carry with them stories of personal failure, both through their own eyes and through those of the people around them.

The agency responsible for this program was founded on a principle of 'unconditional care'; one manifestation of this principle is that young people will not be discharged from the agency's programs for the behaviours that bring them there in the first place. This residential treatment facility is truly a 'program of last resort', as being locked up in the juvenile justice system or a state hospital is often the only alternative left for the young people who are enrolled in it.

History of Circle

Group therapy always has been central to this treatment program. In the early years, it took the form of a traditional, process-oriented therapy group. These sessions often were filled with the young people offering their complaints about the program, the staff trying to stifle the complaining, the therapists asking how the participants felt, and everyone

being more miserable at the end of the group than they were when it began.

About seven years ago, the program's clinical team went to visit another program called Family Life Center, in Petaluma, California. That residential facility had a group therapy process, which they called Circle, and which seemed drastically different in process and in outcome from the more traditional approach our program had been using. The young people and staff engaged in intense exercises together that flattened the hierarchy between them and helped the young people learn to handle situations in which emotional intensity was heightened. Through these exercises, group members connected around vulnerabilities and expressed deep care for each other. We wanted to create this kind of experience for the young people in our program.

We borrowed directly from Family Life Center and started to run our own version Circle, replacing our previous, more traditional approach. Over time, we found that we were able to establish a community built on care and concern, but we did not seem to be able to reach the level of intensity of practice and healing that we had witnessed at Family Life Center. We guessed that the young people in our program were so captured by stories of themselves as failures in life or lacking any personal agency that they were restrained from taking risks in group. There were in fact differences between the populations of young people within our two programs. At Family Life Center, they interviewed the young people applying for the program and selected those they felt would be the best fit for their practice and culture. In contrast, our program was designed to welcome the young people who had not experienced success in previous residential placements or who, due to the severity of the behaviours in which they engaged, were refused acceptance into all other programs.

To address the barriers we were perceiving in moving forward with our practice, we decided to apply a narrative metaphor to Circle in order to help the young people step out of the old stories about who they were and into more preferred ideas of identity. Many of the exercises we developed for use in Circle have been borrowed from others and adapted for our purposes.

Progression of Exercises

Stage I: Discovering what the young people gives value to and externalising problems

The exercises used in Circle follow a progression based on the principles of narrative therapy. The first objective, the focus of Stage I, is to open up space for the participant to act in his or her own preferred ways. As a starting point, young people are invited to express what they give value to, as well as their intentions for their lives.

Michael White (2007) refers to intentional states as the places where people stand when making decisions in their lives. Instead of assigning people's decisions or behaviours to traditional notions about who they are or their core identities, White attributes them to intention. Intentions are active, whereas the idea of an essence, self, or core of a person is fixed and can lead to a sense of helplessness in the face of difficulties.

In Stage I, Circle exercises are used that help young people express the hopes and dreams they have for their lives. Their cherished ideas about life and what it is that they give value to are explored in an attempt to align their choices with these commitments to life, and to provide an antidote to the experiences of being silenced. We ask for stories, or evidence, to support these claims about their commitments in order to move from a notion of simple re-framing or 'looking on the bright side' to a set of actual events that highlight what the person stands for. In our program, what people give value to has replaced more traditional 'strengths' lists that tend to locate characteristics within individuals and often lead to a thin description of who they are. Stories of people living what they hold as important indicate personal agency and lead to the construction of an identity that is arrived at intentionally.

The exercises are also designed to gather information about what blocks their desired access to these intentional states. What are the thoughts, ideas, or problems, that pull the young people out of their commitments and purposes for life? In most cases, the young people have previously been given explanations about these problems that indicate there is something wrong with them. Instead, our exercises lead to a view of problems as external to the young people. By locating the problem externally we open up space for reflection on the effects of the problem and an opportunity for negotiation of a preferred relationship with the problem. This also helps situate the staff members as collaborators in the quest to free the young people from the grip of these problems, as opposed to more traditional approaches in which the staff are expected to 'work on' the kids in order to help fix their problems.

Michael White first wrote about the idea of externalisation of problems in 1984 in relation to what he termed pseudo-encopresis (White, 1984). He found that, by separating the problem from the person, he was able to help many people successfully address problems that had been viewed as 'chronic and intractable'. It also allowed for a playful exchange around serious problems that helped foster a connection with the young people with whom he was working. When problems are located internally, the person becomes objectified and, in order to change, they must be worked on or work on themselves. As White proclaims: '… in the context of the professional disciplines, it is not uncommon for therapists to refer to a person as "disordered" or "dysfunctional", and in wider culture it is not uncommon for people to consider

themselves or others "incompetent" or "inadequate" by nature' (White, 2007, pp. 25–26). The use of this internalising metaphor just feeds the idea that the person is less-than, which has an impact on their or others' understanding of their ability to do anything about the problems. In this way, the ideas designed to help people have the effect of trapping them in the problem.

By separating the problem from the person, space is opened for them to be other than the problem. The person is now in a position to act on their own behalf instead of acting against themselves. Many have argued that externalising problems may let people 'off the hook' or allow them to abdicate responsibility for addressing the problems. On the contrary, separating the person from the problem invites responsibility to address problems, as possibilities become more available.

In Circle, as problems are set aside as separate from people, young people can reflect on how these problems have influenced their lives, including what they have invited them to think about themselves, how they have gotten them to see themselves, and what they have convinced them about what they can or cannot do.

A detailed study of how problems operate can also unveil information about the many-layered social discourses that feed certain problems. Commonly held ideas and beliefs that underwrite everyday life, such as those that exist around race, culture, gender, and sexual orientation, can have a great impact on the genesis and maintenance of problems in people's lives. Externalising the problem allows for these discourses and their effects to be held up for evaluation and provide an opportunity for the young people in our program to be heard with regard to their own experiences of the world.

Sample Exercise: *Active Chain*

The Dialectical Behavioural Therapy (Linehan, 1993) model advocates the use of a chain analysis to help people understand how troubling events unfold. In our adaptation of this tool, a 'live' chain is used in order to watch an event unfold and to expose the tactics of particular problems as they try to capitalise on opportunities. This serves to externalise problems and shed light on how they operate. It also helps to identify exceptions or moments of protest to the problems' instructions. An Active Chain exercise is used in Circle early in the young people's stay. Chains can be done around troubling events, as stated above, and can be used as a way to explore preferred behaviours.

Following the experience of a troubling event, and one that may be a familiar occurrence in their life, the young people complete a written chain analysis with the help of a counsellor. In this initial version of their chain, we find that problems often have the upper-hand in the young people's own narrative. For example, if a young person described that

he became angry during class, thought the teacher was being disrespectful toward him, refused to follow the classroom rules, and then hit another student during lunch break, there is plenty of opportunity to reinforce, for him or for others, the story of this young person as 'aggressive' or 'oppositional'. In bringing this chain alive through enactment in Circle, we have an opportunity to conduct a more detailed investigation of the events that transpired. In the gaps between the links named by the young person, we hope to begin to uncover the absent but implicit (White, 2000) related to what the young person gives value to. Rather than ignoring the links named by the young person or pushing a 'look of the bright side' approach, we begin with their own, often thin description of their experience, and seek to uncover the deeper, richer narratives about their intentions, values, and dreams.

We bring the chain of events to life by using group members to represent the links in the chain. An added benefit of this approach in working with young people is that it allows those who are not at the centre of the work to stay active in the meeting. It is often difficult for the young people in our programs to remain interested when others are the focus of the meeting. Being able to step into a role and become an actor helps maintain their active involvement, even when the discussion is not directly related to their lives. Many of the roles they might play are familiar to them, such as being 'angry' or 'helping out a friend'' and allow them to make connections to their own lives and experiences. Participating as a link in another's chain analysis also connects them with each other's struggles. This can help foster empathy and further establish a community of concern. This also holds true for the staff who are participating in the Active Chain. By connecting with their own experiences, they often gain a new understanding of the young people, and this increased empathy leads to more effective counselling. The old idea of 'mind your own business' is challenged as we teach that we are each other's business; an expectation in our community is that we help one another overcome the constraints that keep us from our desired outcomes.

In having group members enact links in the chain, it also allows for interaction between the young people at the centre of the work and their experiences. This method helps to get a visual externalisation of these experiences and provides an opportunity to engage with them as entities separate from themselves. For example, anger can have a voice and the young people can talk with oppositionality or physically embrace kindness.

Continuing with the incident described above, the young person under the influence of anger might say, as his complete description of the troubling event, 'I got mad and then hit Joe'. In this way, the young person is robbed of choice and blinded to moments of preferred response that often occurred as the event unfolded. Care must be taken to

get a more detailed description of the events. The following is a description of how a Circle facilitator might explore the experience further with the young person:

- Facilitator: 'Did you wake up that morning and think 'I'm going to hit Joe today?'

- Young person: 'No'.

- Facilitator: 'What was your experience when you woke up'?

- Young person: 'I was sad because I had a dream about my family and I miss them'.

- Facilitator: 'On a scale of 1-10 how sad were you?'

- Young person: 'A 6'.

Now the young person selects a member of the group to stand up and represent them as sad at a level of 6 out of 10. This is the first 'link' in the chain. They continue on through the day and add links for each unit of experience identified in the chain. This is what this chain might look like moving forward:

- Felt sad (6/10) – missed my family

- Made my bed

- Watched TV with a friend before school and laughed – felt happy (7)

- Worked on math in class but couldn't get it – felt frustrated (7)

- Slammed pencil, was asked to take a 'time out' by the teacher – felt angry (8)

- Followed the direction and took the 'time out'

- Went outside for recess – felt angry and frustrated (5)

- Played basketball – felt happy (5)

- Joe laughed at me because I missed a shot – felt angry (9)

- Walked over to a staff member to tell him what happened – felt angry (9)

- Staff member didn't do anything about it – felt angry (10)

- Went back to play basketball

- Joe laughed at me again – felt angry (12!)

- Hit Joe

At this point, the facilitator and the young person go back to the beginning of the chain and walk past each 'link' as the people speak and enact their assigned experience in order to make sure that each is represented accurately. The young person then walks through the chain again, with the 'links' acting the appropriate level of intensity. The facilitator stops at links that denote possible protest to old and familiar problems. They enquire about what the young person brought to bear to

keep going on their preferred path. Some possible questions from this example include the following:

- Facilitator: How were you able to make your bed and get on with your day in the presence of sadness? Was sadness trying to coach you otherwise? What does this indicate about what you held as important in that moment?

- Young person: I wanted to earn my points so I could go home tonight, that's why I did it.

- Facilitator: Have you always been the kind of person who can set a goal and fend off sadness' attempts to derail you? Do you have other examples of this?

- Facilitator: Why were you frustrated about not understanding the math? You sought help, why not just be resigned to the fact that you didn't know it?

- Young person: I want to get good grades because I plan on going to college.

- Facilitator: So instead of just quitting you stuck to your game plan. What happened as a result of your deciding to do this? (Effects of the action)

- Young person: I was able to calm down and then go outside to have fun.

- Facilitator: Is that something you think is good? (Evaluation of the effects)

- Young person: Yes.

- Facilitator: Why is this good for you? (Justification of the evaluation)

- Facilitator: When you were asked to take a 'time out' and frustration reached an 8 out of 10, did it try to get you off of this path? How did it try to do this? What did it tell you? (Externalising the problem and inquiring about its tactics).

- Facilitator: What did you call upon in yourself to resist this invitation and take your time out?

- Young person: I like that teacher and I didn't want to disrespect him.

- Facilitator: What would you call this ability to keep frustration from ruining relationships that are important to you? Do you have stories of other times when you have used this strategy?

Through the use of this type of enquiry, the problem is externalised and the young person engages in a story of how they exerted influence on their own behalf. There is also the beginning of a link to a history of this type of influence and to a preferred future in which the young person is able to step more fully into this way of being. The number of 'links' in the event increases significantly as a much richer

description emerges of how the young person navigated events throughout the day. More and more group members are invited to participate; having people represent the units of experience serves to slow down the exploration and allows the gaps between the units to be filled. This helps to expose the absent but implicit and invites the young person to make meaning around these previously neglected events.

Here is another example of a possible Active Chain. This situation involved a 15 year-old boy, who had been in our program for a couple of weeks after being dismissed from several other placements. He became upset one morning and eventually destroyed a chair at school. When asked about the situation he gave the description shown in figure 1.
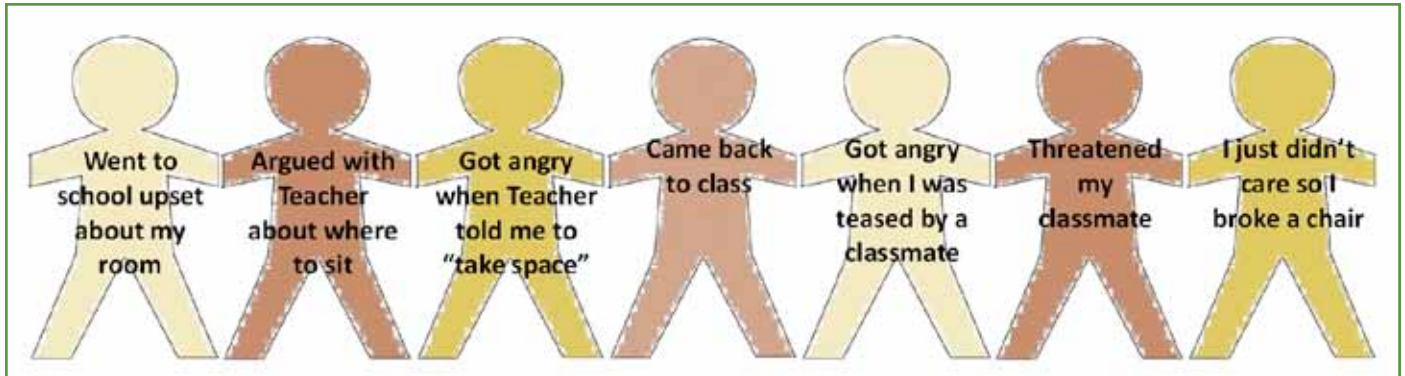
Figure 1

In Circle we did an Active Chain to further explore the situation, try to discover alternative storylines and potentially externalise some of the things that had come to define his identity (figure 2).
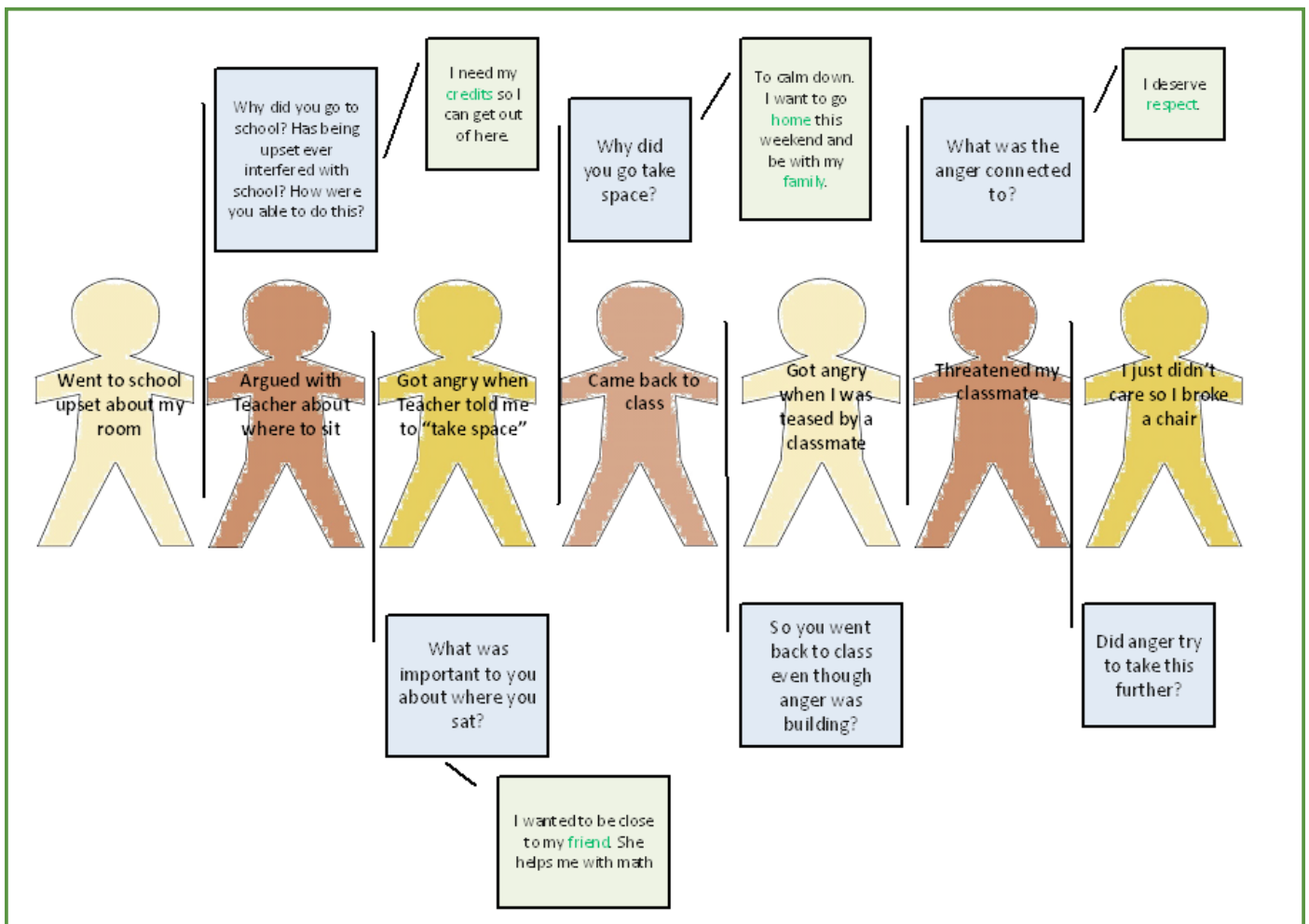
Figure 2

The live Active Chain exercise is one of the tools we use to begin to support young people in identifying what they give deepest value to, what they're willing to stand up for in their lives, how and when certain problems might exert influence over their thoughts or actions, and the myriad ways in which they stand up to these problems and live out their values in the course of a single day.

Stage II: Connecting to intentional states, creating space between identity and problems, and setting a direction for the future

After a problem has been externalised and time has been spent discovering what the young person gives value to, we are ready to move on to Stage II exercises. As this work can include emotionally intense challenges from problems, it is important to ensure that the young person is grounded in their intentions for life or you run the risk of re-traumatising. Facilitators keep these intentional states in the forefront during the work in order to help the young person stay connected to them, while the problems make attempts to take over their cherished ideas for life.

During this work, the young person is invited to focus on how they have responded to trauma instead of merely being stuck in what the effects of the trauma have been. Despite the significant struggles our young people have faced, the problems have not been able to take complete control over their lives. In Stage I, we have begun to identify moments when they were able to step out of the problems' prescriptions. Now in Stage II, these exercises provide an opportunity to enact these resistances and to take a stand for what they hold as important in life. This leads to a multi-storied description of identity instead of the thin, single storied description that so often follows from a focus on the effects of trauma (White, 2000; Mitchell, 2005). Having an audience available for these enactments helps to spread the news of this version of identity and invite powerful opportunities for resonance.

Enactment exercises are designed to thicken the subordinate storylines that are beginning to emerge in the work. Most of the young people we serve are stuck in problem-saturated dominant stories that limit access to information that stands outside of these stories. These problem stories tend to try to run the lives of those they have captured. They allow for a focus on 'failure' in many domains of living and tend to drown out or render invisible evidence of life lived to the contrary. Although prior exercises and conversations have opened space for the 'discovery' of, or re-connection to, intentions for life, the lived experience that supports these claims is relatively unavailable to the young people and others who remain under the influence of the dominant story.

Engaging in the exercises in Stage II invites the young people to step into an experience of living out counter versions of themselves. They take stances for their preferred ways of being even in the face of the problem story's attempt to counsel them otherwise. They call forward evidence to support a history of protest to the claims that the problem story is making. They connect, or re-connect, to people who have supported these alternative identity claims. They refer to what has sustained them in taking the steps of resistance over the years. And they invite others to witness, first hand, a response to the prescriptions for life that the problem may be demanding of them.

Much of the work in Stage II could be considered drama therapy. Group members are asked to play roles in order to help a young person work with live versions of problems and to represent people who are important to them. This type of engagement helps the other group members remain connected to the Circle experience and to get a better idea of how the young person is both influenced by and influencing of the problems they face. This goes a long way to develop the community of concern that we are striving to attain in residential care. Young people and staff alike often find personal connection with the struggles and triumphs that are played out in these exercises. The emotional intensity of the work opens up space for meaningful connection which flattens the hierarchy that exists when you have staff who are responsible for holding the young people to programmatic structures that can be experienced as oppressively strict at times. Group members share an experience of being people linked by struggles with similar problems and connected around shared values and intentions for life. Having time for group members to offer resonance following a piece of Circle work, furthers this connection. The outsider-witness questions developed by Michael White (2007) serve as the guidelines for resonance (see Guidelines for Resonance at the end of this paper). Although the staff remain in the position of rule enforcers, this work allows the relationships to go beyond this role in ways that do not threaten the basic ideas of professional boundaries.

In Stage II exercises, the role-plays offer a live look at the relationship between the young people and the problems they face. These relationships are often more complex than a simple good/bad evaluation can capture. Previous exercises have done the groundwork for looking closely at these relationships in order to reduce the risk of totalising problems as bad. For example, many of the young people we work with have been labelled as oppositional. This has led to a great deal of trouble in their lives as they have been expelled from schools and residences, they have lost important relationships, and they have earned reputations as troublemakers. These effects may be evaluated by the young people as negative. At the same time, oppositionalism might be connected to something important to them. For someone who has suffered abuse at the hands of authority figures, oppositionalism could indicate an unwillingness to submit to abuse. If the problem is viewed as completely negative, then an effort to eradicate it will be made. In these exercises, we allow for a relationship between the person and the problem to be negotiated with greater nuance and complexity.

Sample Exercise: *Life Sculpture*

The *Life Sculpture* exercise serves the dual purpose of externalising problems and thickening subordinate storylines. Sculptures have been used in family therapy for many years and were originally created by David Kantor (as described in Duhl, Kantor & Duhl, 1973). Others have incorporated aspects of dramatic role-play related to distant moments in life and preferred futures (Chasin, Roth & Bogard, 1989; Roth & Chasin, 1994). Sculptures were designed to provide a snapshot of one's experience of a moment in time. They have most often been used in family therapy with people being placed in positions that represent the relational space that exists from the sculptor's perspective.

In Circle, we use the *Life Sculpture* exercise to represent the progression of the relationship between the person and the problem. This exercise should only be done after a problem has been externalised and the person is connected to moments of sanctuary from its effects. Sculpture work is similar to another exercise we have called a *Director's Seat*, but is more of a snapshot in time while a *Director's Seat* plays like a movie.

The first sculpture represents a snapshot in time when the problem had the upper hand in the relationship. Circle members are chosen to portray people in the young person's life at this time, or ideas/hopes/ways of being that the person gives value to. Another member is selected to represent the problem. The person arranges the Circle members in a sculpture reflecting the problem's influence in their life at that time. Important relationships might be cut off, hopes might be placed at a distance, and cherished ideas for living might be curled up in a corner or rendered invisible by the problem. The young person then places him/herself in the sculpture in a way that reflects their experience when the problem was running their life.

Next, the young person is asked to share their experience, to evaluate whether the position of the elements of the sculpture was okay for them, and to explain why they would evaluate it in this way. The person can speak to how the problem originally introduced itself into their life and what tactics it used to acquire such influence. The Statement of Position Map (White, 2007) described above, is used again to allow the person to articulate for what they are taking a stand. Using this map also helps those in attendance to understand the structure for how the work will evolve, and for those facilitating to have a clear idea about how to invite this type of engagement.

In a piece of work done in Circle, a young person wanted to create sculptures around the effects of abuse and the ideas about herself that abuse had invited her to believe. In the first sculpture, she placed her brothers and sister, who she adored, together but separated from her. She had her mother away from the group, as one of the effects of abuse was to get her mother to not believe her, to blame her for breaking up the family, and to forbid connection with her siblings. She placed her father, the perpetrator of the abuse, off in a corner but proclaimed him to be influential in the development of negative ideas about who she was. She placed her grandfather away from the group and stated that he was always with her to help her see the good in herself even when he wasn't physically present. She then placed herself looking at her siblings but not being able to connect. Abuse and its effects had robbed her of the relationships she longed for.

She then had a group member stand on a chair with her arms spread, hovering over her, to represent abuse. Abuse had become a cloud that enveloped her, seemingly influencing her every move and thought. The facilitator asked her about what abuse was telling her about herself and the effects of this. She informed the group that abuse was trying to convince her that it was her fault that it was there, and her fault that the relationships were severed. It was convincing her to engage with cutting or self-harm as both a punishment for this and as a means to ease the emotional pain that came with it. She evaluated these effects as negative and justified this by saying she did not want to be blamed for something she couldn't control, and that she had exposed the abuse to make sure that her siblings were not harmed. She was taking a stance against abuse.

Following the initial sculpture, a second one is then constructed to represent the current relationship between the person and the problem. The problem might now be placed side–by–side with the young person, reflecting that he/she has taken steps to get his/her life back. A smaller member of the Circle might be used to represent the problem as a way to show its diminished stature. A renewing of relationships could be demonstrated by people being closer together or engaged in activities. Hopes and dreams may be brought to life and standing tall with their arms around the young person.

There is also an invitation to include representations of people who wouldn't be surprised to know that these steps had been taken, or people who helped foster this progress. This can provide an opportunity for re-membering work (Madsen, 1999; Myerhoff, 1982, 1986; White, 1997, 2007) as these absent relationships are brought to life through these physical representations. At this time, the person is asked to reflect on their experience with questions such as the following: How were you able to take these steps? What did you do to keep hopes alive when the problem was trying to trap you in a corner? What did your grandma know about you that she wouldn't be surprised by these steps you have taken?

In the example started above, the young person brought her brothers and sister closer to her in her second sculpture. She had taken steps to re-connect, even though her mother was still standing in the way of this. Their facial expressions

had changed from sad to what she referred to as 'somewhat hopeful'. Her mother was placed further away but still blocking her connection to her siblings. Her father was now in the corner facing away from the group as his influence had been diminished but his presence would never be gone. Her grandfather remained in place and was sending 'vibes' of appreciation to her. She placed herself closer to her siblings as her continued struggle to re-connect had kept them in her life. Abuse was brought down from the chair and was standing beside her. Its impact had been decreased, but it was still inviting her to engage in self-harm and it often spoke to her of negative identity conclusions. The facilitator then asked about the steps she had taken to create this current representation of her life. She talked about a never-ending drive to have her siblings in her life and an ongoing attempt to quiet abuse and separate from its invitations to abuse herself. She appreciated these steps because they were leading her toward what she wanted out of life.

A third sculpture can then be created to represent a preferred future in which the person has the problem right where they want it. The person is invited to share how they were able to accomplish this, what they called upon in themselves to do so, and to whom they turned for help. Madsen (2009) talks about helping to create a non-problematic future in order to help set a course. He states that 'helping efforts are more effective when guided by a vision of where people would like to be headed in their lives'. The young person in our example placed her siblings and herself in a circle, holding hands with big smiles on their faces. Her mother was moved closer to the group but not in the circle, as she wanted to have a relationship with her but not one in which her mum could block access to her siblings. Her father remained in the corner facing away from the group, as he would always be a part of her life but he was allowed no say on who she was. Abuse was placed in another corner. She said she didn't want to eliminate the presence of abuse as it had played a role in creating who she had become. It had helped her find her passion for helping others who may be suffering similar effects of abuse, and this would drive her in her career choice. It no longer was allowed to speak as she was in charge of abuse and had learned to use it for her own ends.

Following this sculpture, the facilitators can ask questions that allow for the development of a story related to how the person was able to move in this preferred direction. These questions are adapted from both the solution-focused literature and White's Statement of Position maps (White, 2007; de Shazer, 1985; O'Hanlon & Weiner-Davis, 1989). They are designed to help people notice competencies. A selection of the question options are as follows:

- What steps did you take to get to this place in life?
- Were these steps completely new or are you already heading in this direction?

- What do you notice now that tells you're heading in this direction?
- If these steps are new, how will you first notice that you are on this path? What will be different?
- What about these ways of living do you prefer? Why do you prefer this?
- Are there people in your life who are noticing these things now? Who?

Stage III: Stepping into preferred identities

When young people are more connected to what they give value to and a sense of personal agency in moving toward their preferred visions for their lives, it is time to move on to Stage III exercises. If these are tried too early, there is a risk of 'being ahead' of the person and inviting a sense of shame or personal failure. By taking the time to help people connect to intentional states, to create some separation between their identity and the problems they face, and to invite experiences of living life on their terms, we have offered opportunities for them to find a safe place to stand as they step into their preferred identity. Without providing this safe location of identity, we are in danger of re-traumatizing the young people.

Much of the work done in the Stage III exercises follows the re-authoring maps suggested by Michael White (2007). He describes moving between a landscape of action and a landscape of consciousness or identity. The landscape of identity relates to those ideas about living to which the person gives value. As previous work has allowed the young people to identify and focus on these cherished ideas for life, there is plenty to work with when engaging them in these exercises. For example, having spent time discovering that a young people holds 'honesty' or 'caring' as important, this opens up space for them to connect these identity claims to situations in their lives in which they have lived by them.

Enquiring about these situations which we can refer to as landscape of action questioning, leads to the construction of a richer description of the person outside of the problematic stories that have created a limited version of who the person is. Weaving these questions with re-membering questions helps to further develop the social and relational history of the young person's identity claims.

Sample Exercise:
Time Machine – Envisioning Preferred Futures

As the grip of a problematic story is reduced, new possibilities for the person's future begin to emerge. These may be connected to their cherished ideas for life, or they might be realisations of hopes and dreams. It could be that the

person is continuing down a known and preferred path or that they are arriving at places where they never expected to be. Problematic versions of identity tend to rob people of the ability to see themselves as capable of achieving futures that fit with their preferred ideas. As these problematic stories are deconstructed and people begin to step into identities grounded in personal agency, new and exciting futures become possible.

We wanted to create an exercise that allowed young people to step into these futures and perform them in front of a supportive audience. As with all of the work done in Circle, the group members serve as outsider witnesses and, in this case, the exercise becomes a form of definitional ceremony (Myerhoff, 1986; White, 1995, 2007).

Prior to engaging in a *Time Machine* exercise, the young people must be invited to outline what they give value to. As stated previously, several of the exercises we do in Circle help to identify and speak to these cherished ideas for life. Discussions that have assisted the young people to see themselves as having a degree of personal agency are also vital. When people are stuck only looking at the effects of traumatic experiences, it is more difficult for them to envision their being able to impact their future in desirable ways. It is crucial that some of this is already done, or you run the risk of hopelessness and/or helplessness co-opting the exercise. Once people are experiencing some liberation from the influence of problems on their lives, have identified preferred ways of being and are connected to a sense of acting on their own behalf, this exercise can help them step further along a path that fits for them.

The *Time Machine* exercise is adapted from work done by Amy Love who is the Clinical Director of one of our residential programs for adolescents. She created a version of this exercise while working in a 5th grade mental health enriched public school classroom. Amy wanted to give the students practice experiencing joy in their lives. She set up an exercise where a student would be welcomed back by friends after a long absence. She would have a student leave the group and return several years in the future, and the other students would cheer their friend's arrival. The young people would then describe what they had been up to over the years and begin to envision the possibility of succeeding in life according to what they want. The kids loved doing the exercise because it was fun to cheer and it engaged everyone's imagination. It was also a departure from many of the typical group therapy experiences that would tend to focus on problems and their effects. This exercise allowed them the opportunity to focus on how they had, or will in the future, respond to difficult life circumstances. We have taken this exercise and applied some of the assumptions of narrative practice more explicitly.

The *Time Machine* exercise capitalises on expression of what it is that the young people hold as important in their lives. To begin the exercise, the young person informs the group of what it is that they give value to, their hopes, and their dreams (as identified in previous exercises). These are written on a whiteboard and form the building blocks for envisioning a future based on what is important to the young people.

The young person at the centre of the work is instructed to leave the room and step into a time machine out in the hallway. They can set the time machine to some point in the future (we have learned that going about five years is optimal as a 13-year-old has difficulty imagining a life as a 23-year-old). The rest of the group is informed that when the person returns to the room it will be five years in the future. They are invited to greet them, while seated, in the manner they might if they saw a long lost friend. Joy and enthusiasm usually fills the room upon the young person's entry. The young person then starts to describe where they are now in their life. The group is invited to get curious about their travels both along the landscape of action and the landscape of identity. Here are a few of the typical questions that are asked:

- Have you been able to stay connected to your intended path?

- How have you managed this?

- What steps did you take to get or stay on course?

- Had you already started taking any of these steps back when we last saw you?

- What about the things that used to get in your way (externalised problems)?

- Are these things still blocking you or have you been able to gain the upper hand on them?

- What strategies did you rely on to reduce the influence of these problems?

- Who has been with you to support your steps?

- Have you built a team to help navigate this journey?

- Who is on this team?

- What is it about you that they are drawn to?

- In what ways have you impacted their lives?

- Does this team include people from five years ago?

- Are any of these people not surprised to know that you have moved in this preferred direction?

- What did they know of you five years ago that told them to hang with you?

Allowing the group to engage in this type of enquiry has dual effects. First, it invites the young person at the centre of the work to envision a future that they influence according to their intentions for life. Secondly, the group members who ask the questions become used to this type of enquiry and in some ways apply it to themselves. We have noticed that including the young people and staff in this process helps to carry it forward, out of the group therapy realm and into everyday conversation. In this way, the gains of therapy are not left in the group room but allowed to flourish beyond the formal meeting.

Conclusion

In this article, a group therapy structure called Circle has been outlined that follows a progression of three stages. We move from assisting the young people in stating their intentions for life and separating their identity from the problems they face, to offering opportunities to live these intentions in front of an appreciative audience, and to making preferred identity claims in public. The article described only three of the thirteen exercises that currently are used in group. One of the most exciting aspects of Circle is that staff and young people are constantly adding to exercises we use. This approach has allowed participants in Circle to have a say in developing the treatment process. We would love to hear of other ideas for exercises that might fit with this model and would be happy to share the rest of our work with those who are interested.

Progression of Circle Exercises

Stage I
Goals: Externalise problems
Notice and enquire about intentions for life
Exercises: *Hot Seat*
                Active Chain
                A Life Story
                Club of Life
                A Thousand Questions

Stage II
Goals: Allow for opportunities to inhabit preferred ways of being
                Provide audience for these enactments in order to strengthen the construction of these preferred identities
                Thicken the emerging storylines that are alternatives to the old problematic stories
Exercises: *Life Sculptures*
                Director's Seat
                Unfinished Business
                The Elevator
                Voice Work

Stage III
Goals: Allow for definitional ceremony related to an arrival at a preferred identity
                Create something tangible that documents this arrival
Exercises: *Commercial Me*
                Landscaping: No More Mirror
                Time Machine

Guidelines for Resonance

A traditional response to a youth's work in group therapy was to provide feedback and praise. We changed this practice to become more in line with outsider-witnessing practices (White, 2007). After a group member completes an exercise in Circle, other members are given the opportunity (with permission from the person at the centre of the work) to answer the outsider-witness questions created by Michael White and slightly adapted for our group.

- What stood out to you? Be as specific as you can be, and use the person's own words if possible.

- How did this affect your sense of what the person gives value to or holds as important?

- Why were you drawn to this? How does it connect to what you give value to or hold as important?

- How were you impacted by witnessing this work? What will you take with you from the experience, and how might you incorporate this impact into your own life?

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