



Explorations with the written word in an inpatient mental health unit for young people

by David Newman

David Newman lives and works in Sydney where he has an independent counselling practice through Charing Cross Narrative Therapy Centre. He also works part time in a psychiatric unit for young people aged 16-30 doing individual, family and group work. David's recent teaching assignments have included China, Turkey, Greece and Palestine. He is the author of the influential paper, 'Rescuing the said from the saying of it: Living documentation in narrative therapy' (2008). David can be contacted by email: david@charingcrossnarrativetherapy.com

Abstract

In this paper David discusses the concept of the spoken word being 'relatively unavailable' to the people he works with at a Sydney based psychiatric unit for young people. He discusses some of his use of the written word in responding to this relative unavailability. This includes some fine tuning of the use of the written word by considering; language use that minimises the risk of people rejecting themselves, utilising the concept of people 'getting their language through the language of others', ways to use Michael White and David Epston's concept of 'failure proofing' questions and crafting questions that come out of the dilemmas of therapeutic work. Finally, the ethics of documenting and living documentation more particularly is discussed.

Key words: *narrative therapy, narrative practice, mental health, living documents, therapeutic documents, young people, re-authoring conversations*

I was riding my bicycle home from work one Thursday evening with a lot on my mind. I had just had a day at the psychiatric unit for young people, the place where I work for two days a week, which often gives me more than enough to think about. But I had more on my mind than just my day at work. I was due to travel to Melbourne in two days' time to teach with Saviona Cramer on a Narrative Therapy and Community Work one week intensive that was to start on the Monday. Then, the following Monday, I was to teach the first week of the first Master of Narrative Therapy and Community Work program. The Master's teaching was perhaps most preoccupying me during that ride home. I felt quite some responsibility for making this week particularly engaging and hopefully rich with ideas. However, during this ride I had an accident, got knocked out, and broke my jaw in four places. This event came at me from nowhere. And it meant many things. Thinking about how my children were going with all of this was certainly one. Yet also weighing on my mind was that I could not teach at either of those training events. Among many things, this meant that Dulwich Centre and Saviona were put under quite some last-minute pressure. I will always be grateful for the support that was offered to me during this time, especially those who stepped in to teach at such short notice.

I am telling this story to say just a little about how grateful I am, and was, with the narrative community. But there is another reason. During this time, a learning about identity became clearer for me; it was a learning about what is available to me in order to 'see myself' when the spoken word was relatively unavailable. During the treatment, I was unable to talk at all for four weeks and unable to talk easily for about another four weeks on top of that. I noticed that my sense of myself got quite 'thinned out' during that time. However, there was one thing I noticed during this time that I found interesting and relieving – that whenever I wrote anything, even short texts or emails, I 'saw myself'. It was when the spoken word was almost totally unavailable to me that I discovered the written word, even in its most pared-back way, as an avenue to start to 'see myself' and my identity.

In turn, I became curious about the place of the written word in developing identity, especially when the spoken word is relatively unavailable during my work. In this paper, I will discuss both the concept of the spoken word being 'relatively unavailable' to the people I work with at a Sydney-based psychiatric unit for young people, as well as some of the ways I have responded

to this 'relative unavailability' by using the written word. This includes some reflections around the ways I have tried to fine-tune the art of the written word or documentation in narrative practice. As I will discuss, the written word in my work has played a significant part in:

- assisting young people to 'see themselves'
- helping the young people to find their stories through the stories of others
- connecting young people with others where there has been similar experience
- setting up ways that the young people can contribute to the lives of others.

In these ways, the written word has therefore provided a profound avenue for developing preferred stories when the spoken word is relatively unavailable – which can indeed be the case when there has been turmoil, or when one feels lost as these young people can certainly feel.¹ I will first consider some of the limits of the spoken word that I have noticed, then I will cover some of the ways I have been responding to these limits.

Considerations of the limits of the spoken word

In my work with young people in a psychiatric unit, I have seen how the spoken word has limits. These are not limits that come about via having one's jaw clamped shut for a fair length of time but for other reasons! Although this seems so clear to me now, especially when I consider the history of my work and my knowledge of life, I haven't articulated this so much. I will start with some thoughts about what I have noticed can be the limitations of the spoken word.² Attending to particular dilemmas since working in the inpatient unit has assisted these thoughts.

The spoken word is a complicated realm

The first consideration I would point to includes how complicated the spoken word and conversation can be. The following list involves both one-to-one conversations as well as group conversations. The complexity I believe is amplified when it comes to more formal meetings such as so-called 'person (case) conferences'. The spoken word between people can involve:

- engaging with the rhythm of a conversation
- the interplay of who says what and when
- whether to use eye contact and if so how
- whether to match the tone of the other or change it in some way by introducing something like humour for instance
- the pauses that develop and how to negotiate them
- the process of making meaning of the other's words, including irony
- the process of making meaning of the other's cues, such as expressions through body language and sub-text
- when to introduce something into the conversation or enquire about the other or provide space for the other to introduce something
- how to negotiate disagreement
- whether to let the other know if you don't agree with them or their interpretations of you, and considering all the ways of responding to the other's acts of power
- weighing up how someone might respond to your disagreeing with them or your responses to their acts of power
- the backdrop of power relations for all the above considerations.

This list could of course go on and on. There is much to consider about indirect speech as well. Some of these considerations can include:

- responding to cues that the other does not want to speak anymore or wants to change the topic
- responding to cues that the other finds the language being used confronting or the stories being told unsettling
- finding language and metaphors to use that mean all parties in a conversation are included.

This array of considerations can be experienced as quite overwhelming, especially if one is experiencing turmoil.

The spoken word has quite some pace to it

There is something about common practices of conversations and the spoken word that is relevant

for how, especially when turmoil is present, it can be a difficult vehicle for expression. In the spoken word, there is rarely a felt ease in pause and silence. Therefore the spoken word often has quite some pace and this can have the following effects:

- it can mean one can *react* to other's words rather than respond with thoughtfulness
- it can be in the interests of problems as problems often want to barge into people's meanings and seemingly squeeze out any room for the myriad ways of making sense of the details of life
- it can be hard to find the right words.

Recently, I invited a group to do a writing exercise that included writing a letter to someone who 'stands beside them'. I asked the group how they found the writing exercise. One young person said, 'Sometimes when I speak it can be difficult to find the right words. I can spend more time finding the right words when I write.'

Some experiences are beyond words

I have noticed that often in the groups the young people are quite reluctant to speak about their experience. This can be due to many things, but at times they have been clear that it is about the difficulty of using some words because the words are harsh – that it is important to use the phrase 'battle scars' rather than 'cutting' for instance. But it can also be because some experiences are 'beyond' words. Eleanor Longden, in the introduction to her book *Learning from the voices in my head* (2013) wrote the following when trying to make sense of the voices she heard as being related to the horrific sexual abuse she experienced as a child,

Judith Herman, the renowned trauma theorist and professor of clinical psychiatry at Harvard University Medical School says that 'certain violations ... are too terrible to utter aloud: this is the meaning of the word 'unspeakable' and the impact of what those people did to me is beyond language. (2013, p. 2) ³

I have also been drawn to Janette Winterson's following words, which I think capture with some particularity what goes on for people immersed in troubling or traumatic events: 'All of us, when in deep trauma, find we hesitate, we stammer; there are long pauses in our speech. The thing is stuck' (2012, p. 9).

The written word is not necessarily an answer to this dilemma. The documents I am crafting with the young people still require words. Below, I will discuss ways that I have been using the written word when 'there are long pauses in the speech' or when experiences are 'beyond language' that I think provide some sensitivity to such dilemmas.

Responses to the limits of the spoken word

I have thought much about how to respond to what has become more clear to me of some of the limits of the spoken word. Buoyed by what I had been introduced to as an array of fascinating and creative options in the written word (Denborough, 2005; Epston, 1989; Fox 2003; White & Epston, 1989, 1992), I have been exploring the written word in all the contexts I have worked in since the early-to-mid 1990s (Newman, 2008, 2012, 2014). What I will cover in this paper could mostly be considered as an elaboration of the practice of 'living documentation' (Newman, 2008), or the notion that the documents of skills and knowledges we can collect as workers are always being added to, and, in this sense, the documents can be called 'living'. My intention is to show some of the ways I have been fine-tuning the practice of documenting.

However, I want to firstly venture into the territory of language use. I include this here because some of these considerations for me have contributed to bringing even more sensitivity to the way 'local language' (something central to the heart of narrative practice) is used in mental health contexts. The following story presented me with a clarifying picture of how, when speaking about turmoil, distress, and extreme states, the language of 'illness' can invite people to reject themselves. The concept of 'rejecting oneself' has been a very important understanding for me.

Considering language use and the potential to reject oneself or blame the victim

The question of language use in mental health contexts is a contested and significant theme.⁴ When I was recently meeting with a 24-year-old young man, he eloquently offered some particular analysis about the

consequences of being deliberate and careful with language. I was meeting with Richard for the fifth time. This meeting came a week after our last meeting, which also included his mother, who spoke almost entirely for him throughout our discussion. In the meeting of the previous week, Richard had arrived wearing sunglasses, which he kept on during our conversation. There was talk of the possibility of Richard being admitted to a psychiatric hospital, an option he wasn't so keen on, based on his experience of previous admissions and one that I was keen, if possible, to avoid too.

Richard had been up since 3 am that morning and had spent a large number of those hours weeding the front yard of his sister's garden. In our current discussion, Richard offered a clue about this event. When speaking about his relationship with his sister, he said, 'We have always had a slightly antagonistic relationship'. I wondered where he was heading with this comment. Richard 'joined the dots' without any questions from me to support the untangling of meaning: almost immediately, he went on to say, 'When I think about the weeding, I realise I wanted to offer something to my sister and to not be noticed when doing that. I wanted to be generous.'

I remember thinking how pleased, even perhaps relieved, I was for such a meaning to be aired in the mix of thoughts and descriptions in our conversation. Richard said that it was important to understand that the event not be described as 'psychosis' or 'mania' – not even as a (slightly less 'medicalised') 'meltdown' but as a 'breakthrough'. I asked him, 'If this event was to be read as a 'meltdown', does that mean there would be less acknowledgement of that intention of generosity?' Richard agreed and said, 'If this was a meltdown, it's like there's nothing positive there. It's something for me about growth or movement or a desire for something. Each one of my breakthroughs had been after what I felt – in the moment – were significant movements within me. Movements that were good but also a little bit scary. This moment has crystalized as a reference point because my brain had been on such ... overload – they used the word mania'. He went on to say, 'This experience is part of my life; I'm not cutting it out like some melanoma. It's part of my life. If I were to reject those experiences as negative, I'd be rejecting myself. I have the inkling that those things are important to my life and to my sense of where I am going, where I've been, and what I value'. I then asked, 'Can you say something about why some of these sentiments are important to you? Why do you not want to reject

yourself for instance?’ And Richard replied, ‘It’s kind of relational. It’s kind of like a barn full of grain that I can scatter. It’s like if I know my own thing I can be attentive to another person.’⁵

I have included this reasonably brief part of the conversation between Richard and me here because I believe he (along with Eleanor Longden) offer further emphasis for what is at stake when we think about the language we use, especially the powerful and often highly technical language that derives from the world of psychiatry. This is one person’s story, but I was conscious of the sentiment of ‘local knowledge’ as I thought about it and wrote it (Geertz, 1983). And with this sentiment, I am drawn to Clifford Geertz’s words when, at the end of one of his papers, he answered his own question about whether his discussion was ‘adequate’. He wrote, ‘... like all “local knowledge,” it is substantive, somebody’s, and will do for the moment’ (2000, p. 140). I think Richard’s words are substantive, do not represent a new rule for everyone, will more than ‘do for the moment’ to support me in being careful with language and the notion of language use that supports the rejection of oneself will be different in the future. Being careful with language use can mean the difference between:

- rejecting oneself or not
- honouring generous or preferred intentions or not
- acknowledging movement in life or not
- building ways to be attentive to others or not.

I would like to offer one more observation about language. Recently, I noticed the following words when reading about the legacy of Thomas Szasz, the North American psychiatrist, from the point of view of the psychologist John Breeding. He wrote, ‘A second function of psychiatric oppression is distraction from social injustice by blaming the victim’ (Breeding, 2014, p. 10). This reminds me of a recent conversation I had with Penny White, who spoke about the term ‘self-esteem’ as ‘victim-blaming’ – and how such a description names an ideology I have been noticing. So, when translating the spoken word into the written word, in crafting living documents (Newman, 2008), I use and reflect back delicately the possible and already used language in the conversations, with language that doesn’t run the risk of victim-blaming and therefore distracting us from themes of social injustice and that doesn’t run the risk of people rejecting themselves.

‘We get our language back through the language of others’

Often, in our group conversations at the inpatient mental health unit for young people, despair visits. Despair can be ‘catching’, and it can be difficult to get out from under its weight. It can make it next-to-impossible for people to see any steps they take in life, and it can seem to cause no expanse of memories to visit – it is as if they are made misty. So, when I ask a question like, ‘What steps have you taken to – even slightly – de-power a problem?’, or even, ‘What would others who care for you say about the steps have you taken to – even slightly – de-power a problem?’, there is usually at least one young person, and generally quite a number of young people, who have no answer. This can be de-moralising for such young people, and an opportunity to re-visit a picture of themselves as ‘offering nothing to their own lives’; with self-accusations that this is the case, even when those around them are trying so hard to help. And this can gather momentum.

There are a few responses I can offer around such de-moralisation. The first is more available in individual or family counselling; that is, to take note of what we see in people’s words and actions that might point to non-problem territories, and build on these. This option can also be available to me in groups, as sometimes I have particular images that I can more directly build on – slices of life, such as how accurate their Frisbee throw is, or how kind I saw them being to the young person who had recently arrived at the unit. But, generally, if de-moralisation has arrived, it is hard to make much of such observations.

Secondly, I quite deliberately try to craft a different pace, especially in the groups where the young people can get tricked that despair’s answer is the only answer. I try to slow the conversation down by asking people their exact words, by requesting confirmation that I have the correct words and phrases written down and directly asking people to slow down. This makes room in conversations, people can more deliberately craft their own (not despair’s) words and meanings, and the space between action and reaction or question and response is slowed right down. The space that is created also provides people with an opportunity to take care in their language use for their experience – and, together, we can notice those words that can avoid victim-blaming or the rejection of oneself.

Thirdly, I want to emphasise that I do not require people to speak when answering group re-authoring questions if they 'pause' or 'stammer'. And, with such an intention, I am being mindful of the observation offered by Janette Winterson in her 2012 memoir *Why be happy when you could be normal?* of how we can get our language (or stories) back through the language (or stories) of others. She writes,

I believe in fiction, in the power of stories because that way we speak in tongues. We are not silenced ... we get our language back through the language of others. We can turn to the poem. We can open the book. Somebody has been there for us and deep dived the words. (2012, p. 9)

I have noticed that there is generally a counter-momentum that takes hold in these discussions, and it doesn't matter if some people pause, stammer, or have their language stolen. I have found that Janette Winterson's words describe what can happen in the groups. When even one person offers a story that includes knowledge of how they are coping, then there seems to be room created in our conversation for something else. Tentatively, other stories come to join in the atmosphere that is being created. The stories that join us in the room can be in the spoken word, and they can also be in the written word from a document already in use. And, if they are in the written word, they can be between people, and they can 'go in both directions' between a person and a group. I will start with a story where the exchange was between a group and a person, and then back again.

Tim was referred to me by his mother, Kate. Kate was very concerned about her son. She wrote the following in an email to me:

I'm really worried about Tim and he appears to be spiralling downwards. He is 21, was doing two degrees at Uni of New South Wales (which he has since dropped out of), is not working (again he dropped out of that), and is basically no longer engaging with friends or much of the outside world. He is pretty much a recluse, staying at home all day and night. He now avoids social situations, and when he is at one will retreat into himself to avoid interaction. I'm no expert, but I believe I've witnessed what look to be at least two psychotic episodes.

When I first met with Tim, I asked him about how he thought things were going in his life. He spoke about his concerns with what we ended up naming as 'fear', 'suspicion', and 'restlessness', as well as the hopes he held for his life. We also spoke about the context that would have given Fear, Suspicion, and Restlessness quite some foothold. Tim said he had fairly recently taken a path that had some reasonable intentions – to find some independence and reduce stress by getting away from people and experiment with smoking weed. He said he smoked weed '24/7'. He called it 'the experiment'. We spoke about how The Experiment mostly didn't work out so well, opening the door to the three characters above as well as a fourth character, Isolation, who was probably a best friend to the other three. Tim was finding a path away from The Experiment quite tough going. He was very isolated, and suspicious thoughts were quite compelling. I thought about the isolation that was with him and considered it might be an opportunity to connect to others through the written word. I showed him some 'letters to Anxiety' that I had collected from young people in the unit and he was interested in them. After our meeting, I wrote Tim the following email:

Dear Tim,

It was lovely to speak with you today. I found you a thoughtful and interesting person. You are also very clear about what really matters to you: to keep your brain active, to keep and make friendships, and get back to uni and find a job.

I found it interesting to hear about how you were doing an experiment. Since coming back from this experiment, things have been rough going. It seems that Fear and Suspicion and Restlessness have gathered some heavy momentum as you have come out of the experiment, which brought too much isolation.

We spoke about the possibility of you writing a letter to the 'Fear Monster' and perhaps finding some ways to speak back to it. I will attach some examples of what other young people have said. I would be very interested in hearing what you think about these other young people's words.

What I would propose as a structure for a letter to the Fear Monster would include:

1. What you know about the Fear Monster; how it speaks, what it does to your life, what its purposes are for your life, what happens in your life that gives it power?
2. What you think of the Fear Monster, what are your attitudes towards it?
3. What your plans are for your relationship with the Fear Monster in the future.

And I would also be keen to hear what you might 'say back to' Fear, or Suspicion, or the Restlessness that reduced their power just a little.

What have you in mind?

Do you think you will show what you write to your Mum or to others who care for you?

Please write back to me with what you come up with if you wouldn't mind sharing it.

All my very warmest wishes, David

The next day, Tim replied with the following email.

Hey David,

Thanks for the email and the kind words, they gave me a boost of strength and today has had a good start.

Those letters to anxiety and despair were actually helpful and I enjoyed writing my own to the Fear Monster.

The Fear Monster – a profile:

The Fear Monster can strike at any time, but most of all loves to feed on me in public, where it will try to isolate me and send me home to feel worthless, weak, and paralysed. It will scream and shout and jump up and down and demand attention. To achieve its nefarious goal, it will belittle me and try to convince me that everyone not only knows me but wants to hurt me. It will over-dramatize small outings and turn them into a personal carnival. It makes life seem like a battle.

The Fear Monster gains its power from my childhood fears, old failures and embarrassing me in public with my own sexuality. It is very good at

turning nothing into a drama and has a field day concocting wild conspiracies.

My attitude to the Fear Monster in the past has been to accept it and let it pass, and to laugh at it for being so absurd. Now, I try to separate myself from it and see it as something external to myself. I hate the things it says and the way it twists what other people say. It makes me extra-cautious about my self-expression. I plan to walk away from it and make sure I have defence if it returns.

To restlessness: You make sleep seem like a chore and something to avoid in case you and your buddies, fear and suspicion, show up to make my head explode. You all make me so tired and weak sometimes that I vomit. Nothing should have that power over me except booze. I think it's time to get rid of you so I can relax in my own body.

At first I didn't want to show my family but I think I will because I shouldn't always listen to myself.

Thanks again, Tim

As things were really quite tough going for Tim, I was pleasantly surprised with this email. Yet Kate wrote something to me the next day that surprised me even more. Immersed as she was in powerful worries, she wrote something with a different sentiment:

Hi David,

I have to tell you. It made an amazing difference. Tim had a full night's sleep (can't tell you when that last happened), did his 'homework' for you, walked the dog, and cooked dinner ... that, for me, is an amazingly productive day.

He is sitting with me now on a Friday night watching TV. I know that may not seem like much, but he is with other people and not in his room.

He related to the letters you sent him. Not all. But a handful which was enough to make him feel more 'normal'.

Thank you, Kate

There is much more to this story, and as it turns out like most devious characters in a story, Suspicion and Fear have made many attempts since that first meeting, five months ago, to become the lead role in Tim's story. Tim, Kate, others, and I have kept at this and found ways to stay in touch around the reclamation Tim is making in his life. This has not always been an easy path. Tim has been regularly using a practice of 'writing to the problem' and this seems to relegate the Fear and Suspicion to an (un)supporting rather than lead role in Tim's story. He wrote the following to me three months ago about the letters to the problems he was writing, 'Writing the letters has really got me on the way to throwing away suspicious behaviours and thoughts (thanks for the idea, it's not something I would have thought to do). It's like having a forum with the Fear Monster and telling him how to get his act together.'

However, things did take a turn for the worst just recently. Among quite a number of other things (including a letter to 'Paranoia'), Tim wrote the following, 'I feel completely socially inept; I am intimidated by older people and females, and realistically everybody else too. I struggle with knowing what to say and staying positive. I am certain nobody likes me, I am certain everybody hates me. Part of me has already accepted this. I think you hate me. I am becoming increasingly isolated and feeling useless. This is so far from who I used to be, so far from what I wanted to become'. Our next meeting after this email was initially stilted. Tim would start speaking, then pause quite quickly, seemingly 'running out of steam'. And I was unsure where we could most usefully and gently place our attention.

At one stage, Tim spoke about losing his job and about 'being just a loser gamer' and not leaving the house. As he said this, I realised that 'the skills in leaving the house on "one of those days"' was a living document (Newman, 2008) that I had been meaning to collect for some time. I had known from speaking with the young people at work that both an effect of, and requirement of, problems is isolation. And, therefore, the knowledge of the ways that people are able to get out of the house on 'one of those days' was long overdue. I also noticed that the spoken word was not proving so productive and was 'relatively unavailable' to Tim in this conversation. I asked Tim if he didn't mind me getting my computer out and seeing what we could do to write down just some of the actions he takes when 'one of those days' is upon him and leaving the house seems to be an impossible task. And I asked if, at the end of our writing, he wouldn't mind me sharing his actions with the young people at the unit to spark a discussion about this – a discussion I said that I thought was long overdue. He agreed.

I opened my computer and got ready to type. I asked as a starter question, 'What steps have you taken to help you leave the house?' and Tim found the question hard to answer. I then asked, 'What would you advise others around stepping out of the house on "one of those days"?' This is a question that is more in line with a crucial purpose of living documents – to contribute to other's lives (Epston & White, 1992, pp. 11–27; Marsten, Epston & Johnson, 2011), or, as David Denborough has phrased it, a practice based around 'enabling contribution' (2008, p. 9). With this question, I think Tim felt there was less required of him to be 'living solutions', and it also mattered to him to be assisting others. Tim tentatively offered, 'I think I would force yourself to get out of the house'. It was a glimpse into knowledge that could be 'useable' (Epston, 2012). We ventured softly further into the knowledge Tim held, me tapping away, Tim with his tentative offerings. We ended up with some ideas; one of them includes the following:

This person deserves compassion and fair treatment and I'm not going to go any lower than offering them that

One thing I'd say is, 'force yourself to leave the house'. I find it helps to think positive things about the people I'm talking to. Then I'm more likely to say and think positive things about the people as I'm not thinking in the back of my mind, 'Hey, fuck that person'. The way I try and think positive things about people (and I'm not always successful) is I try to have a particular internal dialogue. I might just think to myself something as simple as, 'They have a nice shirt'. Or I might say to myself, 'Do I really think what that person said was dumb, or am I being unfair? If it was dumb, do I have constructive feedback?' Sometimes, I try to keep in mind people's rights and say to myself, 'This person deserves compassion and fair treatment, and I'm not going to go lower than offering them that'.

A few days later, I was running a group at the unit with young people and asked them if they would be interested in collecting knowledge around 'the skills in leaving the house on "one of those days"', and that such a group exercise wasn't a requirement, but a possibility. They agreed to have the discussion. I let them know I had some 'story starters' and asked if they would like to hear some words from another young person in a different context. They wanted to hear Tim's words. As in the 'living

document' practice (Newman, 2008), these young people's words then joined Tim's words. Here is just one of the stories I rescued

It makes a bridge between the outside and the inside

I open my blinds. They're normally shut, but if I let the sunshine in, it can make it easier to go outside. It makes a bridge between outside and inside. That's what I do. I can open the blinds and it gets really sunny. It's a different light to the indoor light; you can feel more exposed and you adjust to it. And it makes me feel like I'm doing something. It's like little steps motivate you to take bigger steps. It's too much of a jump if it is one o'clock in the afternoon. It has to happen before it gets too late.

I shared this 'knowledge accumulation' with Tim in an email. When we next spoke in person, he said that he was drawn to the words about sunlight. He said, 'I think letting in the light in the morning is something I like to do, too. Also, as I was catching the train across the harbour bridge when coming here, the sunlight came through the window and I know it is different when there is sunlight. It is good.' Such exchanges can be a compelling territory of what Janette Winterson has offered as 'getting our language through the language of others' and contributing to others via this.

Failure proofing' re-authoring group 'starters'

I remember many years ago hearing both David Epston and Michael White speak about 'failure-proofing' questions. I understand such an intention as ways to guard against the kind of de-moralisation that I mentioned above. So I have been experimenting with the idea of failure-proofing those re-authoring conversation group starters.

It can bring some sadness when seeing the extent to which young people want to end their lives. This can invite a heavy sadness for me too. However, on the other side of that sadness, I have always noticed the efforts – the fight that sits alongside the difficulties. I get very moved by such efforts, especially when the young people are clearly tired. I have always wanted to acknowledge the fight that is implicit in such tiredness. I have been experimenting with the question, 'What would people know about how hard

you are fighting?' This question does three things, and therefore offers at least three paths to pursue:

- it provides an acknowledgement and therefore a witness to the fight
- it opens options to re-author 'skills in fighting to reclaim one's life'
- it provides a re-remembering flavour and can therefore contribute to a richer description of important relationships.

One day, when I shared such a question, we started speaking about pets. And, as the discussion started happening, I thought that pet stories might be a useful addition to the collection of living documents I maintain, as they regularly feature in stories of what sustains the young people. I will share here just one of the pet stories that came up in the discussion that day:

The fact that he's content makes me content

My dog, Scrounge, definitely knows when you're sad, but at the same time he's very very cheeky and demanding. He's getting older now, but looks young and fluffy still. His daily routine is getting out of bed at 11 am, then demanding to be put on his chair in his carry bag. He'll want to be in the sun in his bag and as the sun moves across the room he barks until you move him into the sunlight. When I'm sad, I drive to a point near my house and sit and look at the view. Sometimes I think about jumping. If I'm not sad he'll want to get out of the car and run around. Yet, if I'm sad, he won't move and he'll be content just being there, for hours sometimes. It makes it alright. He lives on, he's content and the fact that he's content makes me content.

Responding to the dilemmas in different contexts

I come across quite particular dilemmas in my work. For instance, I know that when I work with men who use aggression or violence, their motivations to uphold respectful and non-violent actions can slip away over time. When I noticed this, I found it was important to build knowledge with the men around the question, 'What will keep your commitments strong?' It is not a sophisticated question. In a similar way, and with no requirement for sophistication, I have been trying to find ways to work with

the common and powerful difficulty of 'cutting' or 'self-harm'. I have located a useful 'conversation-shaper' in the question, 'If self-harm couldn't act but could only talk, what would it be saying?' I have been using this question in the conversations with young people. It has provided a generative starting point in collecting knowledge, and therefore documenting self-harm, for quite some time now. I will share a story about one time I have used this question to shape the conversation.

A few months back, fairly early on in a group I was facilitating, Sarah left the room. I knew that, as with many young people in the unit, she had some struggles with self-harm. After the group finished, I went to her room to see how she was doing, and invited her to join me for a conversation in the group room. The following is a transcript of the conversation we shared:

Sarah: It feels really like an addiction. It's one of the main reasons I'm here I guess. It's like I won't ever be able to stop it.

David: That sounds so rough going ... It's that strong, huh? 'Addiction' is a strong word ...

Sarah: Yeah, I just don't think I can stop it. I don't feel like I've got anything else. Other things I try don't seem to help. Like I want to do it right now. (Starting to scratch her arm with her long fingernails.)

David: Yeah, I can see that things don't look like they are going so well right now ... And you left the group earlier, too. Can I ask you how you tend to speak about it? Is 'self-harm' okay? Is 'cutting' too strong?

Sarah: 'Self-harm' is fine.

David: And the self-harm has been around for a while ...

Sarah: Yes. And generally when I go to my room, I try to search around for things in my room to hurt myself with.

David: I have a question that might seem a little strange at first – and if it is too strange, don't answer it, and we can go elsewhere with our conversation. It's just that I've heard that often cutting or self-harm is trying to communicate something ... is trying to say something, either to the person who is pushed around by self-harm, or to others who care about that person. I hope this makes sense. So I would like to ask, if self-harm couldn't act, but could only speak, what would it be saying?

Sarah: Well, sometimes people don't even know I'm doing it. I keep it hidden from everyone. So there's no communicating there.

David: Is it possible that it is trying to say something to you at those times, or even to an imagined person who loves you?

Sarah: I suppose so ...

David: What do you think it is trying to say at those times then?

Sarah: I don't know ...

David: If it could only speak and not act ...?

Sarah: I guess it would say, 'I can't properly express what I'm feeling, because it's too confusing.'

David: It's too confusing ...

Sarah: '... and this is an obvious way to show the confusion.'

David: Do you mind if I put your words up on the whiteboard? Would that be okay or too confronting?

Sarah: It is okay.

David: (writing) 'The voice of Self-Harm: what it tries to say' ... 'I can't properly express what I'm feeling because it's too confusing and this is an obvious way to show the confusion.' ... That's really clear. That seems to me like a really clear message.

Sarah: Hmm.

David: Do you think it has other things it is trying to say on your behalf? Don't answer if you don't want to ...

Sarah: It might be saying, 'I need you'.

David: 'I need you'. Self-harm would be saying to others around you, who care about you, 'I need you'?

Sarah: Yes.

David: (writing on the whiteboard) 'I need you' ... Anything else it would be trying to convince you of? It may not be ... that may be all ...

Sarah: I do think there is – ‘I can’t be bothered to cope anymore, because my heart and brain are in turmoil’.

David: In turmoil, huh? Turmoil and self-harm seem to be helping each other out ... (writing on the board) ‘I can’t be bothered to cope anymore, because my heart is in turmoil’. Anything else self-harm is trying to sell you?

Sarah: I can’t think of anything.

David: By the way, does self-harm tend to whisper, yell, perhaps just offer an ongoing commentary on what you are doing, or does it talk in some other way?

Sarah: Ummm, I think it’s a bit like it yells. But not always. Mostly, when I feel like I’ve done something stupid.

David: Oh, okay, it’s not always there. What seems to be there when self-harm is not around?

Sarah: I don’t know. I guess there’s no way I can’t see care from my family. They care, but it can’t stop the addiction really to cutting myself.

David: Yeah. It sounds like self-harm’s voice is so powerful, Sarah. However, can I ask you what’s it like when you see your family’s care?

Sarah: Well, I can just feel really guilty. They work so hard at caring for me and look what I do to my arms and stuff.

David: If you could imagine that you held a purpose for your life when self-harm says, ‘I need you’, what do you think that purpose could be?

Sarah: Probably to get some care from people.

David: I imagine that self-harm would not want that for you. That it would want you to perhaps stay by yourself, to get stuck into yourself. Do you think it is possible to call this purpose the voice of self-care?

Sarah: Yeah, I guess so.

David: And if the voice of self-care could talk, what do you think *it* would be saying?

Sarah: Ummm. Something like, ‘As much as I feel like I don’t have friends or that people shouldn’t care about me, I can’t convince myself that people don’t care’.

David: Ok. They are beautiful words. I might write them up here over this side under the heading ‘The Voice of Self-Care’. And what else do you think self-care says to you?

Sarah: Okay. Umm. This is weird to be saying this ... ‘You are lovable, you are loved, you are worth people’s time. It’s not a sympathy thing. There are reasons for harming yourself and even if it is attention-seeking, it’s still a valid reason.’

David: Gee, Sarah, those words just flowed. They are just lovely words. ‘You are worth people’s time’. Why do you think you are worth people’s time?

Sarah: I don’t feel that way very often. I guess I see my parents caring. I guess I can see sometimes that I have things that are worthwhile.

David: Would it be useful for me to print off these notes I took about the words self-harm tries to throw your way and the words of self-care? I can do this, as you know.

Sarah: I think that would be good. I could look back over it.

David: Do you think you’ll show your parents this? They seem to feature in the beautiful words of self-care ...

Sarah: Yeah, I might, but I’ll have to pick my moment ...

When I checked in with Sarah over the following days while she was at the unit, she said that the self-harm was less compelling and the conversation and document assisted with this. The words rescued in this exchange between Sarah and me have been added to a living document on the theme ‘Battle scars’. And, as with all of these documents, there are ethical dimensions to consider. Now, at the close of the paper, I will turn to that aspect of the work.

The ethical dimensions to such documentation

Meanings in the written word endure, which is both the magic of and potential hazard with the practice. There are ways I respond to this hazard: I always ask for feedback, give a picture of how I intend to use the documents, invite editing of the documents, and offer the invitations with

comments such as, 'You don't need to take care of my feelings when speaking to me about what you think should be included, changed, or omitted from the documents'.

This goes part of the way to provide space for people to disagree with me, which can be difficult across the power relations between a worker and young person at the unit. I find it so important to be sensitive to the cues being offered too. Sometimes, when there is very little comment after reading out the documents, or little response to the offer of feedback, I know that something has gone wrong – it may not have resonated or the tone may be wrong. At these times, I know I have to come back to the document at a later time with the group.

I want to mention two more aspects of the ethics of document collection. The first is a notion of informed consent or permission-offering for the stories being included in the living documents. I think one of the best ways to have informed consent is for the young people to have a taste of what they might grant permission for. So, when I share these documents with the young people in the group or those I meet with one-to-one, they have a taste of the ways the documents are used already. Through such an experience, this can provide a platform for knowing what I am asking permission around and what they are consenting to.

There is another comment I wish to include that has further lit my way in the practice of living documents. Ron Coleman, a mental health trainer and consultant with an insider's view of the mental health system, wrote the following:

... psychiatrists will assess recovery with measures that mean very little to the client. A good example of this is the continual use of symptom-rating scales as an outcome measure. These scales tell us things like whether the person is still hearing voices, but will not tell us if they can now cope with them. (2011, p. 31)

This adds further moral weight to the use of living documents and the documenting of knowledges held by the young people; the documents provide an avenue to assist people not to erase a 'symptom', but to know how they have coped and/or wish to cope or how they have made sense of and/or wish to make sense of an 'experience' (Longden, 2013). This understanding provides a reminder to me that – whilst using care with the permission and editing in this process – I just have to keep collecting such living documents.

Conclusion

In this work, I was inspired by a serendipitous incident that made the spoken word relatively unavailable to me, yet at the same time I noticed that the written word, even in its most pared-back form, assisted me to 'see myself'. I have discussed in this paper some of the specific limits or relative unavailability of the spoken word for the young people in the psychiatric unit where I work. And I wrote about some of the ways that I have responded to that relative unavailability by using the written word.

I discussed some of the fine-tuning I have been using in the collection of living documents especially. This has included bringing delicacy to spoken language use that does not run the risk of victim-blaming or people rejecting themselves, by slowing conversations down, considering a key intention of living documentation as 'getting our language through the language of others', finding ways to 'failure-proof' our re-authoring questions, and building enquiries that respond to the particular dilemmas of the work.

Notes

1. When I use the metaphor 'lost', I am thinking also about what a young man wrote to me fairly recently in an email. He wrote, 'To be lost in imagining, dreaming, creating, reminds me of Tolkien's saying that not all who wander are lost. What do we find when we inhabit our imaginative inner landscapes ...?' Such words remind me of how, without leaving aside experiences of distress, I want to make room for what important wandering is going on when people may feel lost or, indeed, that sometimes 'wandering' may be a better description to use with people.
2. I realise that it may not be necessarily the limits of the spoken word that is relevant. It may be that I need to develop more skills!
3. Alongside this notion, I think it can be important to consider how, in the culture I am in, there can be difficulties, often shame associated with the 'speaking' of abuse perhaps because there is a lack of double storied responses.
4. An example of this can be found in the foreword to the publication 'Deep Insight: Leaders in the international mental health consumer/survivor movement share their thinking', published by Our Consumer Place, a Victoria-based mental health resource centre run by those who have been diagnosed with 'mental illness'. They write:
In this booklet, we put many words (e.g. 'mental illness') into inverted commas. People tend to use these words because they are commonly understood in the mental health field, but by putting them in inverted commas we are acknowledging that not everyone agrees with their use – these terms are contested. *For example, the idea of 'mental illness' is not something that all consumers identify with – many reject it, often with sophisticated intellectual, political, or spiritual critiques of this concept. Others find the term profoundly useful* (2012, p. 4) (Italics added).

The word 'sophisticated' stood out to me here. It would make

sense that the critiques are highly sophisticated. Language use is a realm where there is so much at stake in mental health contexts. Words have the power to shape one's world, shape one's future.

5. Richard's words in part also reminded me of Eleanor Longden's moving and eloquent TedTalk 'Learning from the voices in my head'. She speaks of 'taking an aggressive stance towards my own mind, a kind of psychic civil war' as a result of being 'encouraged to see the voice not as an experience but as a symptom' (2013).

and carers I mentioned in this paper; Richard, Sarah, Tim and Kate and the young people at Uspace. The extent that they do indeed fight, generally with such tenacity, makes me experience my life differently.

I would also like to acknowledge David Denborough and Mark Trudinger for very a careful and thoughtful reading of this paper that helped clarify and extend many of the ideas.

Lastly I would like to acknowledge Cheryl White's patient encouragement with this paper.

Acknowledgements

Firstly I would like to acknowledge all the young people

References

- Breeding, J. (2014). Practicing Szasz: A psychologist reports on Thomas Szasz's influence on his work. *Sage Open* October-December 2014: pp. 1–12. Retrieved online: /content/4/4/2158244014551715
- Coleman, R. (2011). *Recovery: An alien concept?* Isle of Lewis, United Kingdom: P & P Press.
- Denborough, D. (2005). A framework for receiving and documenting testimonies of trauma. *International Journal of Narrative Therapy and Community Work*, (3&4), 34–42.
- Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*. Adelaide, Australia: Dulwich Centre Publications.
- Epston, D. (1989). *Collected papers*. Adelaide, Australia: Dulwich Centre Publications.
- Epston, D. (2012). In email conversation.
- Epston, D., & White, M. (1989). *Literate means to therapeutic ends*. Adelaide, Australia: Dulwich Centre Publications.
- Epston, D., & White, M. (1992). *Experience, contradiction, narrative & imagination*. Adelaide, Australia: Dulwich Centre Publications.
- Fox, H. (2003). Using therapeutic documents: A review. *International Journal of Narrative Therapy and Community Work*, (4), 16–36.
- Geertz, C. (1983). *Local knowledge: Further essays in interpretive anthropology*. New York, NY: Basic Books.
- Geertz, C. (2000). *Available light: Anthropological reflections on philosophical topics*. Princeton, NJ: Princeton University Press.
- Longden, E. (2013). *Learning from the voices in my head*. Retrieved online: www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en
- Longden, E. (2013). *Learning from the voices in my head*. Ted Books.
- Marsten, D., Epston, D., & Johnson, L. (2011). Consulting your consultants revisited. *International Journal of Narrative Therapy and Community Work*, (3).
- Newman, D. (2008). 'Rescuing the said from the saying of it': Living documentation in narrative therapy. *International Journal of Narrative Therapy and Community Work*, (3).
- Newman, D. (2012). 'Skills in translating': Using the written word in narrative practice. *Lapidus Journal*, Spring edition.
- Newman, D. (2014). *Assisting young people to find their language through the language of others: Knowledge from an inpatient unit*. Retrieved online: narrativetherapyonline.com/moodle/mod/resource/view.php?id=828
- Our Consumer Place (2012). *Deep insight: Leaders in the international mental health consumer/survivor movement share their thinking*. Melbourne, Australia: Our Community Pty Ltd.
- White, M., & Epston, D. (1989). *Literate means to therapeutic ends*. Adelaide, Australia: Dulwich Centre Publications.
- White, M., & Epston, D. (1992). *Experience, contradiction, narrative & imagination*. Adelaide, Australia: Dulwich Centre Publications.
- Winterson, J. (2012). *Why be happy when you could be normal?* London, United Kingdom: Vintage.



Dear Reader

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.

You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968, no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission.

All enquiries should be made to the copyright owner at:

Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000

Email: dcp@dulwichcentre.com.au

Thank you! We really appreciate it.

You can find out more about us at:

www.dulwichcentre.com

You can find a range of on-line resources at:

www.narrativetherapyonline.com

You can find more of our publications at:

www.narrativetherapylibrary.com