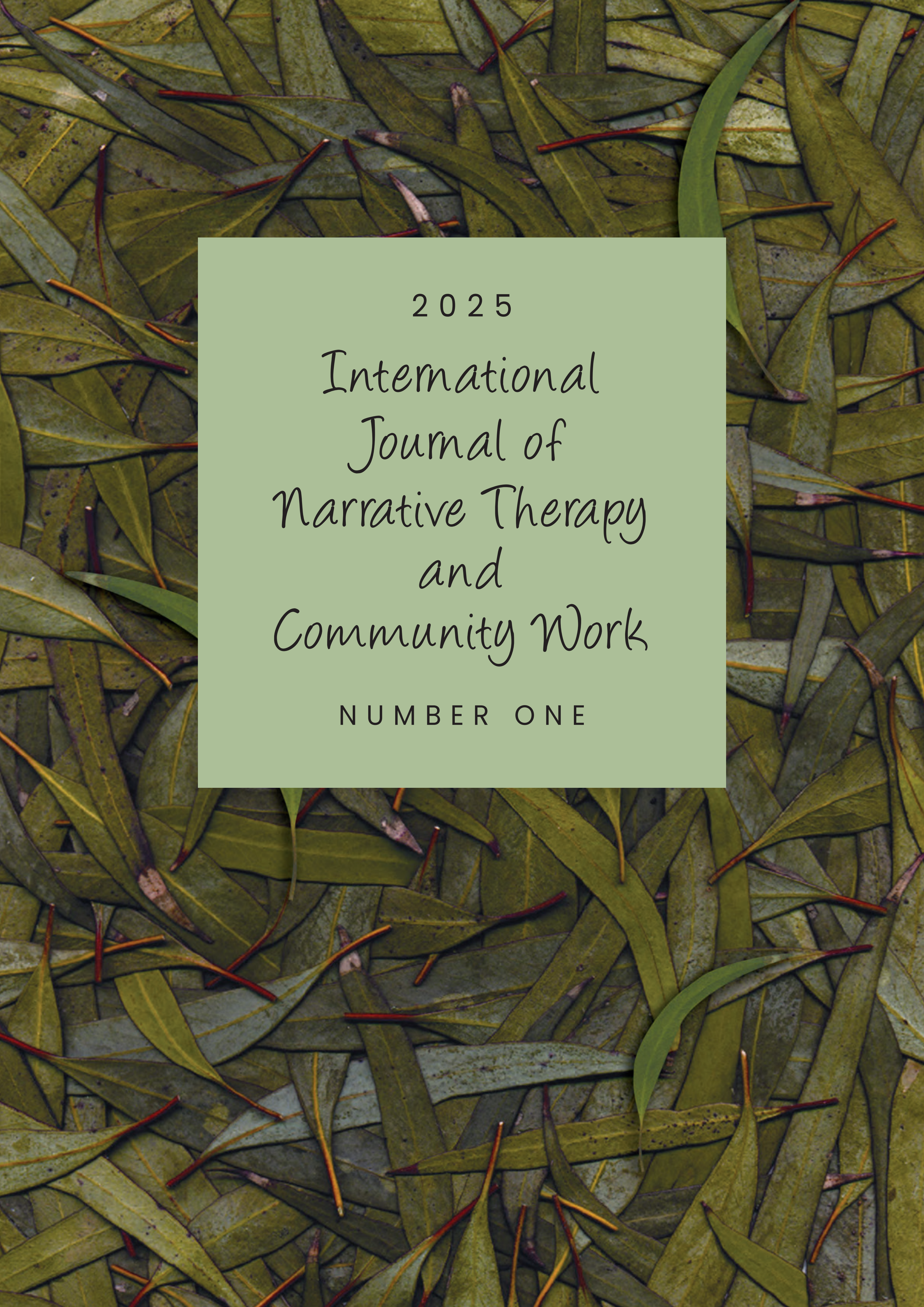

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Editorial

Dear Reader

This edition is a mosaic of stories on love, loss and legacy.

We live in times of growing uncertainty and hatred depending on where we are located in terms of geography, gender, race, religion, class, caste and more. I hope this edition speaks to you and, through you, reaches others who are experiencing profound loss or injustice.

We have introduced family narrative therapy as a theme in this issue. One of the moving stories (Abdul Ghaffar Stanikzai et al.) is that of an Afghan family navigating the complex grief of losing their loved one and their homeland. Their experiences spark reflection on how a nation's rich cultural heritage can be totalised in the wake of decades of war and conflict. Yet, even in their pain, we witness tangible and intangible legacies of resilience, hospitality and enduring love.

Families, too, can face this "unstorying" due to the effects of historical trauma and hard times. We hear stories of the powerful counter-narratives when there is a commitment to do things differently (Shannon McIntosh) and inviting wonderfulness that families can draw on during these times and as a result of adversity (Tamara Wilson). KJ Wiseheart's co-created animation work with a neurodivergent person and her family shows us how we can innovatively document apparently small moments that contain "acts of brilliance".

The peer-reviewed articles bring in diverse contexts from working with young people, critiquing our practices and weaving in spirituality with narrative ethics. Angela On Kee Tsun's article unpacks ideas of underachievement in young people and the construction of failure identities in Hong Kong. I resonate with this theme as I work with young people in India who are up against similar normative expectations. Angela explores how young people can resist the "eye of success" and surveillance and through co-research can take agentic turns towards their preferred futures. Mercy Shumbamhini describes work with a young person and their family in Zimbabwe. Her work highlights how we can break the silence around substance use and co-create paths of healing and hope with those in the margins, in this case integrating religious practices.

Ash Husband strives to democratise access to narrative therapy supervision through "Reflective Conversation Cards" in an effort to remain accountable to the people we work with. Rewa Murphy critiques the practice of extensive collection of documents kept in clinics and the effects of these on clients. And how, ironically, these very "fat files" can propagate a "thin story".

Katrina Karlapina Power and Jesse Size consider the ongoing impacts and pain of invasion and colonisation for First Nations persons, especially in light of the Australian Referendum on a Voice to Parliament. Their paper provides a call for spiritual care practitioners to attend to the effects of colonisation as well as an illustration of spiritual care conversations that bring comfort, hope and connection. Maya Sen examines the structural roots of everyday problems and social injustices, critiquing the dominance of Eurocentric approaches in mental health. These systems, controlled by those in positions of privilege, obscure the larger social and structural dimensions of mental health experiences in India. Her work invites us to decolonise our practices by responding in ways that are contextual, collective and non-pathologising.

Spiritual care and chaplaincy can be understood as joining people in the “betwixt and between” – a liminal space between stages of life. Jesse Size explores facing one’s fears head-on and the powerful metaphor of a “big-ass mirror”.

Both audio works in this edition are a treat. The first, a classic paper by Michael White, “Fear busting and monster taming: An approach to the fears of young children” (1985), is read by Hamilton Kennedy. The second, “Cultivating queer joy: A letter-writing campaign” by Aaron Patey, playfully pokes holes in oppressive narratives, demonstrating how insider knowledge can help us endure, resist and thrive despite harsh conditions.

The videos in this issue bring forth diverse themes. Belial B’Zarr and Frankie Hanman-Siegersma explore collaboration with trans people, drag performers and queer communities in the face of alt-right violence. Their “mischief” work embodies a relentless pursuit of exploration – authentic, fun and perhaps a little unhinged. Through these stories, we witness the power of finding joy in activism, refusing to let oppression “eat our soul”, and building solidarity so that we can help each other rise. “We are all we have. We are all we need.”

Annonciata Niyibizi Muhayimana’s “The Ingata of Life” from Rwanda invites us to explore metaphors that are often overlooked and dismissed, and urges us to collectivise and document local knowledges. Meanwhile, Libby Olsen’s video delves into how creative arts, visual storytelling, fashion and narrative practice can dismantle dominant discourses on gender and support preferred stories within the queer community.

It is a pleasure to bring back conversations on epistemic justice and researching delusions, with Hamilton Kennedy, interviewed by David Denborough. They draw our attention to the ethics of knowing and the significance of solidarity, care and reciprocal trust.

May these stories inspire reflection, lingering conversations and collective action.

“We are all we have and we are all we need.”

In solidarity
Shelja Sen

ABOUT THE EDITOR

Shelja Sen is narrative therapist, writer and co-founder of Children First, New Delhi. Her latest book is Reclaim Your Life *and she is also a columnist with a national newspaper,* Indian Express*. Shelja has worked as a narrative practitioner and teacher for over 20 years in various contexts in the UK and India. She is an international faculty member at Dulwich Centre Foundation, Adelaide, and a clinical tutor at The University of Melbourne, Australia. Shelja is a curator of the unique skills, expertise and know-how of the children, young people and families she has the honour of working with, and is committed to building innovative, culturally aligned, ethical practices using a feminist intersectional lens.*

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Ways narrative practices can intersect with an inclusive spiritual care approach

by Katrina Karlapina Power and Jesse Size

Aunty Katrina Karlapina (pronounced Garlabeena) Power is a proud Kaurna woman, mother and grandmother. Aunty Katrina has worked as a journalist with The Advertiser newspaper (the first Aboriginal journalist in its history), as a narrative therapist with Relationships Australia, as a cross-cultural consultant and as an artist. She is not a Christian. karlapina50@hotmail.com

Photo by Colleen-Ara Palka Raven Strangways (Arabana, Nharla Photography)

Jesse Size is a husband and father with Irish, Scottish and English roots living and working on unceded Peramangk and Kaurna Country (Adelaide, South Australia). Jesse currently works as a spiritual care chaplain across two hospitals in Adelaide and is an ordained deacon in the Uniting Church of Australia. Jesse is currently studying the Master of Narrative Therapy and Community Work program at The University of Melbourne and has been delighting in the many and varied ways that narrative practices add to and enrich meaningful spiritual care approaches. mrjessesize@gmail.com

Abstract

This paper considers the ways that narrative practices can intersect with and add richly to a meaningful and inclusive spiritual care approach. In this paper, Aunty Katrina, a Kaurna Elder, and Jesse, a spiritual care chaplain, reflect on conversations together in a hospital setting and what helped to make these occasions of mutual respect and blessing.

Key words: spiritual care; spirituality; chaplaincy; narrative pastoral therapy; First Nations; Aboriginal; colonisation; decentred; experience-near; absent but implicit; re-authoring; hospital

Power, K. K., & Size, J. (2025). Fire conversations: Ways that narrative practices can intersect with an inclusive spiritual care approach. *International Journal of Narrative Therapy and Community Work*, (1), 2–10. https://doi.org/10.4320/ZQLI4943

Spiritual care in a hospital setting involves giving attention to meaning, purpose and connectedness in people's lives (Spiritual Health Association, 2023). This offers rich points of connection with narrative therapy, which recognises that we are interpreting, meaning-making beings and seeks to join with people to explore the stories they have about their lives (Morgan, 2000). This includes considering the effects of these stories and the contexts in which they have been formed. In this paper we consider ways that narrative approaches can intersect with and add richly to a practice of inclusive spiritual care with people from differing traditions, circumstances and backgrounds. We share a story of conversations at the intersection of First Nations and Christian perspectives, and address the ongoing impacts and pain of invasion and colonisation for First Nations people. Narrative approaches were important in supporting our conversations so we could experience them as occasions of mutual respect and blessing.

Inclusive spiritual care in a hospital setting

Jesse works as a spiritual care chaplain across two hospitals. Spiritual care includes offering support for patient and staff wellbeing by companioning people confronted with death, dying, loss of meaning and aloneness among other matters. Spiritual care in this setting seeks to be an expression of inclusive person-centred care and recognises that the spiritual dimensions of life make a difference to people's experiences of health and wellbeing (Koenig, 2014; World Health Organization, 2021). In Jesse's health network, spiritual care roles are funded by Christian churches. The spiritual care team works closely with diverse faith groups and calls on community faith representatives in order to respond to the diverse religious affiliations and spiritual needs of patients, staff and volunteers. Spirituality is an important aspect of Indigenous understandings of social and emotional health and wellbeing. This can include connections to body, mind and emotions; connections to ancestry, family and community; and connections to spirituality, land and culture (Gee et al., 2014). The health network Jesse belongs to seeks to provide a holistic healing journey and recognises that all patients have the right to access traditional medicines and healing practices as part of their care. Access to ngangkari[1] services is available through the Aboriginal and Torres Strait Islander Health and Wellbeing Team of the health network.

When Jesse meets with people, he often begins with a brief introduction to spiritual care as being about honouring the really important things in our lives: the things that might be sources of hope, meaning, comfort, strength, peace, love and connection. These initial conversations often include explorations of the place of religion and spirituality and any related practices in the person's life and consider ways any of these matters might affect medical care or end-of-life decisions (Anandarajah & Hight, 2001). Explorations of these matters are regularly rich in story and meaning and will be different for each person.

Sometimes spiritual care involves traditional religious care from a Christian perspective. Jesse is an ordained minister in the Uniting Church in Australia. Ministers pray with people. They offer end-of-life rituals. They share communion with patients and their families. Many of the people whom spiritual care chaplains[2] encounter in hospital settings, however, do not identify with Christian faith and may not identify with any other faith tradition. In many ways, a meaningful spiritual care presence is enriched and supported by decentred positioning that takes very seriously the person's knowledge, experiences and expertise, while also acknowledging the spiritual care practitioner's unique understandings and experiences of life, including in relation to their location in the world of gender, race, class and culture (Denborough, 2019).

Fire conversations: Moving from problem stories to re-authoring conversations

Aunty Katrina, a Kaurna Elder, had been brought into hospital by family members who were concerned about her wellbeing. Aunty Katrina didn't like being in hospital, but she understood that bringing her there was an act of love. And she loved them for it.

Jesse received a request from nursing staff to visit a non-Christian First Nations patient. He met Aunty Katrina. Very early in their conversation, Jesse was quick to check in about whether he was the support she wanted at this time. This checking in was important in terms of acknowledging the political nature of therapeutic work and the power position of the practitioner. Some of the power, privilege and safety considerations that existed within this encounter included:

- Jesse’s positions as a white, middle-class, educated, able-bodied, cisgender, ordained Christian man
- Jesse’s location as part of an ancestral line that has benefited from and participated in the colonial project of the British government – a project that has involved invading, occupying and displacing the Kaurna people, devastating connections to family, culture, language, spirituality and more
- Jesse’s entanglement in larger stories of mainstream health, inpatient psychiatry, religion and church, which are layered with various kinds of power and privilege; these entanglements shape what is seen and looked for and mean all kinds of things to people depending on their own memberships and histories.

Aunty Katrina chose to meet with Jesse. An important context was the collective experience and political weight of the 2023 Referendum on a Voice to Parliament, which had taken place before we met. The Voice referendum proposed First Nations recognition in the Australian Constitution alongside processes by which Indigenous peoples would be able to make representations and provide advice to Parliament and the Executive on matters that affect Aboriginal and Torres Strait Islander peoples. The debate brought an increase in racism and discrimination towards First Nations people and was highly distressing for many. The referendum did not pass (see Australian Associated Press, 2024; Basford Canales, 2023; Tingle, 2023; Wilkes et al., 2024).

When Aunty Katrina spoke about why she was in hospital, she said she had a problematic case of *Post-Referendum Trauma Disorder.*[3] At another time in the conversation, Aunty spoke about the *Colonial Virus*. Aunty Katrina had come up with these names herself.

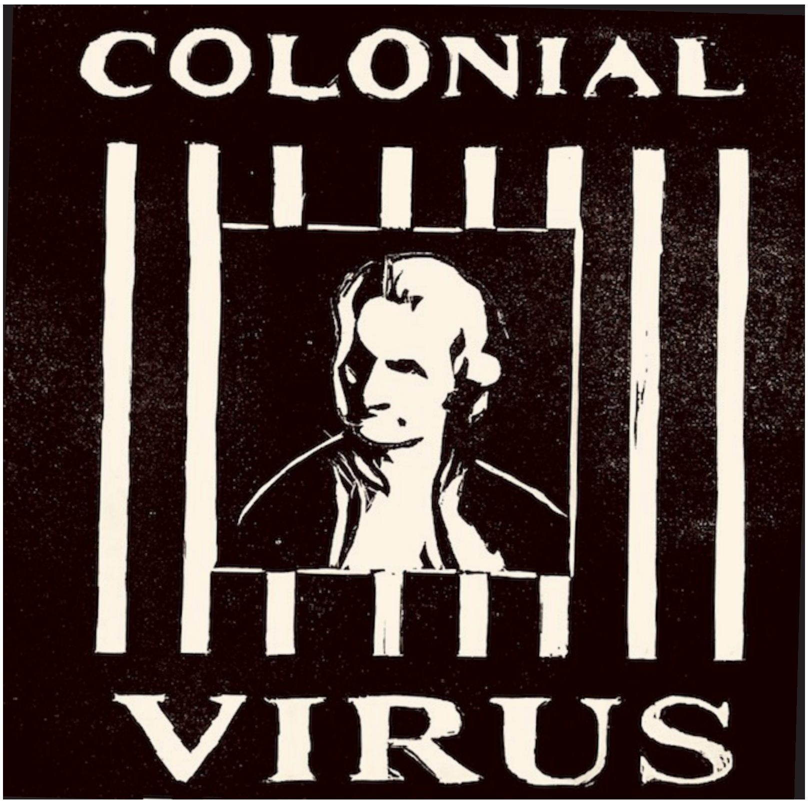

Figure 1: “Colonial Virus” – original lino cut art by Aunty Katrina Karlapina Power

The language Aunty Katrina used offered us opportunities for externalising conversations. Drawing broadly on the four categories of inquiry from the statement of position map (White, 2007), we sought to chart Aunty Katrina’s experience of Post-Referendum Trauma Disorder and the Colonial Virus. Here are some of the questions Jesse asked:

- Does Post-Referendum Trauma Disorder arise more in particular places or situations?
- Do any mental images or pictures come to mind about it?
- How would you describe the symptoms and effects of Post-Referendum Trauma Disorder?
- Does it impact how you see yourself?
- Does it affect your hopes and dreams?
- What other effects does it have?
- Where do you stand on the effects of Post-Referendum Trauma Disorder?
- Why is it not okay for you?
- What does Post-Referendum Trauma Disorder reveal about what is most important to you and what you hope for the world? For your own life?

Symptoms of the Colonial Virus included honest and sorrowful awareness of the ongoing impacts and pain of invasion and colonisation alongside an uncomfortable and persistent feeling of hatred and suspicion towards white people (an “angry, hating heart”). As part of our conversations, Aunty Katrina said to Jesse, “I’ve never hated white people. But I feel a lot of that right now”. This wasn’t okay with Aunty Katrina. Love for all, irrespective of whatever differences exist between people, was really important to her. The larger effects of the Colonial Virus meant that at this time of her life, Aunty Katrina just “wanted to be swallowed up by the earth”.

Throughout this conversation, Aunty Katrina clearly articulated the causes and effects of the problem. This included acknowledging the "impact of racism and the intersections of oppression and disadvantage" and how they influence "the labels or diagnoses that Aboriginal people receive" (Drahm-Butler, 2015, p. 29). Aunty Katrina communicated this through considerations of the broader political context of her lifetime alongside her experiences during and after the Referendum on the Voice to Parliament:

> I was the first in my family not born on a mission; the first generation not born in custody. I was born with no voice. The 1967 Referendum[4] gave us voting rights and then 56 years later, the majority of Australians declared by virtue of this referendum that they do not want us to have a Voice. It's official. During and after the referendum, I felt gagged and silenced.

This was also communicated through stories grounded in recent experiences. In one story, Aunty Katrina spoke about a time that included the tender act of returning the ashes of her beloved brother Pete to the earth. During this significant moment, a non-Aboriginal couple interrupted asking for directions. Aunty Katrina, clearly upset, tried to explain what was taking place, imagining that the couple would apologise and respectfully give them the space they needed. Instead, they simply persisted in asking for directions, either ignorant or unmoved by the gravity of the situation. For Aunty Katrina, this story was an example of grief compounded, grief interrupted and desecrated – a sacrilegious act. Aunty expressed that "even within death we are invaded". Aunty Katrina said that this was not an isolated story but rather the kind of experience that was emblematic of the pain that has come to Aboriginal families and communities because of the Colonial Virus. Aunty Katrina described the way the Colonial Virus is like a funeral carousel of tragic premature deaths:

> Low life expectancy. Highest infant mortality. Highest baby removal. Lowest education. Highest incarceration in juvenile, women's and men's jails. Highest suicide rates. And we hunting for money for funerals and in between funerals, we're looking for money for the next funeral. The funeral carousel never ends. We sit in so much Mob grief that we hardly know which fulla we're crying for. The carousel has been turning nonstop for us for 237 years.

In these ways, Aunty Katrina linked Post-Referendum Trauma Disorder and the Colonial Virus to broader social histories, practices and relations of power. The problem was political.

Stories like this one shaped Jesse's posture as a listener and receiver of Aunty Katrina's stories. Jesse did not want to be ignorant or unmoved. Jesse wanted to show deep respect for Aunty Katrina's experiences. This was especially important in a setting of inpatient psychiatry where determinations of wellbeing are assessed by professionals according to diagnostic criteria. Patients can often experience a sense of disqualification, stigma and marginalisation (White, 1997). It was important that Aunty Katrina's stories and her interpretations of the problem were taken seriously. This meant placing Aunty Katrina's expertise, knowledges and skills at the centre of the conversation.

During our conversation, Jesse asked Aunty Katrina about what Post-Referendum Trauma Disorder revealed about what was most important to her, what she hoped for the world and for her own life. This was a way of exploring the *absent but implicit* (Freedman, 2012). Throughout the conversation, Aunty Katrina spoke about the significance and gravity of love in her life. Aunty Katrina spoke about her name, Karlapina, which means fire, or lover of fire. Aunty Katrina shared ways she had brought her fire into all kinds of places – working as a journalist, working as an activist/truth-teller, working within social and emotional wellbeing and so on. The fire in Aunty Katrina's belly was clear when she spoke about her care for children, whether from her own family or a little one in Palestine. Jesse tried to pay attention to words that seemed to capture things that were precious to Aunty Katrina. Some of her statements included: "Love is everything." "Love is as strong as death." "Love is the umbilical cord."

This image of an umbilical cord of love especially struck Jesse, and towards the end of their time together, Jesse invited Aunty Katrina to hold this image alongside her description of the hating, angry heart. While holding this image, Jesse also brought together two other stories from our conversations that struck him as unique outcomes. Aunty Katrina spoke about how identifying these unique outcomes, including feeding back the warmth and generosity Jesse himself experienced from Aunty Katrina during this conversation, were important reminders of her capacity to overcome parts of the problem story. Aunty Katrina was able to hold this umbilical cord, following it all the way back to Love. She had done it before; she would do it again.

When Aunty Katrina told Jesse this, he thought it would be important to capture and write down some of the words that Aunty Katrina had shared in a letter that he could give her after their conversation. Jesse wanted to do this for a few reasons:

- to acknowledge the difficult experiences that had contributed to her experience of Post-Referendum Trauma Disorder
- to honour Aunty Katrina as the primary author and expert of her life
- to include some questions drawing on the strong story of fire in her life as a way of allowing Aunty Katrina to reflect further on what is important to her and what might be helpful for her at this time.

Jesse included some re-membering questions that might help develop or make more visible the strong story in Aunty Katrina's life.
Here is an abbreviated version of the letter Jesse wrote.

Dear Aunty,

Thanks for the opportunity to meet with you today. I found it incredibly rich to meet with you and I honour the way you brought both the hard and the beautiful stories from your life.

You shared about different ways you'd experienced grief interrupted, desecrated and compounded. You spoke about experiencing Post-Referendum Trauma Disorder. And you spoke about your heart and the way it feels hate and anger at this time.

You spoke about how it feels to carry this heart with hate and anger, about how it doesn't feel good. I wonder if you've got a name you could call this experience?

You said something like, "I've never hated white people. But I feel a lot of that right now". I wonder what other effects this heart with hate and anger are having at this time?

You spoke at other points about the significance and gravity of Love in your life. You said things like:

> "Love is everything."
>
> "Love is as strong as death."
>
> "Love is the umbilical cord."

The image of an umbilical cord of love really struck me. It seemed like you were saying that you were always tethered to Love, even if you didn't always feel like you were right in the centre of it. You seemed to know there is always a way back to Love if you traced the umbilical cord.

I mentioned this during our time together, but you also expressed so much warmth towards me during our conversation. You seemed really connected to care towards me (a white fulla!) during our time together. Thank you for your warmth.

Speaking of warmth, you shared about the meaning of your name, Karlapina, which means "fire" or "lover of fire". You shared about how you've brought your fire into all kinds of places – in your work as a journalist, in your work as a truth-teller. I sensed the fire in your belly especially when you spoke about your care for children, whether from your own family or a little one in Palestine.

Here's some questions that came to mind[5]:

- Where did your fire (or love of fire) come from?
- Did some of it come from people who went before you?
- If so, what do you think it might mean to them to know you are carrying this fire?
- Who else wouldn't be surprised by the way you carry fire the way you do?
- Are there others that join you in tending the fire?

Figure 2. "I Mourn" artwork by Aunty Katrina Karlapina Power

Jesse printed this letter out and handed it to Aunty Katrina at the hospital a few hours after their conversation. Jesse didn't sit with Aunty Katrina and read it to her, which might have been helpful, but instead left it with her hoping the questions would be helpful for future conversations. At a later time, Aunty Katrina spoke about how she misplaced the letter and asked if Jesse could print out another copy. She spoke about how she wanted to be able to keep reflecting and journaling on the themes and questions over time. This became part of our spiritual care conversations. After each meeting, Jesse would write a brief letter with some questions that Aunty Katrina could either talk about with Jesse or use as part of her own reflection. This helped Jesse to maintain a decentred position – Aunty Katrina could choose what she shared but could also reflect without Jesse.

In our next conversation, we picked up some but not all of these themes, instead focusing more on Aunty Katrina's longing to be "swallowed up by the earth". Aunty Katrina spoke about how wanting to be swallowed up by the earth reflected a sense of being worn out by grief and sorrow. Having heard Aunty previously describe the land as mother, Jesse asked Aunty if some of her language spoke to a deeper longing, something like a desire to be embraced and held by a mother during a difficult time. Aunty said this was a really helpful connection and spoke about Country as a source of care, nourishment, comfort and strength. She recited a beautiful poem that she had written, a rewording of Psalm 23. Instead of speaking as the Lord as my shepherd, she spoke about "The Land is my mother…"

THE LAND IS MY MOTHER

The Land is my Mother
I shall not want.
She maketh me lie down
In Sacred soil, on Sacred ground.

She leadeth me to the hills and the
mountains and the rivers and the seas.
She restoreth my soul.

Yea, though I shall walk through the valley
of the shadow of Invasion,
I will fear no evil:
For my Mother is with me.
Her womb and her breast they comfort me.

She created a circle in the presence
of mine enemies
and she anointed my head with ochre
and with leaves.
My coolamon[6] runneth over.

For her love and her kindness shall follow me
for all the days of my life:
and now I will dwell in her womb forever.
The wonderful, glorious land,
The Land that is my Mother.

I am not asleep.
I am not dead.
I am alive and awake in my Dreaming.

(Katrina Karlapina Power © 2010;
published in Amery & Power, 2019, p. 57)

Here was Aunty, sitting with a member of clergy, re-authoring a famous biblical text so that it spoke powerfully from her own knowledge, culture and spirituality – offering a response to the missionary story that has been part of the history the church and its role as an agent of colonisation.

All of this strengthened the double-story development about the longing to be swallowed up by the earth, words that helped name the pain and struggle in her life, but also pointed to where Aunty Katrina knows she can find strength and restoration. Aunty spoke about earth as a safe place, a place of sustenance: land is about connection; land is medicine; to return to land is to return to love and life and hope. Aunty also spoke in beautiful ways about her strong story (Drahm-Butler, 2015), which, from our first conversation, included ways she had brought fire into all kinds of places throughout her life and the times in her life that she had found her way back to love. Jesse's double-listening to the themes of injustice and despair within these stories provided opportunities to explore Aunty Katrina's conceptions of the world, her hopes, dreams and visions for the future and for cherished values to become more richly described.

In later conversations, Aunty reflected back to Jesse her own gratitude for their meeting together:

> Jesse, God and Ancestors are well and truly in alignment. I am so grateful our paths crossed cos you don't know how many "pastors" I rejected on first contact. I am at peace with you talking about "God" now.
>
> You have captured our conversations in a most profound and beautiful way. I feel deeply heard; soothed. And respect reflected in your words. I feel the "psychiatric chasm" and the force of my sorrow alongside the depths of my empowerment in all of it. Old fullas told us "white fullas got no ears" and you, Jesse, have taken the words from my mouth and relayed them with your ears. You brought volume to my truth and tears of pride to my eyes. You have this grandmother, mother and holy daughter's blessing.

Aunty's warm feedback reiterated for Jesse the significance and importance of the narrative approaches used within this spiritual care relationship, especially in the way that Aunty articulated that she felt the acknowledgment of the difficult aspects of her experience ("psychiatric chasm", "force of sorrow") alongside her empowerment. In our conversations reflecting on these times together, Jesse and Aunty Katrina each appreciated the positioning of Aunty as the one who bestows blessing – an act Christians might expect from clergy, here enacted by Aunty with generosity and warmth. Both Aunty Katrina and Jesse would ultimately describe these conversations together as occasions of mutual respect and blessing.

In a letter written by Jesse to Aunty Katrina, he described what it had been like for him sitting with fire (Karlapina):

> You've shared about the passion and purpose that lives deep in your being. I've felt the warmth, but I've also felt the gravity. It's like being on holy ground, sacred Country. Something that needs to be honoured, respected. You speak truth. You trace important histories. You share strong stories – stories of resistance, stories of survivance (Vizenor, 1991). With each word, you carry both your own fire and the fire of those who have gone before you. Thank you for sharing your warmth in strange places like hospitals, and of course with your Grand Fires[7] and others. It has been an honour, Aunty, and I'm grateful there's more to come.

Part of the significance (and blessing) of these conversations for Jesse included the invitation to grapple with, among other things, a greater awareness of the effects of colonisation. Aunty Katrina shared significant reflections on what it meant for her (and others) to be in hospital: "We see hospitals as a cemetery. We don't expect people to come out or get better". As a result of these times of meeting together, Jesse was invited to consider more deeply matters of cultural safety for patients and what it means to honour and receive stories of grief. Jesse keeps thinking, as a non-Aboriginal person, about ways in which the Colonial Virus might keep him ignorant and unmoved and how he might find his way into greater love.

Conclusion: Intersections between narrative therapy and spiritual care in a hospital context

Spiritual care conversations seek to explore the things in people's lives that offer hope, meaning, comfort, strength, peace, love and connection. In this paper we have described ways in which a meaningful and inclusive spiritual care presence can be enriched and supported by narrative practice. In these conversations, narrative approaches allowed Aunty Katrina's expertise, knowledges and skills to be placed at the centre of the conversation. Generating experience-near descriptions of the problem and being able to locate these problems within broader social histories, practices and relations of power were important narrative approaches that supported Aunty Katrina to map out her experience. Re-authoring conversations that included exploring unique outcomes supported Aunty to find her way back to her cherished value of love. Double-story listening and explorations of the absent but implicit provided opportunities to richly describe Aunty Katrina's sources of sustenance alongside her hopes and dreams for the future.

These conversations have been significant for Jesse. As a result of these narrative and spiritual care conversations, Jesse has become other than who he would have had he not been present to witness these expressions (see White, 2004, p. 50). Aunty gave language to a larger problem and helped Jesse to see the impacts of Post-Referendum Trauma Disorder and the Colonial Virus. Jesse keeps thinking about the effects of the Colonial Virus on his own life and how it continues to touch the lives of those he encounters in the hospital and beyond.

Notes

[1] Ngangkari is the name used by the Aṉangu people of Central Australia for traditional healers. Ngangkari address physical, psychological and spiritual problems (Poroch et al., 2009).

[2] Not all chaplains are ordained ministers.

[3] A reviewer of this paper, Tileah Drahm, suggested that perhaps Jesse could or should have further negotiated this naming away from the concept of Post Referendum Trauma *Disorder*, which might imply an internalised problem, and instead towards something like Post Referendum Trauma *Experience*. We discussed this together and Aunty Katrina wishes to clarify a few things:

> When we first met, I was robust in my terminology and Jesse had zero steering capacity to influence it. He knew on "first contact" that if he attempted to change this naming, I would have terminated the relationship and questioned his narrative competence in positioning himself as naming expert on this problem in my life. My dual intention in using "disorder" is to invite curiosity and shift invader descendant/white privilege comfort and thinking. In this naming of Post-Referendum Trauma Disorder, which was birthed during my hospital stay, I was using oppressor language to spear the DSM-5, which is pathology's label bible.
>
> Language is power in anyone's language, and I've hunted and gathered a whole Coolamon [see note 6] full of white man words as a shield and vaccination against oppressor speak. The reviewer's suggestions brought good questions to me. Is there violence or evocation in my words? Is the strategic use of language an assault on my own ears? Is privileging "disorder" a sign that my Coolamon is only half full? Would privileging "experience" be "word" suicide to me? Why does changing one word feel to me like ceding sovereignty? At the same time, just looking at the word "disorder" is an assault on the eyes and an insult to the mind, while "experience" is inviting, inclusive and gentler on the eyes.

Good questions that we thought we would share with you, the reader!

[4] The 1967 Referendum amended the Australian Constitution to allow Aboriginal and Torres Strait people to enrol to vote in all state and federal elections. Over 90% of Australian voters supported this change (see Attwood & Markus, 2017).

[5] There were more questions than those listed here. In hindsight, Jesse thinks there were too many questions, but Aunty found her own way of responding.

[6] A Coolamon is an Australian Aboriginal carrying vessel or dish with curved sides. The word Coolamon is derived from the word guliman in the language of the Wiradjuri.

[7] Aunty Katrina's name for her grandchildren.

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Double-story development in contexts where injustice is ongoing:

Learnings from practice

by Maya Sen

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Abstract

This paper explores challenges posed to double-story development in situations of ongoing injustice. Located within the Indian context, it proposes various narrative practices to address these challenges and facilitate re-authoring. The paper examines two key practices: contextualising stories and narrative explorations of the body. Additionally, it demonstrates how different narrative maps – externalising, deconstruction, re-authoring, re-membering and body-based narrative practices – can be interwoven to respond.

Key words: double story; body; somatic; trauma; injustice; post-traumatic stress; PTSD; India; narrative practice

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I work as a narrative therapist in private practice in Kolkata, India, meeting with young people and adults from varied social locations. Along with meeting clients directly through my practice, I often collaborate with nonprofit and community organisations that work with young people and women experiencing varied forms of marginalisation and violence. This means that I am witness to rich and diverse stories. Though there is great diversity among the stories I hear, a theme that is often present is “injustice”. Injustice is known by different names: unfairness, toxicity, abuse, *anyay*, *otechar.*[1]

In this paper, I set out some of the ways that injustice is perpetuated in the Indian context, and how stories of injustice can be obscured in mental health settings that focus on individual pathology. I look at some of the challenges to double-story development in this context, which may be relevant to other situations where structural depravation makes preferred stories hard to find and to hold on to, and in which freedom from trauma and injustice is often unavailable. In response to these challenges, I offer practices that I have found helpful. These include questions that help to situate individual stories in their wider contexts and engaging with the body in ways that are congruent with narrative ways of working.

I begin by describing how injustice shows up in my context and the discourses and material conditions that sustain these experiences. Though there are many stories of resistance to these discourses within our culture as well, I begin by painting a picture of what participants are up against. I have grouped experiences of injustice into two broad categories:

- injustice in public spheres and institutional spaces
- injustice in interpersonal spheres.

Injustice in institutions and public spaces

The people I work with face various forms of injustice and violence in institutions like educational settings, workplaces and residential homes.[2] These institutions are crucial for accessing basic resources like financial security and health care, but surviving within them often requires people to meet neoliberal standards of success, productivity and discipline. For instance, in India, board exam scores determine college access, creating immense pressure for participants from early schooling years. Adherence to these standards is often maintained by coercive forms of discipline and behaviour management. However, within institutional spaces these operations are often covert and invisible. Since people are dependent on these spaces for their survival, it becomes difficult to overtly resist this, leading to further normalisation of these harmful practices.

Discrimination on the basis of caste, class, race, gender, religion, ethnicity and sexuality is embedded in how these institutions function and further compounds experiences of injustice. For example, in residential homes, disciplinary practices are based on the idea that certain communities need more disciplining than others. This leads to extreme surveillance and control over young people from marginalised communities. In education and work, proficiency in English (although English is a second language for most in our context) often ensures better job prospects, reflecting caste and class discrimination. In workplaces, normative performance standards leave those with disabilities or neurodivergence struggling to sustain their livelihoods.

The politics of gender and sexuality frequently intersect with experiences of institutional violence. The sexual violence and harassment faced by women and queer communities in public spaces is a common theme in my practice. Commercial sexual exploitation and sex trafficking is another example of how patriarchy and capitalism sustain institutionalised violence, especially for young people in marginalised spaces. In rural areas, extreme poverty drives youth to seek employment away from home, putting them at risk of trafficking. In severe cases, families may sell daughters into sex work, influenced by patriarchal beliefs that view them as disposable. Women are sometimes trafficked by their partners or in-laws after marriage.

Along with the intersections of gender and institutionalised violence, another theme that shows up in my work is widespread political neglect, fundamentalism and corruption, which are pervasive. This seeps into the day-to-day lives of the people I am working with, obstructing access to basic rights. This creates an overall sense of disempowerment and disillusionment for people. It also exposes many to everyday risks and safety threats. This can encompass a wide range of experiences, from job opportunities being contingent on the ability to pay bribes to the absence of legal support in cases of violence, as well as politically sanctioned violence against religious minorities.

Injustice in Interpersonal spheres

In my practice, I often hear stories of injustice within family units, romantic relationships and marriages. This takes the forms of physical violence, sexual abuse, emotional abuse and neglect.

Injustice in the family

In the Indian cultural context, filial piety demands respect for elders, creating a culture in which authority figures cannot be questioned. This is often sustaining of violence within families. Authoritarian childrearing practices, with a focus on discipline, often result in corporal punishment being culturally sanctioned, despite legal protections. Many clients I have worked with, and with people I have been in community with, have experienced some form of corporal punishment in their early childhood years. The joint family structure, prevalent in many regions, creates spaces for multiple sites of violence and abuse.

Legacies of partition and colonisation also lead to experiences of intergenerational trauma perpetuating cycles of violence in the current generation. People of the current generation often complain that their parents have been able to provide for them in terms of duty but have not been able to attend to their emotional needs. Explorations have often traced this back to the material conditions of previous generations, which created very little time and space for things other than meeting survival needs.

Beyond individual experiences, families and communities facing chronic stress due to economic and social pressures may be more vulnerable to violent ways of interacting with one another due to pressures on emotional and material resources.

Even within family spaces, where you stand in terms of social location determines your experiences of injustice. There are particular ways in which gender-based violence shows up in the Indian family context (Sen, 2021). Patriarchal discourses lead to a preference for male children, leading to covert and overt gender-based violence for girls. Many female clients recall their parents expressing regret over their birth or wishing for sons instead, resulting in neglect and increased vulnerability. These norms also create conflict between mothers and daughters with women's survival in the family sometimes depending on having a son. Women who have daughters are often subject to varied forms of violence within the family unit.

Patriarchal ideologies enable sexual abuse to persist by tying family honour to the behaviour of women. Family members are often recruited into prioritising reputation and family ties over the experience of survivors. Survivors face shame, silence and victim-blaming and are often pushed into maintaining relationships with those who have caused harm to preserve family honour and ties. Sexual violence is often seen as a burden women must bear.

The stigma surrounding sexuality prevents open discussions about sex, sexual health, violence and consent, leading to many aspects of this remaining unstoried. This often leads to limited understanding of issues of sexuality and sexual health and the persistence of misconceptions. For example, in some spaces there is a misconception that sexual assault only happens to women. This has led to cisgendered men and trans people having their experiences with sexual violence erased. Heteronormative discourses also shape these spaces, further subjecting LGBTQIA+ clients to specific forms of injustice. Their identities often place them at risk of violence or force them to conceal their preferred identities to maintain social connections. These factors and discourses sustain violence within the family unit in our context.

Injustice in marriage and romantic relationships

I work with many young women experiencing intimate partner violence and domestic violence. Most of the clients I have worked with have been in heterosexual relationships. Romantic relationships and marriages are also governed by specific discourses that sustain violence. Along with patriarchal norms, marriage is seen as an essential milestone in our culture, and compromise and sacrifice are seen as prerequisite to making marriage work. However, the burden of compromise and adjustment usually falls to women (Bhargava, 2022). Discourses of romantic love further perpetuate this, with the notion that if a woman is "good enough", she will be able to fix any problematic behaviour in her partner. This creates a situation where women are conditioned to tolerate various forms of violence in romantic relationships. These ideas are reinforced by the media, where films often portray pursuing a romantic relationship with a woman despite her repeatedly saying no as romantic, rather than a violation of boundaries.

The concept of consent within romantic relationships and marriage is deeply shaped by patriarchal discourses of ownership. Marital rape remains unrecognised in law in India, reinforcing the idea that marriage grants husbands sexual entitlement over their wives. A recent high court ruling reaffirmed this, stating that sexual intercourse by a man with his wife, as long as she is aged over 18, cannot constitute rape (Hindustan Times, 2024). These legal and cultural norms make it difficult for women to assert bodily autonomy within marriage. Additionally, many women in India are expected to live with their in-laws after marriage, exposing them to further forms of violence.

For queer people experiencing intimate partner violence, access to legal and social support is often limited and places them at further risk of discrimination. This creates increased isolation and vulnerability while responding to harm.

How injustice is storied in mental health spaces

Though these experiences reflect broader systemic contexts, they are often labelled as trauma, PTSD or C-PTSD (complex post-traumatic stress disorder) within mental health spaces in India. The dominance of Eurocentric models in mental health practice, along with the power and privilege held by those shaping mental health knowledge in India, lead to obscuring the larger social and structural dimensions of these experiences. When this interacts with cultural discourses and material realities, it can further complicate how these experiences are storied.

A narrative framework helps me step out of these discourses and find a way to respond that acknowledges these broader contexts. Some key narrative principles that have been relevant to my context of work are:

- understanding that our lives are multi-storied
- an ethic of collaboration and decentred practice (White, 1997)
- understanding that people are not passive recipients of hardship (White, 2007)
- an ethic of resistance (Reynolds, 2008), which is a refusal to erase the broader context of this work, insisting that suffering be understood within its social, political and historical realities
- honouring local knowledges and acknowledging clients as experts in their own lives.

Double-story development in the Indian context

Double-story development has been immensely helpful in navigating these terrains. It has been meaningful for participants to be able to see and story accounts of resistance and reclamation[3] (see Pederson, 2015; Wade, 1997; White, 2007, Yuen, 2007, 2009).

However, I started noticing that in certain conversations, double-story development was not happening as easily or participants were not finding the process as resonant.

Initially this prompted me to question my skills; however, on analysing this further, I noticed that many Indian practitioners were having similar experiences.[4] When we reflected together, it became apparent that for most of the people who we are working with, injustice is ongoing. They remain in contexts where violence and abuse are sustained, or they are subjected to everyday forms of injustice and marginalisation that compound initial experiences. Their social locations make it hard to move away from the injustice and its effects. Their contexts do not allow for immediate resolutions to their problems or immediate pathways to safety.

For many people in our context, the questions they come into therapy with are not so much connected to explorations of identity, but rather a hope to find pathways for support with their struggles. A client I worked with once remarked, “I know I am strong and capable, but I do not care about that. I just want the problem to stop”.

Therapy work in the Indian context happens in the midst of structural deprivation. When mental health issues are storied in individual terms, the need for intersectoral collaboration is obscured. In addition, in a low-resource setting, there are limited options for mental health organisations and practitioners to collaborate with other sectors. Practitioners struggle to connect participants to supportive services that can help respond to their needs.

Kai Cheng Thom (2022) has written about how colonial modes of therapy focus on how the goal of healing should be a return to safety. However, a return to safety is not possible for everyone.

Caleb Wakhungu’s “riverbank position” (see Denborough, 2019a, pp. 201–202) suggests a different vantage point from which to view a problem, rather than being immersed in its waters. The rivers in the contexts I am working in are not characterised by gentle waters, but are instead filled with rapids and currents. This can make it challenging to reach or consolidate the banks. It can be really hard for participants to locate and sustain preferred stories in contexts where problems are actively reinforced. This affects the process of double-story development in specific ways. Ongoing experiences of injustice can:

- cloud preferred stories and make them hard to find
- rob preferred stories of significance
- make these stories hard to hold on to
- make the process of engaging in double-story development difficult due to experiences of extreme distress.

In spite of this, it has been important for us to find ways to move towards double-story development as this is often a territory of hope and possibility that enables us to locate local solution knowledges and resources that can help with the effects of ongoing injustice.

Decolonial practice (polanco, 2013) in our context has required specific ways of attending to the re-authoring process. In some cases, the process of double-story development cannot be as straight cut or linear. This has led me on a quest to co-create different ways of responding with clients. The aim of these explorations has been to co-create a safe-enough territory with participants in contexts where absolute safety may not be immediately accessible and riverbanks might feel out of reach.

The subsequent sections highlight some ways I have found to respond to this:

- contextualising stories in situations where discourses perpetuate the effects of injustice
- engaging in narrative explorations of the body as entry points into re-authoring.

My use of these practices is still at an exploratory stage, and I am hoping that putting these together opens up opportunities to have further conversations about these realms.

I have collaborated with a number of clients to put together this paper. Some have been comfortable sharing their experiences whereas others have agreed to me sharing the processes involved in our work together but not their stories. I have written the subsequent sections with their confidentiality in mind, focusing on my learnings from practice rather than the details of their stories.

I also want to acknowledge that therapy alone is not always a complete response. There are practices of collective resistance and storying collective support that have helped respond to the systemic challenges presented here; however, this paper primarily focuses on double-story development (Anonymous, 2021).

Contextualising stories: Exploring trauma discourses

I meet with people who have experienced extreme hardship. In spite of this, many report feeling that there is something wrong with them for the way they are experiencing the hardship. When trying to make visible their stories of resistance, I often hear statements like:

> It wasn't such a big deal.
> I should be over this by now.
> I should have done better.
> Other people would have handled it better.

This alerted me to the pervasive effect of trauma discourses and how they end up warping stories about injustice and resistance. These discourses often keep participants away from preferred territory.

This connects to White's (2001) ideas about trauma and identity. White described how recurrent trauma can corrode a person's sense of self and lead them to believe that they are fundamentally flawed, rather than recognising the broader structural injustices that shape their experiences.

Mehdia was brought to me because of school refusal. She and her sister were found playing by the local train tracks instead of being in school. On speaking to Mehdia, I found out that her teacher would beat the students if they did not do their work correctly. Mehdia tried telling her parents but they did not understand. The community did not have many schools and it would have been hard for Mehdia's family to find another educational setting. Based on all these factors, she and her sister tried to stay safe the best way they knew how. They would go to the train tracks during school hours and come back and tell their parents they had gone to school. She shared, "if I did something wrong and I was scolded, I would always cry; however, I did not shed a single tear when the teacher hit me, even if it hurt". The school authorities labelled her actions a conduct issue; her care team spoke about problems of emotional regulation. In both cases, Mehdia's intentional steps towards keeping herself safe in a setting where she had limited access to resources were seen as resulting from individual deficits.

How a phenomenon is storied determines how we respond to it. A narrative therapy framework allowed me to listen differently to Mehdia's story. I was able to notice how Mehdia's experience of injustice was getting storied in ways that were individualised, pathologised and medicalised, erasing the context of broader systemic injustices and oppression. This happens both in helping spaces (like mental health systems, social welfare spaces, legal systems) and the community at large. The language of post-traumatic stress disorder in itself positions the effects of trauma as a sign of maladaptive functioning (Reynolds, 2020).

Effects of these discourses

These discourses have overarching effects. Firstly, they downplay and normalise injustice and oppression, often tied to politics of power and privilege. Those with more power within systems can frame situations to uphold the status quo. For instance, in Mehdia's story, school authorities had more power and privilege due to age and economic resources, leading to corporal punishment being justified while her perceived truancy was deemed deviant. Dominant discourses about discipline and authoritarian childcare practices led to the normalisation of corporal punishment.[5] These discourses also turn the gaze on the person experiencing hardship, aligning with Foucault's analysis of modern power and White's work on normalising power (White, 2007). Coercive power is overt and identifiable, while normalising power is covert and insidious. The site of violence is hidden, putting the focus on the subject of violence. For example, when I work in childcare institutions, many young people express great anger towards the authorities (often labelled as "outbursts"). This was overtly visible; however, the coercive effects of institutionalisation were hidden in the shadows.

This also reflects ideas of effective action (White, 1997). Effective action is the ability to reach our goals in a timely and ordered fashion. What constitutes healthy coping in the face of trauma is often storied along these lines. However, this does not take into account that our ability to perform effective action depends on our access to power and privilege. Most folks responding to difficult situations find themselves in situations where they do not have access to means to respond appropriately. For example, Mehdia was a young person with limited access to resources and information. Due to her family's economic situation, she knew transferring schools was not an option for her. Though skipping school and playing on the rail tracks was not a safe alternative, she navigated the situation in the best way she could. Discourses around effective action and mainstream trauma work also assume that a return to safety is possible for everybody. However, within contexts of marginalisation, safety is not accessible in the same way for everyone (Thom, 2022).

Trauma discourses also reflect discourses of victimhood that obscure possibilities for resistance. For example, the way the authorities responded to Mehdia clouded stories of agency and skill.[6] They missed out how she had found a way to keep herself safe and the values she held on to in not crying even though she was hurt (see Yuen, 2007, 2009).

Considering these discourses, it makes sense that people might find the concept of resistance hard to engage with. These discourses result in folks feeling like they haven't really experienced anything. When they feel like they haven't really gone through anything, it can be really hard to make meaning of actions that come as a response. For example, the violence experienced by Mehdia was completely erased in how her story was conceptualised. Without being able to name the context of violence, it can be hard to story her actions as protective. This, in turn, creates a situation where the voice of distress is all that folks can hear.

A map to contextualise stories

As discussed above, when the context of injustice gets obscured, it becomes very difficult to story resistance and quieten distress. The way the authorities responded to Mehdia made her feel she was being labelled a "naughty child" though she was trying to protect herself. Much of my work with Mehdia focused on thickening her understandings around this and bringing the context back into the picture. The actions that she took were explored in light of that context. This involved questions like:

- What got in the way of going to school?
- What did going to the rail tracks enable for you and your sister?
- What helped you think of this?

Through these explorations, Mehdia was able to reframe her actions from a different perspective.

Instead of viewing them as conduct issues, she could acknowledge them as responses to an unjust situation. This enabled her to access a preferred sense of identity as someone who was skilled and capable of keeping herself safe.

Over time, through exploration and experimentation with clients, I refined these explorations of context. We developed a process that involved carefully interweaving different maps to enable the storying of resistance within the context of the trauma story.

This process involves four segments (drawing on White, 1992, 2007):

- exposing what participants are up against by thickly describing context
- linking these experiences to broader contexts
- storying responses in the light of the context (juxtaposing problem and preferred stories)
- inviting participants to re-evaluate how they feel about their responses based on the new information that's come to light.

One example of using this process is in explorations of "staying silent". Many individuals who have experienced sexual abuse, assault or domestic violence have moments where they remained silent. When taken out of context, these responses are often interpreted as giving in to the abuse or as reflecting freeze or fawn responses. They become seen as weak or submissive. This perspective obscures the reality that overt resistance often isn't safe and that staying silent can be lifesaving. We can ask different questions to bring this to light. The table below details some general ways to ask such questions. I have used these mostly with adult clients; however, these questions can be scaffolded further and adapted to suit the people we are working with.

Line of inquiry	Questions	Basis	Effects
Exposing what participants are up against by thickly describing context	What got in the way of speaking up? In that particular situation, what might have happened if you had spoken up?	Questions from the statement of position (SOP) map 1 (White, 2007, pp. 9–61)	Makes context visible
Linking context to broader realms	Is it always possible to fight back or resist overtly? Who is it possible for?	Deconstruction practices (White, 1992) Bringing other experiences into the room	Making links between personal experiences and broader systems Collectivising experience
Storying responses in light of the context (juxtaposition of problem and preferred stories)	In that context, why was it important to stay silent? What did staying silent make possible in that moment? What helped you think of that? Taking all this into consideration, the fact that you were able to think of that step, in the middle of a difficult situation, what does that say about you as a person?	Re-authoring practices (White, 2007, pp. 61–127)	Contextualising action and responses Reinstating mindedness (White, 2001) Deconstructing ideas about responses and effective action
Inviting a re-evaluation of position on issues based on new information about the context	Taking all this into consideration, I wonder if staying silent was different to giving in? What would you name this step?	Questions from SOP 1 and SOP 2 (White, 2005, pp. 5–9) Inviting participants to be witnesses to their own experiences Third person position questions (Pederson, 2015)	Participants have the chance to reflect on their positions on the issue with new information about the context

Through the explorations enabled by these questions, many things became visible. For example, many survivors of sexual assault have spoken about being in situations where they were outnumbered, and any overt resistance would have increased the violence. The idea that they were submissive and weak was re-storied as demonstrating the skill of "presence of mind". Similarly, many women who have survived domestic violence have shared that staying silent kept their children safe from the effects of the violence. Naming the context enabled stories of resistance to emerge in situations where dominant discourses amplified the presence of problem stories.

Drawing from folk culture (White, 2001) and metaphor (Denborough, 2008) can be important ways to complement the questions above. When there is a lot of distress present, moving directly into questions about what participants were up against can become retraumatising. Asking deconstruction questions based on metaphors has been helpful. Drawing from stories of characters from TV shows, books or movies has also been a helpful way to make harmful discourses visible without moving too close to the problem story.

Narrative explorations of the body

When injustice has been ongoing, the problem story might feel all-encompassing and preferred territory might feel out of reach. These situations can also have specific effects on the mind and body, making participation in conversations and meaning-making difficult. Ongoing injustice interferes with presence in the session and the ability to reflect. People often report feelings of dread, shakiness, panic, nausea, breathlessness, or numbness and disconnection to describe the effects of this. Mainstream somatic work often names these experiences as states of "hyperarousal" or "hypoarousal" (Hershler, 2021). In such moments, I have found the body to be a helpful realm to explore to locate pockets of okayness and to move into safer stories. This often becomes a starting point for re-authoring.

My ideas about the body as a site for preferred stories are connected to my partnerships with Kolkata Sanved.[7] Kolkata Sanved is a nonprofit organisation in India that uses dance movement therapy to facilitate social change. The organisation was formed in partnership with survivors of gender-based violence who have used the body as a source of healing and empowerment. My collaborations and friendships with Sanved have alerted me to the possibilities created when we draw on skills and knowledges from bodily realms, including when experiences of ongoing injustice make conversation hard.

The following sections explore what it has meant to take on explorations of the body from a narrative stance in contexts of ongoing injustice. Many of the clients collaborating with me on this section were not comfortable with having the particularities of their stories shared so I focus primarily on explorations of practice.

Resisting somatic conceal and exploring bodily wisdoms

My work involves supporting women through difficult romantic relationships in which violence and oppression are often present. Sometimes the operations of violence are covert and harder to pick up on. Discourses that pressurise women to make relationships work despite discomfort often lead to violence being cloaked or hidden (Bhargava, 2022). However, there is often a bodily knowing about this before it is possible for the person to story this with language. The body frequently responds to these circumstances with distress and discomfort. As many women named these experiences, I wondered what might become possible if we were to attend to this bodily knowing with curiosity.

Discourses around body work and bodily states can shape how such experiences are storied. Women are recruited into seeing their bodily responses as pathological and in need of regulation. Discourses in this space uphold a system of mind–body dualism, creating disembodiment and separating us from our bodily wisdom. These discourses are not neutral but are created by oppressive structures to exert control. Our bodies often alert us to the presence of oppression, and attempts to overly regulate the body can lead to disconnection from this knowing. The politics of disembodiment thus enables oppression to go unquestioned (Johnson, 2022).

In response, body-based work has been an important realm to engage with. However, there are some discourses within mainstream somatic work that further complicate the situation. Mainstream explorations of the body often locate the problem of bodily distress in a dysregulated nervous system. This can run the risk of moving into "neuro-conceal" and/or "somatic conceal". Denborough (2019b) defined neuro-conceal as an overt focus in therapeutic conversations on changes in the brain or nervous system when that focus obscures broader political considerations. Similarly, somatic conceal is an overt focus on the body and physiological changes in ways that render broader contexts invisible (Denborough, 2019b). Body-based work from these perspectives can lead people to write off their experiences of distress as problems with a dysregulated nervous system.

A narrative stance towards body work involves holding on to the idea that “the body is not the problem”. Instead, it’s important to think about how distress in the body is connected to larger social contexts (Denborough, 2019b; Johnson, 2022).

Using the absent but implicit map (Carey et al., 2009) enables us to explore this in practice by locating bodily wisdoms and depathologising bodily responses. Here are some questions that I have found helpful:

- Are there particular contexts in which the discomfort shows up?
- If the discomfort could speak, what would it be telling you?
- Is the discomfort speaking to something that is being violated?
- How do you feel about this? Is this information helpful, not helpful or something else?

These questions have helped women re-story distress and identify what is not okay in their relationships. However, there are some things to be mindful of in terms of structuring safety while applying this practice.

While there are discursive reasons for disembodiment, sometimes disembodiment might show up as a response to difficult experiences. During extreme experiences of hardship, our bodies might not be a safe space to be in and disembodiment might be a way of staying alive. Inviting participants to reconnect with the body without accounting for this can end up retraumatising them (Batrouney, 2023). This connects to what Thom (2022) has written about the problems of colonial somatic work. A lot of this work focuses on bringing the body back to safety and unlearning trauma responses. However, for a lot of people, safety is not always accessible, and it could be harmful to engage in work like this. Safety here refers to both bodily safety and access to a safe context. Some ways of holding on to accountability around this include:

- checking in with participants about their position on bodily distress and if the frame of bodily wisdoms fit – that is, holding a decentred and collaborative ethic while exploring this practice
- collaboratively discerning if disembodiment comes from a discursive space or a protective space
- engaging in this practice when there is some access to a preferred bodily state and not in moments of immediate distress.

Accessing preferred bodily states and co-creating grounding rituals

Sometimes experiences of extreme bodily distress can become retraumatising for participants. This might create a need to be able to access a preferred bodily state or a sense of bodily okayness. This can be co-explored as a safe space to inhabit within the body, where the effects of distress are less.

Ideas about “grounding” have been helpful in my work. However, grounding is connected to complex practices in body-based work that seek to exert control and dominance over the body. Therefore, while integrating this with narrative ideas, it’s important to exercise care and criticality.

A narrative stance on body work urges practitioners to resist making expert interpretations of bodily states. Instead, it’s important to hand meaning-making rights back to clients. This means that the client makes decisions about whether and when a bodily state is unhelpful and if/when they would like to explore preferred bodily states.

From a narrative stance, achieving bodily wellbeing is not guided by notions of a “right” way for the body to function or a right way to address bodily issues caused by trauma. Instead, the hope here is to enable participants to access some degree of comfort or relief in the context of deep distress.

It also includes exploring insider knowledges rather than prescribing specific techniques such as grounding. This is important as not everyone will connect to the same grounding practices. Some practices might also increase discomfort. Allowing for multiplicity upholds the ethic that there is no one way to access a preferred bodily state.

For example, Joshna was undergoing flashbacks connected with the ongoing effects of abuse and violence. She named these “the loop”. When the loop was present, bodily distress took over completely and it wasn't possible to hold on to any preferred stories, skills or knowledges. It became important to enable some kind of access to bodily okayness before moving forward. Narrative practice helped us to identify moments when the distress was more manageable. Identifying this we explored the following questions using the statement of position map 2 (White, 2007, pp. 219–263).

- You mentioned breaking the loop? What made this possible?

This got us to the idea that going outside helped Joshna move past bodily distress as it actively brought her back to the present. Going outside might involve things like crossing the road, which would lead to an automatic bodily response around focus.

We worked on thickening this further:

- What was it about going outside that helped?
- How did you manage to step outside even though the loop was overpowering?
- Are there ways to stay more connected to this?

By holding on to a decentred ethic, we were able to respond to bodily distress in experience-near ways. On identifying going outside as something that enabled immediate access to okayness, we could discuss ways to replicate this more intentionally in moments of intense distress. It is possible to co-create grounding rituals based on such insider knowledges. They can also contribute to a repository of tips and strategies that can be shared among clients. This further decentres the therapist.

With Joshna, another example of co-creating a grounding ritual was building an embodied sense of support. We drew on Vikki Reynolds' (2011) idea of "peopling the room" – bringing the voices, struggles and strengths of the people who practitioners serve into discussions, even when they are not physically present. This ensures ethical decisions remain grounded in their lived realities, fostering accountability, resisting detachment and centring justice over institutional demands.

In Joshna's context, peopling the room has meant inviting supportive voices into the room to stand in solidarity with her while she responds to and resists the problem. Through the following re-membering questions (White, 2007, pp. 129–165) we had identified the characters and their contributions to her life and her sense of self. This helped us create a thick description of her support and solidarity team. The questions we used were:

- Who are the characters or people you would like to include in the team?
- Could you say some more about your connection to them?
- What are some ways in which they have contributed to your life?
- How might they stand with you when the problems show up?

Going outside would not always be accessible for Joshna as a grounding ritual for breaking the loop. We wondered if creating a felt sense of this support team might be another way for her to access support and okayness in moments of extreme distress.

Combining narrative ideas with resourcing practices created a way forward with this. Resourcing is the practice of inviting our mind/body to attune to sensations of safety or goodness, however small they may be (Mischke-Reeds, 2018). Joshna found guided meditative and reflective processes helpful and was curious to explore this while co-creating her grounding ritual. We used a practice around this focusing on calling our support teams forward. A combination of both the practices enabled a firmer grasp of preferred story.

Example of a guided meditation or reflective process

- You can take a position in the room that feels comfortable for you.
- You can keep your eyes open or closed, whatever is most helpful for you.
- Visualise the supportive people sitting behind you in a semicircle.
- Imagine them bringing forward skills, contributions and wisdoms. Imagine them shouldering you up and rooting for your wellbeing.
- Notice what sensations come up in the body as you are imagining them sending you their support.
- Notice what is coming up for you as you are in their presence.

Thickening preferred stories through body work

In my practice I have found that narrative practice and body work support one another in thickening preferred stories. Narrative practice supports the development of preferred stories. This enables us to respond to bodily distress by enabling grounding in stories of sorts. Body work can, in turn, thicken preferred stories by making them more tangible and easier to tap into. Marie Nathalie Beaudoin (2019) has explored these connections in her work on intensifying the preferred self through bodywork and neurobiology-based practices. Like Beaudoin, I have found that including somatic elements in explorations of preferred stories contributes to being able to hold on to them when there is a risk that they will be washed away by the currents of the problem story. This includes asking questions that invoke the senses while exploring alternative stories, for example:

- What does it feel like in your body when you feel connected to hope?
- What sensations does thinking of this invoke? (see Batrouney, 2023)

This has translated into creating documentation practices that involve sensory elements. For example, if a participant has a preferred story involving a loved one, we might invite them to keep an item close at hand that evokes memories of the loved one. Or if a particular smell is associated with a precious memory, we might explore ways of recreating that.

When overwhelming distress has been present, clients have shared that writing things down doesn't always help. They also report that during these times, it's hard to do the processing work that connects us to the knowledges contained in a document. Having sensory dimensions of preferred stories enables a quicker connection to safer spaces.

Locating embodied unique outcomes

Poh Lin Lee's (2023) "community of members" metaphor offers a way of understanding the body as a dynamic, multi-storied community rather than a singular, cohesive entity. This perspective acknowledges that different parts of the body hold distinct experiences, histories and relationships, allowing for a more compassionate and participatory engagement with bodily experiences. Drawing on Michael White's (2007) re-membering practices, she encourages intentional engagement with bodily narratives, reflecting on which voices within the body's community need upliftment.

Thinking about the body as multi-storied has also been helpful when intense bodily distress shows up in conversations. This has made it possible to think about bodily unique outcomes and search for members in the body community who are not completely consumed by the distress.

Guided by exploration of unique outcomes (White, 2007, pp. 219–263), helpful questions to ask have included:

- Is there a part of your body that hasn't been taken over by the distress? Or is there a part of your body that is less influenced by the distress?
- What does it feel like to connect with this part?
- What enables it to be less taken over by the distress?
- What might staying connected to this part of your body make possible?
- Just like the distressed parts are affecting the rest of us, how might this less distressed part influence the rest of us as well?

This often helps participants identify sites of bodily safety amidst experiences of great distress. Metaphor and imagery have been helpful to draw on. For example, a participant experiencing frequent and recurrent panic attacks spoke about how her feet felt less affected by the panic. Her feet felt like a tree firmly rooted in the ground amidst a storm. On discovering the image of the tree, I was able to ask a re-authoring question: "What keeps the tree firmly planted on the ground despite the storm?" Exploring this further uncovered multiple stories of hope and resistance that helped the tree stay firmly rooted despite the panic all around. We could plan ways to connect to the feet and the image of the tree when panic shows up. Connecting to the feet also created some space for us to have conversations when the panic threatened to show up in sessions. This is an example of how starting from the body often can open up space for broader re-authoring conversations when safer stories feel inaccessible.

Storying bodily resistance

Another helpful idea has been to think of the body as a site of resistance and to uncover what is revealed by double listening to bodily resistance. My understanding the body as a site of resistance is also connected to my partnerships with Kolkata Sanved. Sanved developed the Sampoornata model of psychosocial rehabilitation (Chakraborty, 2023; Kaikobad, 2021). This is a feminist rehabilitation approach that centres the body as a site of resistance and healing. It enables survivors to reclaim their bodies from patriarchal control, reflect on embodied experiences, and challenge oppressive norms to rebuild agency and self-worth.

Going back to the story of Mehdia, I explored her action of not crying from the lens of bodily resistance. We explored re-authoring questions around the landscape of identity to thicken this further and draw it into storylines:

- Why was it important not to cry?
- Was there something you were standing for in taking that step?
- What does this tell us about what's important to you?
- How did you manage to do this?

This revealed Mehdia's commitments to standing up to injustice.

Combining narrative ideas with grounding and resourcing practices from body-based work has helped in reducing difficulties with participating in conversations and accessing safer body states.

Conclusion

Contextualising stories and engaging in narrative explorations of the body have significantly helped me in standing with participants as they navigate rough waters. These practices help to create spaces to stand in until safety is more readily accessible. I look forward to continuing to explore and collaborate in these realms so that we have more practices that enable us to support folks through experiences of hardship, in moments where it might be a while before we can get to the riverbank.

Notes

[1] The languages used in my work are both English and Bengali; therefore, problems are usually named in either English or Bengali and at times Hindi as well. The terms *anyay* and *otechar* are Bengali terms that loosely translate to injustice and torture.

[2] Residential homes are childcare institutions where children and young people who have limited access to family support come to stay and access basic resources like food, shelter, healthcare and education.

[3] Acts of resistance and reclamation refer to double-story development where we story how people have responded to trauma. This upholds the idea that "people always resisting".

[4] A lot of these explorations have been informed by conversations with other Indian practitioners while working on tutoring for the diploma program in narrative therapy in India.

[5] It's important to acknowledge that responding to these challenges cannot be done through individual work alone; it's important to engage key stakeholders within childcare institutions as well. Since these discourses are sometimes very pervasive, a lot of scaffolding has been required to create space between them and to make different ways of working visible. Using wonderfulness interviews (Marsten, Epston, & Markham, 2016) and externalising conflict between staff and students have been some ways I have been able to explore this. I have also been able to connect children through collective documents in responding to injustice from authorities.

[6] In my work with young people in child protection settings, I have identified the operation of three discourses, which I have named behaviour management, skill building, and internal state psychologies. The behaviour management frames children as needing taming and guidance, with some requiring stricter control than others. It assumes that certain communities fail to properly guide their children, leading to an emphasis on discipline, surveillance and regulation. The skill building discourse, shaped by neoliberal ideals, views distress as a barrier to market productivity. It suggests that developing psychosocial skills can mitigate adversity, with a strong focus on shaping children into "productive selves". Finally, internal state psychologies attribute children's difficulties to unconscious desires and maladjusted personalities. This assumes that maladjusted individuals struggle to cope with life's stressors, often linking these challenges to strained family relationships. These discourses guide how institutional spaces respond to children, often prioritising control, economic function or psychological adjustment over understanding their young people's realities.

[7] You can learn more about the work of Kolkata Sanved at https://kolkatasanved.org/

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Healing narratives:

A journey of transformation and renewal

by Mercy Shumbamhini

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Abstract

This article shares a narrative journey with a young man grappling with the effects of problematic substance use. Substance use had disrupted his dreams of becoming a medical doctor, keeping him out of university for a year. I embarked on a transformative journey with the young man and his family, guided by ideas and practices of narrative pastoral therapy. This narrative journey was non-blaming, collaborative, participatory, inclusive and contextual. The family and I wove a new tapestry telling a story of healing, transformation and renewal.

Key words: substance use; addiction; drug; Zimbabwe; narrative pastoral therapy; narrative practice

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Author pronouns: she/her

My home country of Zimbabwe faces a rising drug use problem, which is a severe public health threat for adolescents and young people. The majority (70%) of people treated for drug-related disorders in Africa are under 35 years old (United Nations Office on Drugs and Crime, 2023). Young people who use illegal drugs face both health risks and legal consequences. In addition to illicit drug use, Zimbabwe has the highest rate in Africa of 15- to 19-year-olds engaging in heavy "episodic drinking" (70.7% of males and 55.5% of females) (World Health Organization, 2019). Prevention, treatment and support services are crucial to mitigate the adverse effects of problematic alcohol and other drug use.

I was introduced to the Shingai family[1] through a member of their church community who had heard of my work in narrative pastoral therapy. The family was seeking support for their beloved son, Tatenda[2], who was struggling with substance use and the impact it had on his relationships and sense of self. Tatenda had always aspired to become a medical doctor, but at the time we met, this dream had been shattered and his future seemed uncertain.

My initial meeting was with Tatenda's parents. During that first conversation, we discussed their concerns and began formulating a plan for supporting Tatenda. Following this, I met with Tatenda alone to understand his perspective and begin building a relationship. Eventually, we had sessions with all three family members together, and over time, other family members also joined, offering support and contributing to the healing process.

Guided by the ideas and practices of narrative pastoral therapy (Klaasen, 2020) and inspired by the work of Michael White and David Epston (1990), David Denborough (2008), and Alice Morgan (Morgan, 2000), we sought to weave a new story of healing, transformation and renewal. Our narrative journey began with words that were heavy with pain and grief, yet vibrant with possibility.

Narrative pastoral therapy: An overview

Narrative pastoral therapy is a therapeutic approach that integrates narrative therapy principles with pastoral care.

Narrative therapy is a respectful and non-blaming approach that views clients as experts in their own lives. Developed in the 1980s by therapists Michael White and David Epston (1990), it emphasises the stories we create and carry with us throughout life. Narrative therapy "views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them in reducing the influence of problems in their lives" (Morgan, 2000, p. 2). The therapist does not have answers to the problems being experienced by the person seeking assistance. "The person consulting the therapist plays a significant part in mapping the direction of the journey [hence] narrative conversations are interactive and always in collaboration with the people consulting the therapist" (Morgan, 2000, p. 3). Narrative therapy emphasises collaboration, participation, inclusivity, context and non-blaming approaches (Epston & Freeman, 2011; Shumbamhini, 2005, 2008, 2022a; White, 2007; White & Epston, 1990). "The therapist is interested in seeking out and creating conversations and stories of identity that will assist to break from the influence of the problems they are facing" (Morgan, 2000, p. 14; see also White, 2000).

Narrative pastoral care also emphasises the importance of stories and narratives in shaping individuals' identities and experiences. According to Klaasen (2020), narrative pastoral therapy is a non-blaming approach that focuses on the externalisation of problems as separate from the person. It is collaborative and participatory in its approach, with the pastoral therapist working together with clients to co-create new narratives that reflect their values, hopes and dreams (Lasair, 2020). Narrative pastoral therapy also considers the cultural, social and spiritual contexts of the individuals involved.

The influence of Catholic faith on my work with the Shingai family

As a Catholic nun, my faith deeply shaped my approach to narrative pastoral therapy with Tatenda and his family (see Doehring, 2015). Alongside our therapy sessions, the family's regular practices like attending Mass, Eucharistic adoration, choir participation and meditation played a pivotal role in their healing. Attending Mass provided a sense of peace and connection, helping Tatenda and his family reflect on their journey and feel supported by their church community. Eucharistic adoration offered Tatenda spiritual strength and a deeper connection to his faith, fostering hope. Singing in the choir and practicing meditation helped Tatenda express himself creatively, calm his mind and enhance his emotional wellbeing. These faith-based practices, supported by the mission of my religious congregation to walk in solidarity with others (Sevenhuijsen, 1998), were combined with practices from narrative therapy to enable the Shingai family to retell their stories in preferred ways. Through these therapeutic practices, the family moved from a place of despair to one of hope and renewal, empowered by their faith and community (see Pargament, 2007; Pontifical Council for Justice and Peace, 2004).

Breaking the silence

At our first meeting, the silence of Tatenda's parents held the pain they carried. Substance use had become an unwelcome guest in their family, the phantom that haunted their nights and stole their joy. Dreams of their son graduating were buried beneath layers of despair and sorrow. Our narrative journey began by acknowledging their collective struggle, and the shared burden that weighed on their hearts. They felt vulnerable and tears flowed freely.

As a narrative pastoral therapist, I stepped into their lives guided by the belief that stories could heal. Our first session was held in their living room, the air thick with unspoken grief. Tatenda's parents sat together, their eyes revealing the weight they carried. I listened with empathy and compassion, creating a safe place for them to unveil their pain and struggles and all that they had tried to do for their first child and only son. They spoke of Tatenda's laughter, once vibrant but now muted.

Through tearful conversations, we explored the depths of their despair, and in acknowledging pain, we also acknowledged the possibility of healing. The Shingai family stood on the threshold between what was and what could be. Their silence was no longer frightening; it became a sign of resilience. Together, we set forth on a path that would guide us from despair towards recovery, transformation, renewal and healing.

There was no "right" or "wrong" direction on our narrative journey; curiosity and a willingness to explore unknowns were crucial. Freedman and Combs (1996, p. 16) emphasised that narrative therapists work with people to bring forth and thicken stories that do not support or sustain problems. We deconstructed the dominant story of addiction – the relentless cycle of guilt, shame and failure. And we focused on alternative narratives that empowered the family and Tatenda. For example, Tatenda's determination to seek help, the parents' unwavering love, and the siblings' care and loyalty. Together, we rewrote the script, using the following narrative ideas and techniques to emphasise agency and choice.

Externalising the problem

One of the key techniques we used in this narrative journey was the externalisation of the problem. For Tatenda, addiction felt like a ghost haunting his nights. We personified this problem and named it "the Shadow", creating a clear distinction between Tatenda and his addiction. This technique helped Tatenda and his family see the addiction as an external force rather than an intrinsic part of Tatenda's identity. It became something that they could confront and fight together, fostering a sense of unity and shared purpose.

Mercy[3]: Tatenda, can you tell me more about the Shadow? When does it usually appear?

Tatenda: The Shadow comes at night, especially when I am alone. It whispers that I am not good enough and that I need to escape.

Mercy: How does the Shadow affect your life and your dreams?

Tatenda: It makes me feel trapped and hopeless. It took away my chance to go back to university.

Mercy: What do you think the Shadow wants from you?

Tatenda: It wants to keep me in the dark, away from my family and my goals.

Mercy: How do you feel about standing up to the Shadow? What strengths do you have that the Shadow does not?

Tatenda: I have my family's support and my faith. I want to fight back and reclaim my life.

Through externalising the problem, Tatenda and his family could see the Shadow as something they could collectively confront. This process empowered them to take action against the addiction, rather than feeling overwhelmed by it.

Tracing the origins

We explored Tatenda's first encounter with substances, which was a rebellious act and a desperate escape. His parents also shared their struggles, revealing generational pain. However, resilience emerged alongside the weight of their history.

Mercy: Tatenda, can you remember the first time you encountered substances? What was happening in your life then?

Tatenda: I was feeling lost and rebellious. It was a way to escape my problems.

Mercy: How did your parents react when they found out?

Tatenda's Father: We were devastated. It brought back memories of our own struggles.

Mercy: What strengths have you and your family shown in facing these challenges?

Tatenda's Mother: We have always been resilient. We have faced many hardships, but we have always found a way to support each other.

By tracing the origins of Tatenda's substance use, the family could understand the deeper context of his struggles and recognise their collective resilience.

Exploring effects

We discussed how the Shadow affected their lives: it brought sleepless nights, stole the trust that had previously existed between them and caused laughter to fade. But Tatenda's sister Mary reminded us of a different story: the moment he reached out for help. That glow of hope shifted the narrative.

Mercy: How has the Shadow impacted your family life?

Tatenda's Mother: We have had many sleepless nights, and it is hard to trust again. Our home used to be filled with laughter, but now it feels heavy.

Mary: But remember the night Tatenda asked for help? That was a turning point. It showed us that he wanted to change.

Mercy: How did that moment make you feel?

Tatenda: It was a moment of clarity for me. I realised I needed my family's support to overcome this.

By exploring the effects of the Shadow, the family could acknowledge the pain it caused while also recognising moments of hope and resilience.

Deconstruction

As a narrative therapist, I worked with Tatenda to break down his story into smaller, more manageable parts to clarify the problem. Deconstructing made the problem more specific and reduced overgeneralising (White, 1991). Here are some questions I asked Tatenda:

- Tell me more about what you mean by "I have no future". (This question invited Tatenda to elaborate on his feelings of hopelessness and explore specific aspects of his future that he perceived as bleak.)
- When did you first start feeling this way about your future? (By exploring the origins of this belief, I was able to uncover underlying experiences that contributed to Tatenda's narrative.)
- What evidence or experiences led you to believe that the Shadow had overpowered you? (This question encouraged Tatenda to reflect on his self-perception and the impact of addiction on his life. It also helped to identify patterns or triggers.)
- How does the Shadow affect your sense of self? (Here, I explored the connection between addiction and identity. Tatenda was able to explore whether he defined himself primarily through this struggle.)
- Are there any exceptions to these beliefs? (I sought to identify moments when Tatenda felt differently or experienced hope or resilience that challenged the dominant narrative.)

Encouraging alternative narratives

Tatenda's determination to seek treatment became a sign of hope. His parents' unwavering love, support and prayers represented alternative narratives. They were not powerless or hopeless.

Mercy: Tatenda, what made you decide to seek help?

Tatenda: I realised I could not do it alone. I needed my family and my faith.

Mercy: How have your parents supported you in this journey?

Tatenda's Father: We have prayed for him and with him every day and reminded him of his strength and potential.

Mercy: How does it feel to know you have this support?

Tatenda: It gives me hope. I know I am not alone in this fight.

By encouraging alternative narratives, the family could focus on their strengths and the positive steps they were taking towards healing.

Situating in context

By exploring societal narratives and acknowledging the stigma around addiction, the family realised they were not alone. They gained compassion for their struggle when it was situated within a broader context.

Mercy: How do you think society views addiction?

Tatenda's Mother: There is a lot of stigma. People do not understand the struggle.

Mercy: How does knowing this affect your view of Tatenda's journey?

Tatenda's Father: It makes us more compassionate, kind and empathetic. We know he is not alone in this, and neither are we.

Mercy: How can understanding this broader context help in your healing process?

Tatenda: It helps me see that my struggle is part of a larger story. I can find strength in knowing others have faced similar challenges.

By situating their experience within a broader societal context, the family could gain a sense of solidarity and compassion, reducing feelings of isolation and stigma.

In this way, narrative ideas, concepts and practices allowed the Shingai family to celebrate resilience, rewrite their story and find hope amid challenges.

God as co-author in the Shingai family's healing journey

In our therapeutic sessions, God became a co-author in Tatenda's healing journey, guiding him and his family towards renewal. We began each session by lighting a candle, a simple act that invited God's presence into our space, offering peace and wisdom. We drew strength from stories of biblical figures and saints like St Augustine, St Ignatius of Loyola, Moses, Esther, Joseph and St Paul – each embodying transformation and renewal. These stories mirrored Tatenda's struggles and reminded us that transformation is possible, no matter what one is up against.

Tatenda's own story, woven with pain, struggles and moments of resilience, unfolded like a tapestry of new beginnings. As a pastoral therapist, I listened deeply, attuned not only to his words but to the quiet whispers of an alternative story longing to be told. Over time, Tatenda not only overcame addiction but rediscovered his identity, purpose and connection to the divine. His journey became a testament to the power of faith, hope and love. In our Christian tradition, these virtues are the core of our faith: faith is trust in God's presence and guidance; hope is the belief that transformation and renewal are always possible, no matter the depth of despair; and love is the unconditional force that heals and restores, both between people and with God. Through these virtues, Tatenda found the strength to rewrite his story .

The Path of Life metaphor

The Path of Life metaphor was helpful in Tatenda's transformational journey and healing. In narrative therapy, metaphors act as powerful guides. They help us navigate the complexities of our lives, offering fresh perspectives and alternative narratives (Denborough, 2008; Epston & White, 1992; Ncube, 2006; White, 2007; White & Epston, 1990). The Path of Life is a therapeutic tool that I developed and have used with adults, children, couples, families and communities who have experienced hard times in many contexts.

It is inspired by Psalm 16:11: “You make known to me the path of life; you will fill me with joy in your presence, with eternal pleasures at your right hand” (New International Version, 2011).

The person draws their life path, from its beginning to the present and beyond, enabling them to speak or write about past struggles, growth and strengths. They identify significant milestones – moments of joy, achievement, challenges or turning points that illuminate their journey. These moments are opportunities to celebrate their strengths and accomplishments, reinforcing the progress they have made. This process not only honours their past but also empowers them to move forward with renewed confidence, courage and hope. Each segment of the path can be enriched with symbols, colours and images that represent different life stages and experiences. This creative process is deeply therapeutic, fostering a profound connection with their narrative. The visual metaphor recognises that life is a journey with ups and downs, but each step is a part of a larger story.

For Tatenda, exploring the different landscapes of his Path of Life – gardens for growth, dry lands for challenges, orchards for abundance, rivers for struggles, hills for obstacles, forests for introspection, and cities for community and family – allowed him to reflect on diverse aspects of his life and how he had navigated through them. Re-membering the people who had walked alongside him on this path – family members, friends, mentors, teachers and spiritual figures – provided a sense of connection and gratitude. It highlighted the importance of relationships in his life journey. Through this metaphor, he discovered new possibilities and embraced his transformational path with courage and hope.

Integrating religious practices in narrative pastoral therapy

Since the 2000s, the integration of religious practices and spirituality into therapy has become more recognised. Therapists in various fields, including psychology, social work and family therapy, have increasingly acknowledged the importance of addressing spiritual concerns as part of healing (Anderson, 1992; Brownell, 2014; Coyle, 2014, 2017; Townsend, 2009).

In my narrative pastoral therapy I draw on the parable of the Good Samaritan (Luke 10:25–37), a story that teaches about compassion, community and the importance of offering care to those in need. In this parable, a man is left beaten and half dead by the side of the road, and several passersby ignore him. But a Samaritan – someone traditionally seen as an outsider – stops, tends to his wounds, and ensures the man receives further care. The parable emphasises the role of compassionate action, not only in individual healing but in community engagement and care.

This spirit of compassion and interconnectedness is central to narrative pastoral therapy. Just as the Samaritan went beyond mere observation to actively engage in the man’s healing process, narrative pastoral therapy encourages the therapist and community to become active participants in a person’s journey towards healing. This is not confined to the therapy room but calls for a broader, holistic involvement of faith and community. By drawing on the values of this parable, narrative pastoral therapy invites individuals to see their stories in a broader context, where healing and transformation occur within a supportive, compassionate community rather than in isolation. I, therefore, believe that narrative pastoral therapy can include various religious practices, including prayer, songs and music, worship and scripture reading. These practices can enrich the therapeutic process, providing a deeper connection to the person’s spiritual journey and fostering a sense of peace and healing. By integrating these elements, narrative pastoral therapy offers a comprehensive path to wellbeing that honours both the psychological and the spiritual dimensions of life. Below are descriptions of how I incorporated prayer, songs and music, and scripture reading into my narrative pastoral therapy practice with Tatenda.

Prayer

Mercy: Tatenda, would you like to start our session with a prayer? It might help us centre ourselves.

Tatenda: Yes, I think that would be good.

Mercy: Would you like to lead or should I?

Tatenda: I can lead. Dear Lord, we come before you today seeking your guidance and strength. Help us find the path to healing and give us the courage to overcome our challenges. Amen.

Starting sessions with prayer helped Tatenda feel grounded and connected to his faith. It provided a sense of calm and reassurance, creating a supportive environment for discussing difficult topics.

Songs and music

Mercy: Tatenda, I remember you mentioned that you find comfort in music. Is there a particular hymn or song that resonates with you?

Tatenda: Yes, "Amazing Grace" always brings me peace.

Mercy: Would you like to listen to it together now? We can reflect on the lyrics and what they mean to you.

Tatenda: Sure, I would be very grateful for this. Let's do that.

Listening to and reflecting on hymns like "Amazing Grace" helped Tatenda express his emotions and find consolation. The music provided a therapeutic channel and reinforced positive messages of hope and renewal.

Scripture reading

Mercy: Tatenda, is there a scripture passage that has been meaningful to you during this journey?

Tatenda: Yes, Psalm 23 has always been a source of comfort.

Mercy: Let us read it together. "The Lord is my shepherd; I shall not want…" How does this passage speak to your current situation?

Tatenda: It reminds me that I am not alone and that there is guidance and protection available to me.

Reflecting on passages of scripture like Psalm 23 helped Tatenda find meaning and reassurance. It provided a spiritual framework for understanding his struggles and reinforced his faith in a higher power.

In sum, integrating these religious practices into narrative pastoral therapy offered Tatenda and his family multiple pathways to healing and support. Through prayer, songs, music and scripture, Tatenda and his family reconnected with their faith, found solace in familiar rituals and drew strength from their spiritual beliefs. These practices not only enriched the therapeutic process but also made it more holistic, spiritually uplifting and culturally relevant. This integration provided a profound sense of comfort and empowerment, guiding them towards a more resilient and hopeful future.

Embracing cultural strengths: The Shingai family's path to healing

In the realm of narrative pastoral therapy, drawing on cultural strengths and familial support systems plays a pivotal role in fostering healing and transformation (Kwok, 2016). This approach emphasises the importance of storytelling, cultural proverbs and community involvement in the therapeutic process. The following dialogue between Tatenda and myself illustrates how these elements can be harnessed to create a supportive and healing environment.

Extended family networks

Mercy: Tatenda, can you share a story about a time when your extended family came together to support you?

Tatenda: There was a time when I was really struggling, and my uncle organised a gathering where everyone shared their experiences and offered advice. It made me feel less lonely.

Mercy: That sounds powerful. How did that experience change your perspective on your struggles?

Tatenda: It made me realise that I have a network of people who care about me and that I do not have to face my problems alone.

Mercy: How can we bring that sense of community support into your healing process now?

Tatenda: I think involving my family more in my recovery could help. Maybe we could have regular family meetings where we talk about my progress and challenges.

Mercy: That is a great idea. Let's plan to include your family in our sessions and create a support system that reinforces your journey towards healing.

Storytelling and proverbs

Mercy: Tatenda, let us discuss some proverbs or stories from your culture that have been meaningful to you. Can you think of one that relates to your current situation?

Tatenda: Yes, there is a Shona proverb that says “chara chimwe hachitswanyi inda”, which means “one finger cannot crush a louse”. It reminds me that I need the help of others to overcome my problems.

Mercy: That is a beautiful proverb. How can we apply its wisdom to your journey of recovery?

Tatenda: It makes me think about the importance of asking for help and not trying to do everything on my own. I need to share my experiences with my family and community.

Mercy: Absolutely. Let us explore how we can incorporate this proverb into your daily life. Perhaps we can create a ritual where you reflect on this wisdom each morning to remind yourself of the support around you.

Tatenda: I like that idea. It will help me stay focused on my recovery and remember that I am not alone.

Mercy: Great! Also, do you have a story from your culture that has inspired you?

Tatenda: Yes, there is a story about a wise old man named Mbizi [Zebra] who lived in our village. He was known for his wisdom and kindness. One day, a young man came to him, frustrated with the challenges he was facing. Mbizi told him a story about a tree that stood strong through many storms because its roots were deeply connected to the earth and intertwined with other trees. The story taught the young man the importance of staying grounded and seeking support from those around him.

Mercy: That is a wonderful story. How does it resonate with you?

Tatenda: It reminds me that I need to stay connected with my roots and lean on my family and community for strength.

Mercy: Let us think about ways to keep you connected and grounded as you continue your recovery.

Incorporating extended family networks and cultural storytelling into Tatenda’s therapy sessions were powerful tools for his transformation, healing and renewal. By involving his extended family, Tatenda gained a robust support system that reinforced his sense of belonging and collective responsibility. The use of proverbs and storytelling not only provided comfort and wisdom but also offered new perspectives on his challenges, helping him to see his recovery as a communal effort. These culturally sensitive approaches ensured that Tatenda’s healing journey was deeply rooted in his cultural identity, making the process more meaningful and effective. By embracing these elements, Tatenda was able to find strength in his heritage and community, leading to a more holistic and sustained recovery.

Embracing Ubuntu

Finding strength in heritage and community is also linked to Ubuntu, a Southern African philosophy meaning “I am because we are”, which emphasises the interconnectedness of all people and the importance of community support. This philosophy aligns seamlessly with the principles of narrative pastoral therapy, which focuses on collective narrative and the support of the community in the healing process. The concept of Ubuntu has been eloquently discussed by African religious philosophers such as Mbiti (1969) and Tutu (1999), as well as African writers like Ngũgĩ wa Thiong’o (1972). In our narrative pastoral therapy sessions with Tatenda and his family, the principles of Ubuntu were central to our approach. By focusing on the collective strengths and shared values of Tatenda and his family, we fostered a supportive environment where Tatenda could envision a future free from the Shadow. The philosophy of Ubuntu reinforced the idea that his wellbeing is intertwined with the wellbeing of his family and community, highlighting the power of collective healing and resilience.

When I first met Tatenda he felt lost and ashamed, believing his dreams were shattered. I reassured him that his family and community were there to support him. During a family meeting, we discussed ways to help, such as spending more time together and praying. Tatenda agreed to join a community prayer session, which made him feel supported and hopeful. I then encouraged him to see his struggles as a challenge to overcome together, not a failure. By the final session, Tatenda felt confident about his future, knowing his family and community stood by him.

As Tatenda' re-established connections, the philosophy of Ubuntu also led him to take a series of actions that reflected a deep commitment to others. After overcoming his own struggles with substance use, Tatenda felt a strong urge to give back to others. Volunteering at a local support group, he shared his story, emphasising the importance of community. He told others, "We are not defined by our struggles. Together, we can overcome 'the Shadow'. Let us support each other and find strength in our shared experiences". His empathy and commitment to mutual healing created a space for others to find hope and strength in their own journeys.

Tatenda's Ubuntu spirit extended to environmental conservation. He joined an eco-friendly club, believing that taking care of the environment is a reflection of how we take care of each other. He organised a community clean-up and tree-planting event, uniting families and neighbours. His leadership not only rejuvenated the environment but also symbolised growth and renewal for the community.

As Tatenda started to escape from the influence of the Shadow, he began to volunteer at an orphanage and visited elderly residents, offering companionship and support. His presence brought joy and comfort to those who needed it most, reinforcing the idea that healing and care extend beyond individual efforts to the wellbeing of the whole community.

Through these actions, Tatenda created a ripple effect of hope and transformation. His journey of personal healing and dedication to others serves as a powerful reminder of the power of community and the resilience of the human spirit. These stories exemplify the core of Ubuntu – I am because we are – and highlight how we can all contribute to healing and positive change in our communities.

The healing power of letters

Letters are very powerful tools in narrative therapy (Epston, 1994; White & Epston, 1990). The family wrote letters of encouragement, forgiveness and hope. At my suggestion, the parents wrote to their son, expressing their unwavering love even when disappointment threatened to consume them. Tatenda responded, sharing his fears, regrets, and newfound determination and resilience. Here are two of the letters.

Letter to Tatenda from his parents

Dear Tatenda,

Peace and blessings from Mom and Dad.

As we write on this paper, our hearts ache with love and concern. We have witnessed your struggle and the battle against substance use. But know this: Our love for you remains unwavering, unyielding. We love you dearly.

Disappointment may knock at our door, but it cannot extinguish the flame of parental dedication. We see beyond the darkness that threatens to engulf you. You are our child, the one whose laughter once echoed through our home, the one who dreamed of being a medical doctor.

We write not to reprove, but to extend a hand and express our conditional love. Our words carry hope, forgiveness and the promise of a new story, new path and new life. We remember the child who clung to our fingers, eyes wide with wonder. That child still resides within you, Tatenda.

You are not defined by your struggles, Tatenda. You are a constellation of resilience, stitched together by love and shared memories. We believe in your capacity to heal, to rise from the depths. You shall overcome, you shall finish your last year of studies, and we believe you are going to become what you have loved to do so much, to become a medical doctor.

Hold this letter close, as if it were our arms wrapped around you. Let its words be a compass – a guide back to the path of light and path of your life. We will wait, watch and pray. For even in the storm, you remain our beloved son. When you need something, please do not hesitate to come to us, we are always there for you, our beloved son.

With all our love and forever,
Your Parents

Tatenda's response

Dear Mom and Dad,

Your letters touched me deeply. Each word is powerful, full of encouragement and love. I know I have disappointed you, but in your forgiveness, I find peace, strength, hope and healing. You see beyond the wreckage, the shattered promises, and the nights lost to cravings. I remember your tender and caring hands wiping tears from my cheeks.

This newfound determination burns within me. I am not merely a vessel for addiction; I am a vessel for new life, a new narrative and a new path. The path ahead may be dark, but your love lights the way. I promise to fight, for you, for my sisters, for us. I will win because your love is so great and powerful. And I am confident of this: you are always there for me. Thank you, Mom and Dad. You are the best.

Thank you for bringing Sr Mercy into my life. She is so gentle and yet so powerful in making me see how special I am. The narrative journey, especially the Path of Life, has enabled me to look back with gratitude. I also deeply appreciate the meditations during our narrative journey. Meditation has played a crucial role in my healing and transformation. It has reduced stress and anxiety, helping me to relax, stay focused, and maintain emotional balance and resilience. Through meditation, I have found a sense of calm and clarity, enabling me to respond to the Shadow with greater resilience and positivity.

Your unwavering support and love have been my guiding light. I am committed to this journey of recovery and transformation, knowing that with your love, I can overcome any obstacle.

I love you too, Mom and Dad.

With gratitude and hope,
Tatenda

A ritual of gratitude: Celebrating new beginnings

A Holy Mass at the Shingai family home marked the closing ritual of our narrative journey. Amidst prayers and hymns, we celebrated Tatenda's preferred ways of being and his new, alternative story. The Eucharist became a feast of thanksgiving, a powerful symbol of renewal and hope. Fr Thomas, a dear friend of the Shingai family, spoke words of encouragement that resonated deeply with everyone present.

The Shingai family had invited their friends and Tatenda's friends to join this celebration. After the Mass, we gathered for a delicious meal prepared by the Shingai family. As we ate, we shared our experiences and alternative stories – those that challenge and deconstruct problem-saturated narratives. This communal sharing was a testament to the power of collective support and the strength found in unity.

The friends of the Shingai family witnessed Tatenda's transformation, renewal and healing. This ritual of gratitude not only celebrated Tatenda's journey but also reinforced the bonds within the community, illustrating the profound impact of narrative pastoral therapy. It was a moment of collective joy and hope, a powerful reminder that through faith, love, and support, new beginnings are always possible.

Before I left the Shingai's homestead, I handed them a sealed envelope and said this to them:

> I am filled with both gratitude and hope. Our journey together has been one of resilience, love, and transformation. Your son's struggle with substance use was a challenging battle, but he faced it with courage. Through your unwavering support and his determination, he found his way back from the depths of despair. Today, as he prepares to return to university, he carries not only his own healing but also the promise of healing for others.
>
> In the sealed envelope I left with you, there lies a therapeutic letter which serves as a reminder of this remarkable journey. When doubt creeps in or old wounds threaten to reopen, I urge you to open it. Within those pages, you will find words of encouragement, stories of resilience, and a picture of a son who reclaimed his life.

> Remember that hope is a charm against despair. As you move forward, may your narratives continue to heal, transform, and renew. Let this experience be a sign, a testament to the power of love, family, community, and the human and Ubuntu spirit which I have experienced throughout this journey with you.

And so, the Shingai's faces etched with gratitude. They carried not just hope for their own healing but the promise of healing for others.

Conclusion

Witnessing Tatenda's journey has been a privilege and a testament to the resilience of the human spirit. His unwavering commitment to taking responsibility for his life, growing in faith, and maintaining hope has been truly inspiring to me. Tatenda's return to university in August 2024 to complete his studies marked a significant milestone in his journey of renewal and transformation.

I am honoured to remain a part of his transformational journey, witnessing and celebrating his alternative story, a story of healing and renewal. What an honour it has been to be part of this beautiful and inspiring story. Thank you, Tatenda, for allowing me to walk this path with you!

Notes

[1] Shingai is not their real name, it means "be brave".

[2] Tatenda is not his real name, it means "thank you".

[3] Our conversations took place in a mixture of English and Shona, with Tatenda often preferring to speak in English. After our sessions, I transcribed and translated everything and then reviewed the content with Tatenda and his family to ensure that the transcripts accurately reflected what they wished to express.

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A narrative therapy approach to supervision and critical reflection:

A conversation card resource

by Ash Husband

Ash Husband is a social worker and narrative therapist who lives and works on the lands of the Jagera and Turrbal people in Meanjin (Brisbane, Australia). Ash has experience working alongside children, young people and families in mental health and drug and alcohol contexts. This is where she developed an interest in resisting individualising and pathologising discourse through creative, collaborative and social justice–focused practice. Ash currently works as a team leader of a sexual assault support service that works alongside young women and gender-diverse folk. She is interested in how the narrative therapy field can contribute to the field of supervision and critical practice reflection.

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Abstract

In this paper I explore a narrative therapy approach to supervision and critical reflection and present the “Reflective Conversation Cards”, a resource to support practice reflection. The cards guide conversation partners through a series of reflective questions informed by narrative ideas, aiming to democratise access to narrative therapy supervision. I present four stories from practice, which show how the cards were developed in collaboration with other practitioners. The practice stories also show how the cards can be utilised by individuals and groups in diverse practice contexts and with practitioners of varied professional backgrounds. Importantly, the practice stories show how the cards can support collaborative conversations that incorporate an ethic of accountability to the people we work alongside.

Key words: supervision; group supervision; clinical supervision; critical reflection; reflective practice; narrative practice

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I have often wished for a kind of supervision that would take me somewhere new; for supervision questions that would challenge me to consider my use of power, deconstruct the discourses informing my practice, examine my values and support me to be accountable to those I work alongside. Supervisors have often provided assurances that I am doing a “good job” or are as stumped by a practice dilemma as I am. This can feel affirming and validating, but I have oftentimes felt as though my practice, thinking and understanding is left unchanged. I am interested in supervision as a space for transformative reflection: reflection that leads me to think differently than I otherwise would and stretches my practice.

For some time, I have been integrating narrative ideas into my supervision practice. Externalising questions have helped to name and describe the problem and separate it from the person (White, 2007, pp. 9–59). Re-authoring questions have helped me to explore the practitioner’s “landscape of identity”, their practice framework, and the values, commitments and intentions in their work (White, 2007, pp. 75–100). Re-membering questions have helped me to explore the contribution of relationships to the practitioner and to their practice: lessons learnt from the people they have supported, colleagues or mentors, or learnings from the contributions the therapist has made to people’s lives (White, 2007, pp. 129–164). Poststructuralist-informed questions that deconstruct the problem, question taken-for-granted ideas, and consider dominant discourse and power have helped me to integrate a critical approach to reflection (Simmons, 2002). Reynolds’ (2013) work has prompted me to centre my supervision on relational ethics, accountability, justice and being “client-centred” rather than “staff-centred”.

I have developed a resource, called “Reflective Conversation Cards”, that guides conversation partners through a series of reflective questions informed by these narrative ideas. Through this series of question cards, I aim to democratise the process of supervision and enable people to choose their own pathway through a reflective conversation. This is a resource for supervisees and for supervisors who wish to integrate narrative therapy and critical approaches into their supervision or reflective practice. It can be used in individual, peer and group supervision contexts. I have long wished for a resource like this and hope it will be of value to others.

This paper considers narrative therapy approaches to supervision, describes the Reflective Conversation Cards and provides four examples from practice. These show how the cards were developed collaboratively with other practitioners, and demonstrate how the cards can be utilised in diverse practice contexts and with practitioners of varied professional backgrounds.

A narrative therapy approach to supervision

The way that supervision is defined, understood, practiced and experienced is intimately tied to the discourses that underpin it. In dominant structural understandings of supervision, the supervisor is constructed as an “expert” imparting skills and knowledge to the supervisee, including in the application of theory to practice (Kahn & Monk, 2017). In contrast to this, narrative therapy supervision emphasises collaboration and attending to ethics and power relations (Tsun, 2020; Fox & Tench, 2002; Kahn & Monk, 2017; Perry, 2012; Reynolds, 2013; Shachar et al., 2012; Ungar, 2006).

Dominant supervision discourse and practice privileges the knowledge of the supervisor over the local knowledges of the supervisee and assumes the existence of a singular objective “truth”. This imposes discourses and normalising standards about preferred ways of practicing and thinking (Kahn & Monk, 2017; Tsun, 2020). Conversely, “a narrative approach attempts to expand upon the ability of supervisors to utilize the local knowledges of clients and supervisees, viewing this as a source of knowledge that is credible” (Kahn & Monk, 2017. p. 11).

Collaboration is central to narrative supervision, particularly as a response to power dynamics in the supervision relationship (Reynolds, 2013; Shachar et al., 2012; Tsun, 2020; Ungar, 2006). Reynolds (2013, p. 8) noted that “collaboration assists in structuring safety as it invites the sharing of power and responsibility so that the supervisory relationship is not limited to monitoring clinical performance”. An ethic of collaboration may be understood as resistance to supervisor-as-expert discourse.

These narrative ideas about supervision are integrated into the Reflective Conversation Cards. The cards centre the local knowledge of the supervisee or "Reflector" and democratise the process of supervision through enabling the supervisee to choose the questions they respond to. An ethic of collaboration was highly influential in the design of the cards, which facilitate a collaborative process between supervisor and supervisee.

Design principles

The Reflective Conversation Cards use narrative therapy vocabulary and question forms to guide a reflective process. Through supervision questions selected by the supervisee, the cards support familiarity and engagement with the language of narrative therapy and critical reflection. Rather than the supervisor (called the Questioner in the cards) holding this language, the supervisee (Reflector) enters into their own engagement with it. This gives the supervisee agency over their learning and thinking.

Learning the language of reflection and of critical approaches to practice has been instrumental in growing my practice of critical reflection. As I learn more narrative therapy language, I become equipped to think differently, including in my practices of critical reflection, which involve a critique of power. My engagement in this language has evolved over time and been further developed with peers and supervisors. I now notice that the language of narrative therapy and critical reflection forms part of my "private speech", and is thus integrated in my day-to-day practices of reflection (Berk & Winsler, 1995, p. 37).

Democratising and facilitating access to the language of reflection and narrative therapy was an important ethic in the development of the cards. I piloted the cards only with people who did not have a narrative therapy background. This challenged me to adapt and develop the cards so they would be accessible to a broad audience of practitioners. This included changing words that were not resonant, simplifying the language, and testing and re-testing questions with practitioners from diverse contexts (community work, domestic violence sector, private practice) and professional backgrounds (social work, psychology, youth work). Feedback also led to the development of a glossary of key terms, which is now included in the instruction booklet, defining terms like discourse, social location, normative ideas, deconstruction, power, privilege, externalising and critical reflection.

The Reflective Conversation Cards can be used by professional peers, supervisors, and supervisees who do not have training or experience in narrative therapy and who may only be meeting on one occasion. In my experience, having access to a narrative therapy–trained supervisor and/or peers is rare, so I developed the Reflective Conversation Cards to be accessible to a broader cohort of practitioners. While the Reflective Conversation Cards cannot replace the role of a supervisor, the cards provide access to a series of reflective questions and support the Questioner (person taking on the supervisor role) to scaffold a narrative conversation.

Format and structure

When I started designing the cards, I wanted them to:

- support collaboration and the valuing of local knowledge
- support rich description of problems and practice dilemmas
- support re-authoring conversations and double-story development
- support a deconstruction of power, discourse and language
- offer opportunities to connect people to others, such as through re-membering questions or outsider-witnessing practices
- be accessible to people from various contexts and professional backgrounds
- be accessible to people with no background in narrative therapy.

Initially I'd planned to develop a single set of cards; however, I found that a better way to scaffold conversations was to produce three themed packs to choose from and a fourth pack for concluding the session.

CARD PACKS AND THEIR THEMES

Pack 1 – Externalising the problem

The cards in this pack encourage you to be playful and creative as you explore the problem, its effects on you, and the relationship you want to have with the problem. Externalising the problem helps you to resist seeing the problem as part of you or as part of someone else, allowing you to look at it with a new perspective.

Pack 2 – Deconstructing the problem: exploring language, discourse, power and assumptions

The cards in this pack challenge you to consider your own language, power and the assumptions you may have made in how you have understood the situation, the problem, power and your role. While challenging, these questions can help you to think differently, reflect critically and practice accountability.

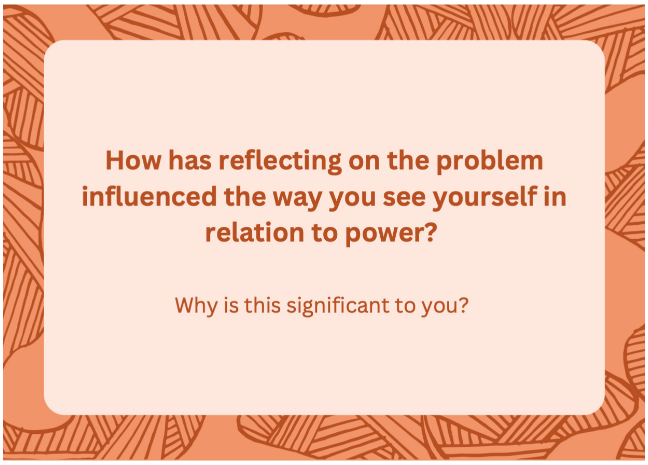
Pack 3 – Exploring your values, commitments, intentions, hopes and skills

The cards in this pack support you to draw on your values, commitments, intentions, hopes and/or skills to respond to the problem. They encourage you to consider how you developed these values/commitments/skills and the roles that others have played in supporting you to enact these. These questions can help you consider how you might respond to the problem in a way that aligns with your values.

[From the instruction booklet]

It would be unrealistic to expect anyone to work through all these conversations in just one sitting. Instead, I suggest engaging with a single theme, with the option to explore more than one theme over multiple conversations.

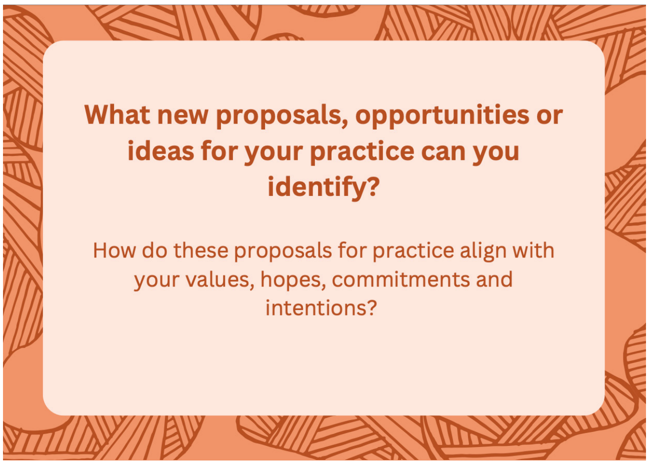
The “Concluding Questions” pack ties the themes together. For example, the card below invites people who have not chosen the “Deconstructing the problem” card pack to consider power:



How has reflecting on the problem influenced the way you see yourself in relation to power?

Why is this significant to you?

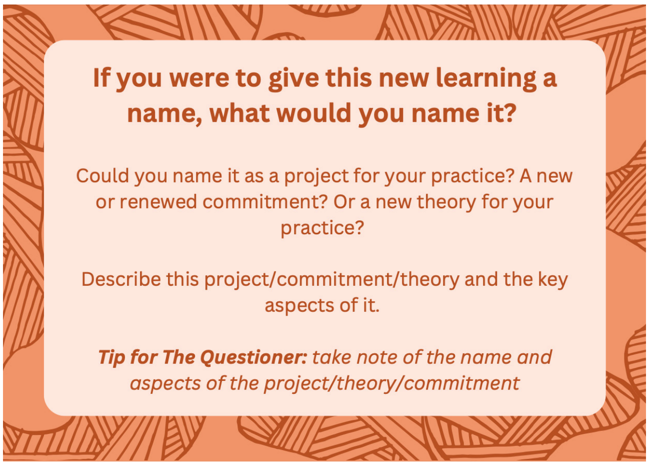
The following card invites people to consider applying their values, hopes, commitments and intentions in their future practice:



What new proposals, opportunities or ideas for your practice can you identify?

How do these proposals for practice align with your values, hopes, commitments and intentions?

This question offers an opportunity for those who did not engage in the “Exploring values” card pack to name an alternative story:



If you were to give this new learning a name, what would you name it?

Could you name it as a project for your practice? A new or renewed commitment? Or a new theory for your practice?

Describe this project/commitment/theory and the key aspects of it.

Tip for The Questioner: *take note of the name and aspects of the project/theory/commitment*

Inviting people to choose the theme and card pack that most interests them supports a collaborative process that engages the Reflector in deciding the direction of the conversation.

Clear step-by-step instructions are provided to guide people though the process.

INSTRUCTIONS FOR THE REFLECTOR (SUPERVISEE)

1: Start with the card labelled “start here”. This card encourages you to describe a problem or dilemma and its effects on you and your practice.

2: Select a card pack with a theme that you would like to focus on. You may wish to explore the themes in all 3 card packs, in which case it is recommended that you split this over 2 or 3 sessions. Lay out the question cards in front of you. You will start with the card labelled “Theme start card”.

3: As your conversation unfolds, select the question cards that you are most drawn to and ask the Questioner to read the question out to you. It is recommended that you respond to 2 question cards per theme, but you may choose more or fewer. The question that is set in bold at the top of the card is the main question. The smaller questions below may be helpful as additional prompts to guide your discussion.

Note: some cards offer optional activities that you can select in place of a question. You may choose to do the activity during the session or afterwards.

4: Finish with the “Concluding Questions” card pack. Place the Concluding Question cards in front of you and choose 2 or 3 questions to answer.

5: End with the card labelled “End here”. This card encourages the conversation partner/s to reflect on what stood out to them as they listened to your answers.

INSTRUCTIONS FOR THE QUESTIONER (SUPERVISOR)

1. Help the Reflector to choose a question – it is their decision, but you might point out questions that stand out to you.
2. Read out the question they choose.
3. Write down key words and phrases that the Reflector uses.
4. Ask clarifying or follow-up questions to help you understand the Reflector’s answer.
5. Share some of the words or phrases that you wrote down.
6. Summarise what stood out to you at the end of each question, using the person’s own words wherever possible.

   Tip: Use the Reflector’s words when referring to the problem or dilemma the Reflector has raised, preferably referring to it by the name they give the problem at the start of your conversation.

I avoided the language of “supervisor” and “supervisee”, instead offering alternative language that emphasises the collaborative nature of the process, minimises the power differential and values the Reflectors’ local knowledge. The roles are detailed in the instruction booklet.

ROLES

Reflector – this is the person seeking support to reflect on a problem or dilemma they are having in their work. The Reflector selects the questions they want to respond to. If they wish, they can ask the Questioner or Witnesses to help them choose.

Questioner – the Questioner facilitates the conversation. The Questioner helps the Reflector to select a question, reads the question to them and asks additional clarifying questions. They take note of key words, phrases or images that stand out to them as they listen to the Reflector, and offer some of these to the Reflector at the end of the set of questions. They also facilitate responses from any Witnesses.

Witnesses [for use in groups] – Witnesses are invited to listen to the Reflector’s answers and take note of words, phrases or images that stand out to them. They may ask additional clarifying questions if needed but should be careful to allow the Reflector the most space to speak. Witnesses will be asked to share what stood out to them at the end of the set of questions, so remember to take notes!

The cards support externalising and deconstructing the problem or practice dilemma, rather than centring the practitioner as the problem (White, 2007). They are also designed to ensure that supervision and reflection remains client-centred rather than staff-centred (Reynolds, 2013). The questions invite participants to co-research power, including how one may enact or misuse power, providing practitioners with opportunities to centre the people they work with and take accountability for any misuse of power without their identity being totalised. Engagement in this practice is self-directed as the Reflector chooses the questions they wish to respond to, placing them in a position of agency. The use of tentative language of the cards is intentional, including words like “could”, “might” and “if”. Such language reduces assumptions and creates space for the Reflector to consider the question.

A collaborative co-research approach was key to the development of the cards. The cards were significantly improved with the input of the co-researchers and consultants who kindly agreed to test them out with me. I invited feedback on the questions asked, the language used, the format of the cards, the structure of the process, the instructions, and the framing and naming of the roles.

Collaborative beginnings: The first pilot of the cards

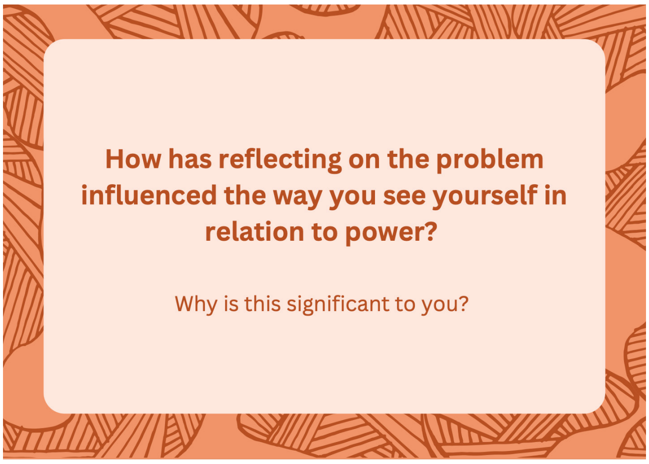
The collaborative process of developing and refining the cards started with fellow social worker Jen. Jen took the role of Reflector and I took the role of Questioner. I followed the instructions, writing down key words and phrases throughout and reflecting these back.

Jen described a problem she called “imposter syndrome”, which led her to lose confidence in her work. She worried that she did not have the skills to “achieve positive outcomes” with the people she was meeting with. The Start card elicited a description of the problem and its effects; however, we later reflected that it would have been more valuable if the Start card questions had elicited a richer description and a clearer naming of the problem. After meeting with Jen, I added the following questions based on White’s (2007) statement of position map:

- Elaborate on why these effects on you/ your practice are significant to you. Why do these effects matter to you?
- [Optional] Describe the history of the problem: When did it first arise? How long have you been experiencing it?

Jen chose the Theme 3 card pack: “Exploring your values, commitments, intentions, hopes and skills”. These questions elicited an alternative story about Jen’s skills in “working relationally”. Jen described a time when she worried she had “made no progress” in her work with a young person. Jen sought feedback from a supervisor and was later able to recognise that her work “didn’t always have to have a big outcome”, and that in this case, the “positive relationship” she built with the young person was meaningful. This story was significant to Jen because she initially doubted her practice, but later came to appreciate that she had notable influence in this young person’s life through her skills in “working relationally”.

In the Concluding Questions pack, Jen was drawn to this card:



How has reflecting on the problem influenced the way you see yourself in relation to power?

Why is this significant to you?

Jen remarked that she had not sought feedback from the young person in the previous story and instead approached her supervisor. She reflected that she had positioned her supervisor’s opinion as more important than the young person’s opinion, replicating power. Further question cards led Jen to articulate plans to approach young people for their feedback. Jen felt she could resist the influence of imposter syndrome by being led by young people and by valuing her skills in building relationships. As the Questioner (who also adopts an adapted outsider-witness role), I shared what stood out to me in Jen’s reflections, repeating back key words and phrases and sharing how aspects of her story had resonated with me. This process was scaffolded by instructions on the Ending card, which is informed by White’s guidelines for outsider witnessing (2007, pp. 165–218).

Jen said that she found the Concluding Question pack particularly consolidating. She valued the opportunity to hear how her reflections had resonated with me. Jen said that the process had helped her think differently about the problem and consider new ideas. Jen reflected that at times the language of the questions felt unclear, and she wondered if they might reflect “narrative language”. I reflected that as

Questioner, I needed more information about my role such as guidance on when I should have input in the conversation.

Although further refinement was required, in this first test the cards helped to:

- elicit a description of a problem and its effects
- elicit a story of a unique outcome and naming of values and skills
- elicit reflection on power leading to a focus on centring the young people Jen worked with
- highlight to Jen opportunities for future action
- engage Jen in an adapted outsider-witness response that was meaningful to her
- leave Jen thinking differently about the situation and considering new ideas.

The pilot with Jen also indicated the cards' utility for addressing practice dilemmas that are not directly client or therapy related. In my experience as a supervisor and supervisee, dilemmas raised in supervision are often related to topics such as relationships in the team, challenges of working in particular systems or organisations, broad concerns about one's competence or ability, dilemmas about whether to remain in a position or to move on, and so on. Critical engagement in reflection about any of these matters can be meaningful. Jen identified the problem as "imposter syndrome", centring her experience in the work. By the end of the process, Jen had identified a client-centred action: seeking feedback from the young people she works with. In this case, a client-centred outcome was scaffolded through the cards posing influential questions that supported Jen to reflect on her values, commitments and power.

To further develop the cards following this initial pilot, I took the following steps:

- adjusted and simplified language to make it more understandable to practitioners with no narrative therapy background
- edited the instruction booklet to better describe the Questioner role, including additional special instructions for the Questioner (as above)
- revised and re-tested the Start card questions to better reflect White's statement of position map (2007) to elicit a richer description of the problem.

Story from practice: A rich description of an externalised problem

After the cards had been updated, I tried them out with Alfred who works in a domestic violence context and has a youth and community work background. Alfred began by responding to the Start card questions, which had been refined following Jen's feedback:

> Describe a problem or dilemma you are facing.
>
> Describe the effects the problem is having on you and your practice.
>
> Elaborate on why these effects are significant to you. Why do these effects matter to you?
>
> [Optional] Describe the history of the problem. When did it first arise? How long have you been experiencing it?
>
> If you were to come up with a name or title for this problem, what would it be?

Alfred described the situation as

> my own blockage in supporting a victim-survivor because … while she is a victim-survivor of DV, the relationship started when she was 26 and he was 15, and it's continued. The person using violence is now just over adulthood, and I think it's really hard to grapple with those two realities.

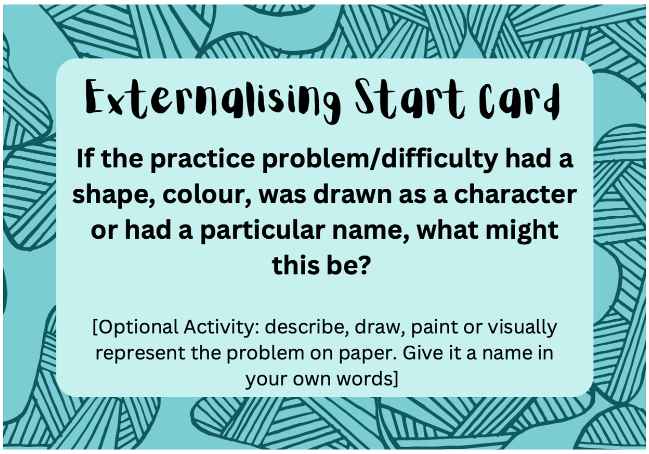
Alfred intended to continue offering support to the person experiencing violence, but was concerned about difficulty "processing" the problem and worried that they would engage in "unconscious bias" in their work. Alfred said:

> Ultimately that ethical dilemma doesn't have any bearing on how I would approach that victim-survivor. It's not going to fundamentally change … It's more around your own mind frame of how you view the person.

Alfred went on to describe the effects of the problem using the metaphor of a "mental alarm" or "alert text" that came up in their head when they were working with the person. They also provided another metaphor: "It's like a file in my brain that can't find its filing cabinet." When asked about the significance of these effects, Alfred spoke about their commitment to being "victim-survivor centric" in their practice.

> What I do remains exactly the same. It's just how I process it … You kind of hold the two opposing sides in your head. And, like I said, a victim-survivor doesn't need to be perfect. I think that's why it's tough to grapple with

As the conversation progressed, Alfred chose the Externalising card pack, starting with the Start card below.

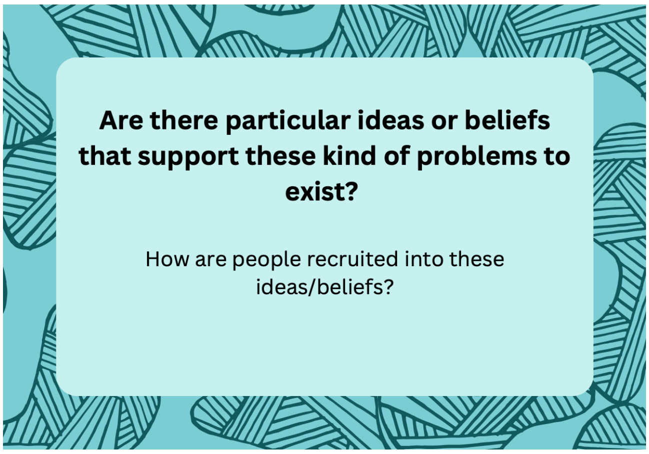


Externalising Start Card

If the practice problem/difficulty had a shape, colour, was drawn as a character or had a particular name, what might this be?

[Optional Activity: describe, draw, paint or visually represent the problem on paper. Give it a name in your own words]

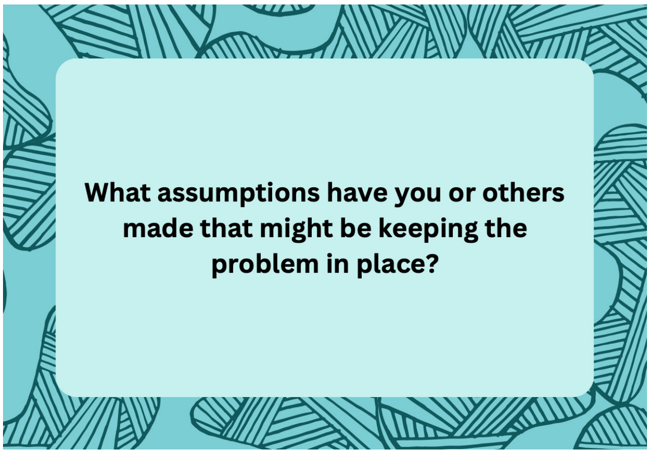
Alfred settled on the externalisation of the problem as "the Bouncing Tetris". They described an image of a Tetris block never finding its place, relating this to challenges they had in holding "two realities" that didn't "fit": that the person they were supporting was experiencing domestic violence and needed resources and support, and that the person had commenced a relationship with an underage person when they were much older.



Are there particular ideas or beliefs that support these kind of problems to exist?

How are people recruited into these ideas/beliefs?

Alfred chose the above question, and identified a dichotomy in the domestic violence sector between "victim-survivors" and "persons using violence" in which both positions can be reduced to a single story. This had contributed to the Bouncing Tetris as this situation was more complex than those roles could explain.



What assumptions have you or others made that might be keeping the problem in place?

Alfred identified the assumption that this dilemma needed to be "processed" or "filed away":

> I guess it is probably because it's important not to have just filed it away in the filing cabinet … When I was young and travelling somewhere, I remember being in this bookshop and I picked up this book. I ended up just standing there in the bookshop and reading 42 pages or something. In the book it was kind of addressing some of these themes. It said something like, "the thing about life is that there are no exact answers … it's all about questioning".

After acknowledging this story and its significance to Alfred, I referred back to the question card to ask some clarifying questions.

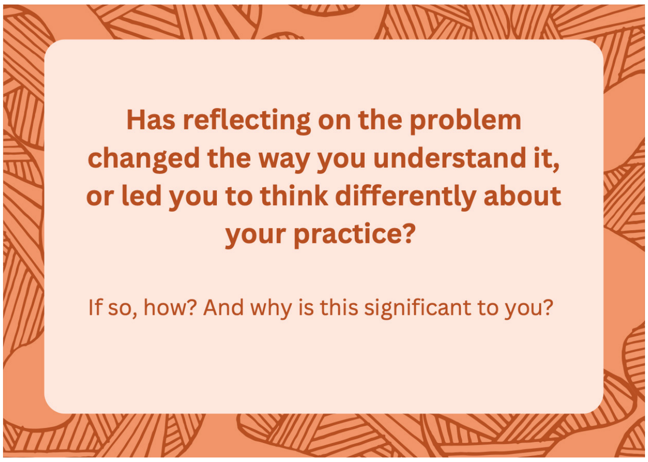
Ash: Could you put some words around what the assumption is?

Alfred: That life is complex and there are situations that don't make sense.

Ash: Does that keep the problem in place?

Alfred: It kind of transforms the problem … the reason it doesn't become a problem anymore is that you realise that the Tetris block never really needed to be put in place anyway. It was just a lesson in realising that things don't fit perfectly and sometimes things will never fit perfectly.

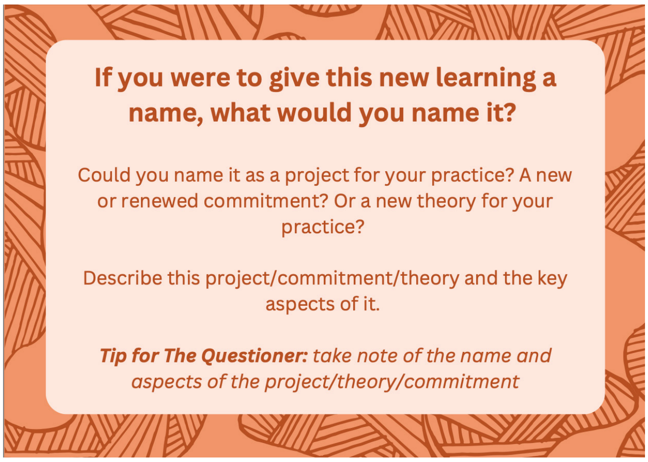
Alfred and I moved on to the Concluding card pack, starting with Alfred's chosen question:



Has reflecting on the problem changed the way you understand it, or led you to think differently about your practice?

If so, how? And why is this significant to you?

Alfred said: “It has changed the way I understand it. There is no finalised process. The resolution is that there is no answer.” They spoke about the importance of collaborating with others to reflect on and question their practice and decided to raise the topic at reflective practice discussions with colleagues. They noted that overall “It kind of summarises the space I’ve been sitting in for a while. The more you live, the more those boundaries of what you once believed are pushed. But that in turn strengthens my values.” Alfred spoke about their values of being victim-survivor centric in their practice and of conceptualising people who use violence “holistically” and in a nuanced way.



If you were to give this new learning a name, what would you name it?

Could you name it as a project for your practice? A new or renewed commitment? Or a new theory for your practice?

Describe this project/commitment/theory and the key aspects of it.

***Tip for The Questioner:** take note of the name and aspects of the project/theory/commitment*

Alfred described their values as a “foundation” to their practice. They said:

> This is going to be a long name. It’s almost like the earth is shaking but your foundation remains. [So I’d name it] “changing patterns, strong foundation” or something like that. It’s almost like once it all settles you realise that you had it all along.

Alfred provided feedback on the process at the end of our conversation. Alfred liked choosing their own question and having options to choose from:

> I really like that you can see which question you lean to. I like that you can see all the questions, you can see questions that don’t resonate and then you read some that you really resonate with.

Alfred gave specific feedback on the Start card, reporting that the order of questions was helpful in supporting a description of the problem.

> The history of the problem makes sense as well. In my mind it’s like the issue, the effect, the significance of the effect and then the history kind of wraps it all together … If you put it [the history question] first, you’d just be describing the problem rather than being specific to the history.

After Jen’s feedback, I had added a question about the history of the problem. Alfred’s feedback suggested that the cards were now eliciting a richer description of the problem.

Alfred liked the questions about giving a name or title to the problem: “Initially they seem a bit scary, but I feel like those are really exciting questions”. Naming the problem was an influential element of the process:

> It’s actually really important because it gives you a starting point or a thing to hold on to when you’re talking about other things. Naming a problem or giving it a colour, it anchors you back to it, which is really good. I never would have thought of that. Or if I was trying to help someone else to do that, I’d never think to ask that question. It’s really good to see that prompted.

This example demonstrated how the cards scaffolded a rich externalised description of a problem, a deconstruction of the problem, an exploration of values, intentions and commitments, and a naming of an alternative story. What was initially named as the “problem” was “transformed” for Alfred into a commitment to questioning their practice and upholding their values of centring the people they work with. Alfred named this as “changing patterns, strong foundations”, representing an emerging alternative story.

As the Questioner in this scenario and also a narrative therapy–trained practitioner, it was challenging not to ask further narrative questions that might have helped to pull meaning forward. However, in order to test out the cards and their accessibility to practitioners not trained in narrative therapy, I diligently followed the

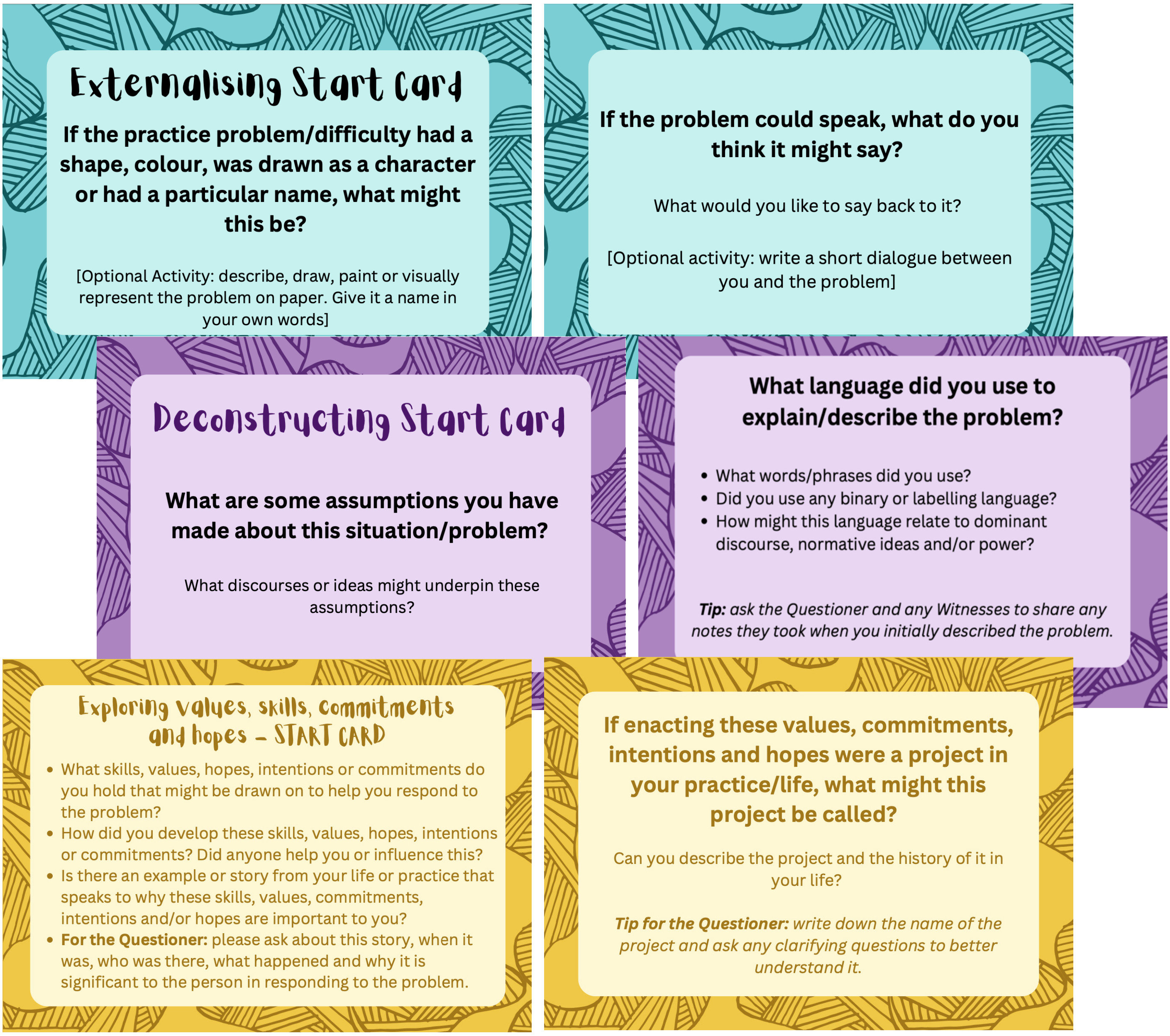
"Special instructions for the Questioner" (see above), writing down and reading out key words and phrases that stood out to me and only asking questions that clarified meaning or directed the conversation back to the question cards. This example shows how the Reflective Conversation Cards can support a rich description, make accessible a narrative therapy approach to reflection, and contribute to thinking differently about practice.

Deconstructing discourse, language, power and assumptions

"Language structures one's own experience of 'reality' as well as the experiences of those with whom one communicates" (Hare-Mustin, 1994, p. 20). It is important that supervision questions draw attention to language, expose dominant discourses and deconstruct taken-for-granted ideas.

White (1991) brought concepts of deconstruction to therapy through externalising, re-authoring and the narrative metaphor: "The narrative metaphor proposes that persons live their lives by stories – that these stories are shaping of life, and that they have real, not imagined, effects – and that these stories provide the structure of life" (White, 1991, p. 123).

I developed the cards to support people to externalise a problem, reflect on how they talk about problems at work, address power and dominant discourse, and create meaning through the narrative metaphor and double-story development. Some questions that aim to externalise, deconstruct the problem and contribute to re-authoring include:



Externalising Start Card

If the practice problem/difficulty had a shape, colour, was drawn as a character or had a particular name, what might this be?

[Optional Activity: describe, draw, paint or visually represent the problem on paper. Give it a name in your own words]

If the problem could speak, what do you think it might say?

What would you like to say back to it?

[Optional activity: write a short dialogue between you and the problem]

Deconstructing Start Card

What are some assumptions you have made about this situation/problem?

What discourses or ideas might underpin these assumptions?

What language did you use to explain/describe the problem?

- What words/phrases did you use?
- Did you use any binary or labelling language?
- How might this language relate to dominant discourse, normative ideas and/or power?

Tip: *ask the Questioner and any Witnesses to share any notes they took when you initially described the problem.*

Exploring values, skills, commitments and hopes – START CARD

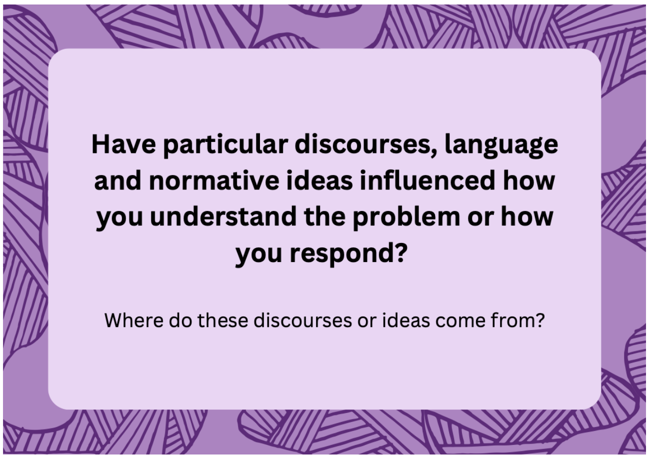
- What skills, values, hopes, intentions or commitments do you hold that might be drawn on to help you respond to the problem?
- How did you develop these skills, values, hopes, intentions or commitments? Did anyone help you or influence this?
- Is there an example or story from your life or practice that speaks to why these skills, values, commitments, intentions and/or hopes are important to you?
- **For the Questioner:** please ask about this story, when it was, who was there, what happened and why it is significant to the person in responding to the problem.

If enacting these values, commitments, intentions and hopes were a project in your practice/life, what might this project be called?

Can you describe the project and the history of it in your life?

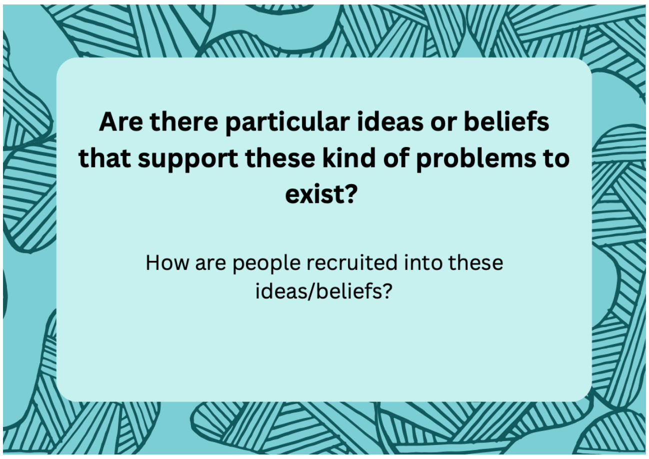
Tip for the Questioner: *write down the name of the project and ask any clarifying questions to better understand it.*

Derrida (2008) discussed the importance of an analysis of history to deconstruction. He stated that to deconstruct is to “analyse historically … the formation and the different layers that have built … the concept. Every concept has its own history” (Derrida, 2008). To deconstruct discourse, including therapeutic discourse, one must consider the history of these ideas across time. In supervision, this might include considering where a problem or idea comes from, tracing its origins, or exposing it, as shown in the below questions:



Have particular discourses, language and normative ideas influenced how you understand the problem or how you respond?

Where do these discourses or ideas come from?



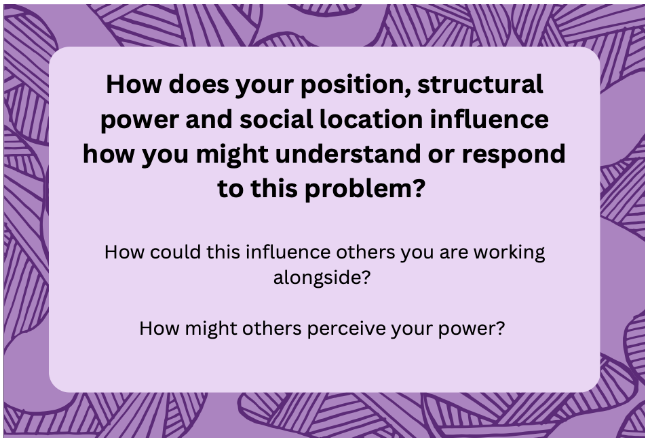
Are there particular ideas or beliefs that support these kind of problems to exist?

How are people recruited into these ideas/beliefs?

Concepts of deconstruction connect to Foucault’s (1989, p. 186) ideas about power being “always born of something other than itself”. Foucault (1989, p. 187) noted that “there is no power, but power relationships which are being born incessantly, as both effect and condition of other processes”. One such process is the development of psychological theories and discourses that are considered unquestionable “truths”. Hare-Mustin (1994, p. 32) critiqued this, noting that “decontextualised theories legitimize, justify, and perpetuate current arrangements of privilege and power”. A narrative supervision approach can move beyond a narrow application of theory to practice to an approach guided by a valuing of local knowledge and an analysis of power, dominant discourse and language through the narrative metaphor.

In deconstructing power in practice, the sociopolitical and cultural histories underpinning the operations of power within everyday relationships must be considered. Foucault discussed the concept of local power, arguing that “efforts to transform power relations in society must address these practices of power at the local level – at the level of the everyday, taken-for-granted social practices” (Foucault, as cited in White, 1991, p. 137). Thus, the political is present in the personal everyday relationships between people, including in the relationship between supervisor and supervisee and in the practitioner–“client” relationship.

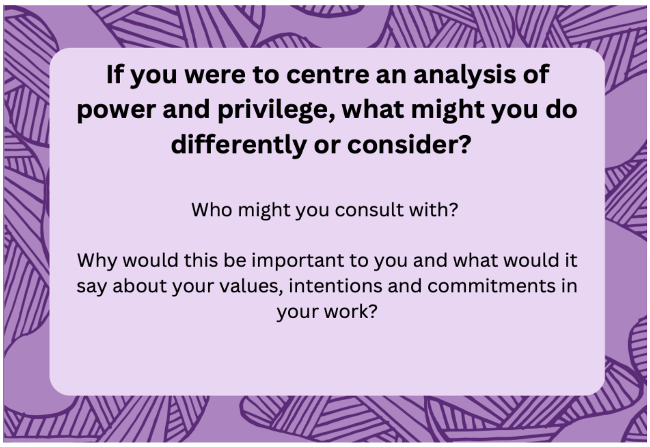
The Reflective Conversation Cards apply Foucault’s analysis of modern power through a collaborative approach and by proposing questions that consider the operation of power in practice.



How does your position, structural power and social location influence how you might understand or respond to this problem?

How could this influence others you are working alongside?

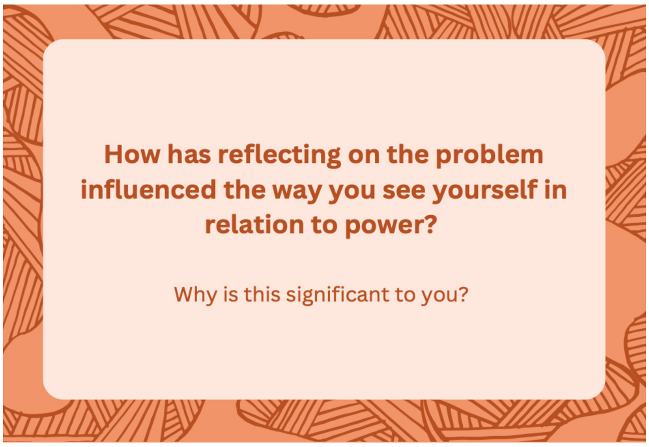
How might others perceive your power?



If you were to centre an analysis of power and privilege, what might you do differently or consider?

Who might you consult with?

Why would this be important to you and what would it say about your values, intentions and commitments in your work?



How has reflecting on the problem influenced the way you see yourself in relation to power?

Why is this significant to you?

Story from practice: Deconstructing professional discourse

This story from practice explores Alex's reflection on a scenario with a new client in a private psychology context. This example explores how the cards supported Alex to deconstruct how discourse in the psychology profession had informed her construction and understanding of the problem.

When responding to the Start card, Alex described meeting a client for the second time. The client had reported having poor experiences with previous therapists and Alex felt it was taking him some time to feel comfortable. In the second session, he spoke more about traumatic events and asked Alex to hold his hand:

> He asked me to hold his hand in the session. He was really upset about that as well that I didn't. He was saying how there was another therapist that he saw that does hold his hand. I didn't say yes or no. I just kind of was exploring it with him. But I didn't hold his hand. I did not feel safe myself to do that.
>
> After the second session, he was really overwhelmed because we were asking a bit more about trauma. He left the session really distressed. One of the admin staff had let me know what he looked like leaving.

Alex described feeling worried and later reaching out to check in. Alex then received numerous emails from the client expressing anger and frustration at Alex for asking questions about past traumatic experiences. These emails increased in frequency when Alex didn't respond immediately. The person never returned for follow-up sessions. This situation had caused significant "distress" and anxiety for Alex and had led her to doubt her practice:

> I was very anxious once I saw the emails. I reread over the emails a number of times, reanalysing it in my mind … It definitely took a toll on how I felt over the next couple of weeks with clients. I felt like: Am I making everyone feel unsafe? Am I actually not a trauma-informed practitioner? Am I just digging into people's trauma without any thought or care?

Alex named a tension between her commitment to hold responsibility and feeling "over-responsible". She spoke of her commitment and responsibility to support people to feel comfortable and safe in sessions. Responding to Start card questions exploring the effects of the problem and the significance of these effects, Alex expanded on this sense of over-responsibility:

> I think it [over-responsibility] can hinder your sustainability working with people. It generates too much distress for you … A previous supervisor said to me, "You have to learn to step down from responsibility with clients because otherwise, it's just too much". I always remember that.

Through the Start card, Alex externalised and named the problem "the responsibility wagon" to represent a wagon that she pulled around, describing the challenge of knowing when to pick up and pull the wagon and when to set it down. Alex chose the "Deconstructing the problem" card pack, expressing an interest in considering the role of power.

This led to an interesting discussion that involved a deconstruction of assumptions and discourses influencing Alex's construction of the problem, starting with the Deconstructing pack's Start card:

Deconstructing Start Card

What are some assumptions you have made about this situation/problem?

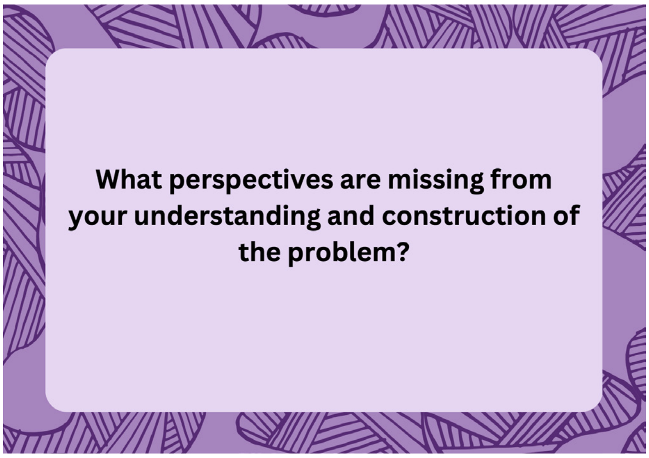
What discourses or ideas might underpin these assumptions?

Alex identified some assumptions in her psychology training program:

> There are some assumptions about what's your role and how much you need to do. There are definitely some assumptions that probably come from the training program and the way that they teach you or tell you to do things … People always say things like, "You leave everything at the door when you leave", and there's these assumptions that it's bad to take it home. Actually, I don't think that's a bad thing that you take it home. It's how you take it home … Both of these [assumptions] are underpinned

> by this idea that you don't get too close and you don't let things affect you. Because it's bad if they do. You're somehow not doing your job right if you're impacted. Or you're seen as not coping with it very well.

This led Alex to choose the following question card:

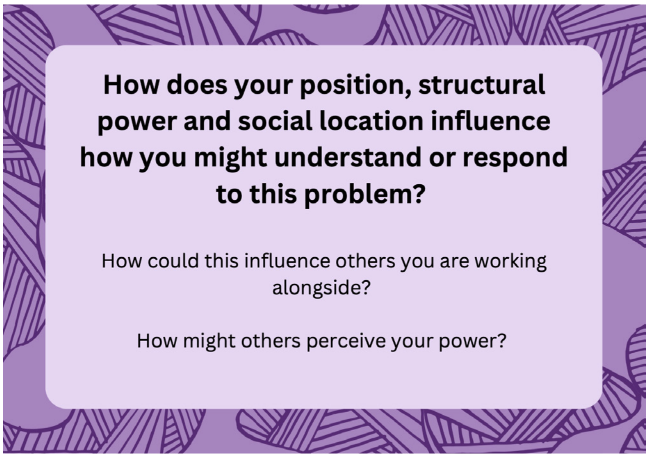


What perspectives are missing from your understanding and construction of the problem?

Alex noted that she had limited opportunities to talk with colleagues about practice and had not spoken to others much about this situation. She felt that she was missing feedback on her work:

> There's probably an element missing around just how psychologists speak to one another – or don't speak to one another rather. You don't have time to talk to each other about how you're going with work. You're kind of in and out … It's more rare that you get opportunities to talk on a deeper level about how the work feels. You don't really have people watching you work. So you're just like, "Oh, what am I doing? Is this okay?" It's pretty weird. People have obviously watched how I work before, but not for a long time.

Alex reflected on her own position of power through choosing the card below.



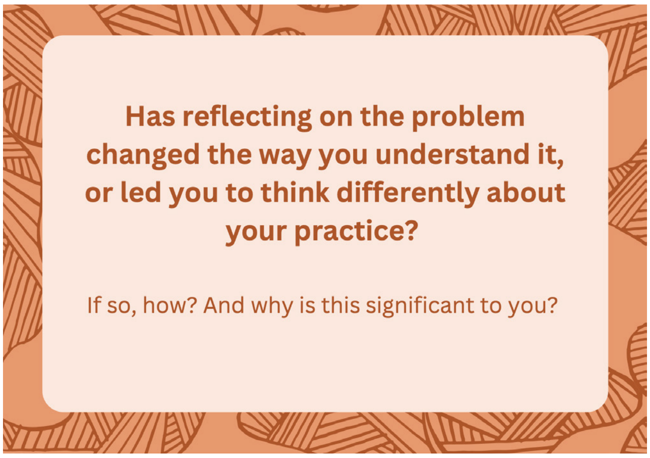
How does your position, structural power and social location influence how you might understand or respond to this problem?

How could this influence others you are working alongside?

How might others perceive your power?

> Just being a psychologist, there's already a lot in that that you're always kind of aware of in terms of power. It relates to responsibility in some ways because of our responsibility to make sure that people feel comfortable in that space, and it's their space. I try not to overpower my presence in the space. Try and make them feel kind of at home there or comfortable.

By the time we reached the Concluding Questions card pack, I wondered if Alex might have begun to untangle some of the discourses and assumptions she had named from her understanding of the dilemma. The concluding questions helped solidify Alex's position on the responsibility wagon, with Alex expressing a commitment to continue pulling the wagon, resisting professional discourses that minimise responsibility in the work. For example, Alex chose the question below and articulated how her thinking had changed.



Has reflecting on the problem changed the way you understand it, or led you to think differently about your practice?

If so, how? And why is this significant to you?

> It's definitely confirmed some of my views around how I want to practice and separated that from how others talk about how we should practice. It's helpful to reflect on that idea of "the client does all the work" and how it might influence the responsibility wagon. Because I actually realised, I don't agree with that … It makes me feel more sure about the responsibility I am taking at times because it's more based on my values … With those assumptions, they're making you second guess whether you should be pulling the wagon or not, or whether you should be approaching it in the manner that you are. But knowing that difference now, it's like, "Actually, no. I do want to pull that wagon more than others, and that's how I want to be".

The cards helped Alex to take a position on the externalised problem of the responsibility wagon. She described the importance of taking this wagon with her (including sometimes at home), of looking inside it and considering its contents, being intentional about when to set the wagon down, and holding a commitment to carrying responsibility for her power and privilege.

> I'm getting a really good idea now of an imagery exercise of coming home and recognising how much I'm pulling the wagon or how much it's pulling on me. Being mindful of that and seeing if I can change that depending on what I'm pulling. Being more intentional about when I take on the responsibility and when it's unnecessary.

At the end of the process, we used the End card to structure an adapted outsider-witness response. In this process, I highlighted how Alex's questioning of and resistance of professional discourses resonated with me. When seeking Alex's feedback on the End card, Alex expressed that "It's helpful to have the things being read out back to me ... it's another way to process it". I felt that the End card needed some additional scaffolding to enrich the process, so following my conversation with Alex this card was further adapted.

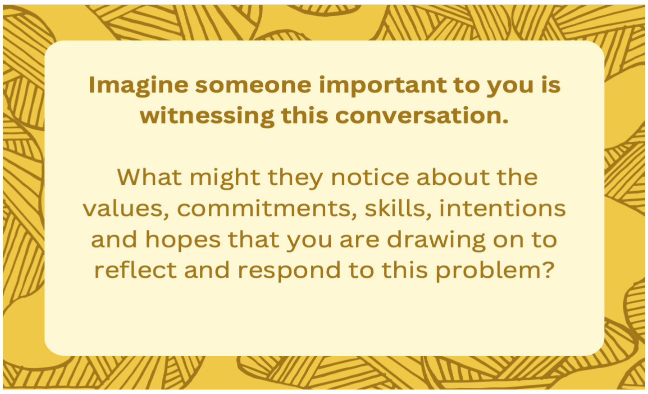
Overall, Alex reported that she found the process helpful. The questions were "powerful" in supporting reflection and she liked the structuring of the process through roles.

> I really liked the role thing … that's really helpful. Sometimes in peer supervision … it's just like a chat … having those roles would be really helpful in contexts like that. Even if you're less experienced, you can still write down and reflect back ... It takes the pressure off people to try and solve things because they're just guided by questions, rather than feeling like they have to give you the answer of how to do the next step.

Alex suggested that I consider simplifying the language and changing the format of the cards to include a primary "bolded" question with follow-up questions in smaller type underneath. Alex felt that this would help to make them more accessible and readable. This feedback was integrated into the current format of the cards.

Inviting connections beyond the individual: Outsider-witnessing practice and "experience of experience" questions

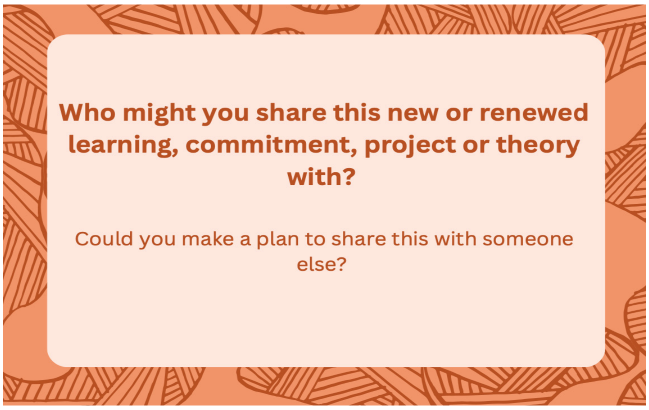
Applying a narrative supervision approach to a group or peer context, or inviting witnesses into supervision, facilitates a greater integration with Myerhoff's (1982, p. 231) ideas about outsider witnessing, definitional ceremony and re-membering processes as a practice of "self-construction". In her work with Holocaust survivors, Myerhoff (1982, p. 231) observed how people "'make' themselves, sometimes even 'make themselves up'" through seeking "opportunities to appear before others in the light of their own internally provided interpretation" (p. 235). For Myerhoff, "Performance is not merely a vehicle for being seen. Self-definition is attained through it, and this is tantamount to being what one claims to be" (p. 235). In individual supervision where there is no wider audience to this performance of self and identity, "experience of experience" questions can be utilised to "recruit the imagination of persons in ways that are constitutive of alternative experiences of themselves" (White, 1991, p. 132). For example:



Imagine someone important to you is witnessing this conversation.

What might they notice about the values, commitments, skills, intentions and hopes that you are drawing on to reflect and respond to this problem?

The below question offers an invitation to the Reflector to share their learnings beyond the reflective conversation, inviting them to expand the audience of their learnings:



Who might you share this new or renewed learning, commitment, project or theory with?

Could you make a plan to share this with someone else?

In Myerhoff's (1982) view, the performance of self, culture and history "requires an audience in addition to performers" (p. 234). Referring to the concept of definitional ceremony, Myerhoff (1982) noted that "a story told aloud to a progeny of peers is, of course, more than a text. It is an event … the listener is changed" (p. 245). Locating an audience to witness the re-authoring process in a narrative-informed supervision process is thus a "two-way street": not only does it pull meaning forward for the supervisee, but it contributes to the life of the supervisor and any other witnesses. Connecting practitioners to other practitioners through outsider-witnessing practices in supervision is another possibility in narrative supervision (Fox & Tench, 2002; Kahn & Monk, 2017; Shachar et al., 2012; Tsun, 2020). White's four categories of outsider-witnessing inquiry (2007, pp. 165–218) have guided the development of question cards addressing expression, image, resonance and transport. For example, in the Ending card, both the Questioner and any Witnesses are invited to give an adapted outsider-witness response.

Story from practice: A story shared is a story transformed

This final story of practice shows the use of the cards in a group/peer supervision context. After refining the questions, simplifying the language and improving the format of the cards in consultation with Jen, Alfred and Alex, we all met together. Jen took on the role of Questioner; Alfred was the Reflector; and Alex and I acted as Witnesses. Everyone in the group knew each other and expressed feeling comfortable talking openly together. This was the first time I had piloted the cards without taking on the Questioner role myself, so I was curious to see if the role would make sense to Jen. I stepped back and let Jen facilitate the process from start to finish. This included Jen consulting the instruction booklet when she was unsure of something, rather than asking me, and orientating everyone else at the table to the process.

Alfred (the Reflector) discussed a recent situation at work where a colleague had made what Alfred initially called an "offensive comment" towards them about their gender as a nonbinary person. This led to Alfred moving to a different work location where they felt more comfortable. Alfred described the effects of the problem to Jen, who rescued some of Alfred's words, editorialised and scaffolded through an externalising conversation using the Start card questions:

Jen: What are the effects the problem is having on you and your practice?

Alfred: That's a good question because I guess it's like those microaggressions, you know? It's kind of in the back of your mind. And in every situation you're going into, you're kind of preparing yourself.

Jen: So there's microaggressions, and you're "armouring up" to kind of "defend yourself" against those. And then you're worried that it "might happen again" and that you might be "perceived as the problem" if it happens again.

Alfred: Yep.

Jen: Why do these effects matter to you? So why are they significant to you, and why do they matter to you?

Alfred: Not being male or female in that context is a very vulnerable space or very raw. Ultimately, I don't want to have to think about these things because, obviously, there's bigger problems at the heart of why we're doing the work. But it's an ever-present issue that's surrounding your work in those spaces. It's hard to ever feel fully safe.

Alfred externalised and named the problem as "the backseat bandit", due to it being "ever present" in their experience at work. Jen went on to read aloud the card pack themes, and Alfred chose "Deconstructing the problem: power, discourse, language and assumptions".

Jen: What are some assumptions you have about this situation slash problem?

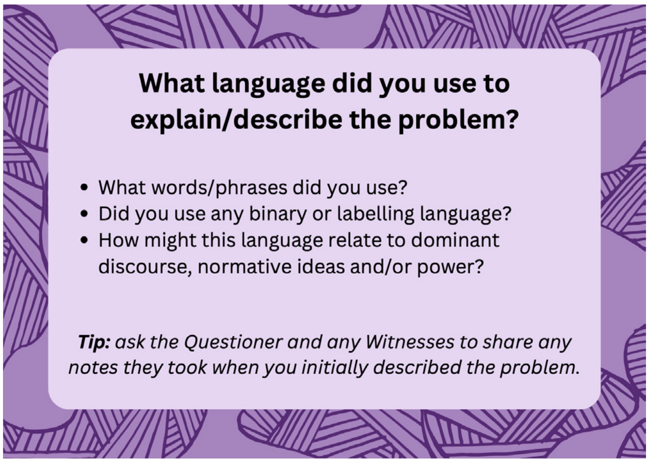
Alfred: I guess it probably underpins the fear I have about the world not understanding the diversity of gender. And it probably validated that fear. It's almost like a dark scary monster under your bed that you're afraid of, but does it exist? Doesn't it exist? You're living with the assumption that it does exist. And then it was almost like you sighted the monster, and you know it exists for real.

Jen went on to ask questions from the Deconstructing pack Start card, which led to Alfred using the word "transphobia" for the first time.

Jen: What kind of discourses or ideas underpin this?

Alfred: I guess the whole world at the moment underpins that assumption. And I think the growing threat is kind of more prevalent. In a way I've been skirting around it, I guess. Transphobia is pretty rife at the moment. And it's really hard to catch a break from it.

Alfred then chose the card below:



What language did you use to explain/describe the problem?

- What words/phrases did you use?
- Did you use any binary or labelling language?
- How might this language relate to dominant discourse, normative ideas and/or power?

***Tip:** ask the Questioner and any Witnesses to share any notes they took when you initially described the problem.*

Alfred recognised that there was language that they didn't use when initially describing the problem:

Alfred: Well, actually, there's probably more language that I didn't use. I probably didn't name it all exactly. I probably didn't identify what the problem was and kind of skirted around it.

Jen: Would you mind if I reflect it? [points at handwritten notes]

Alfred: [Nods]

Jen: I did notice that too. You referred to it as "the incident" quite a few times. I mean, you'd said someone said something "pretty offensive", and then you referred to it as the "incident". And so it was quite vague, but then you did get into what the incident was about.

Jen prompted Alex and I to share the notes we had taken about the language Alfred used, with us both noting similar observations to Jen's. I noticed that examining the language Alfred used to initially describe the problem supported a richer exploration of the problem and helped expose how the dominant discourse of transphobia had affected how Alfred described the problem. I also observed that when Jen, Alex and I reflected back Alfred's words, this pulled meaning forward and supported Alfred's reflective process. Similarly, the notetaking and recording of Alfred's words, as detailed in the instruction booklet, supported this to occur.

Alfred reflected how not being "explicit" in the way they described the problem mirrored how they were not "explicit" in who they are at work. Alfred noted tensions between wanting to be more open about their gender identity at work but not wanting to be the "sacrificial lamb" so that their colleagues could learn about gender diversity. Alfred identified a sense of solidarity with trans and nonbinary folk who seek out support at their service and acknowledged the relative power and privilege they hold in their position:

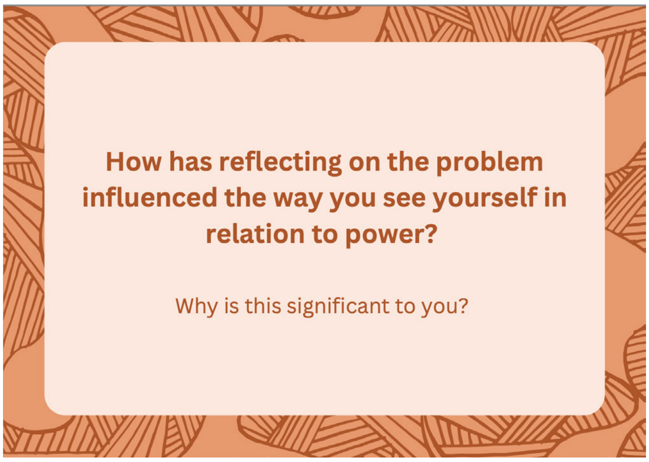
> Imagine a victim-survivor who's trans [and] people aren't using their pronouns, how impactful that can be as well. We don't have these practices in place that make it a safe space. Or actually, it's all promoted to be a safe space and everyone has their fucking trans flag or pronouns in their signature. But, actually, what is the reality of that?

Jen and Alfred moved on to the Concluding card pack.

Jen: Has reflecting on the problem changed the way you understand it or led you to think differently about your practice? If so, how and why is this significant to you?

Alfred: I guess it kind of sums up my beef with the DV space in general. But it makes me more passionate, or whatever the word is, to push for deeper equality in marginalised spaces.

Alfred selected their next question:



How has reflecting on the problem influenced the way you see yourself in relation to power?

Why is this significant to you?

Alfred went on to acknowledge how their power changes depending on the context. In the context where they experienced transphobia at work, they felt they had limited power. Alfred also acknowledged their power relative to people seeking support from the service and their influence in affecting broader change:

> There are lots of other areas where my power is, I guess, a stronghold. I have a stable job. I have a steady income, all of those things. If you look at power in a different context, we are of an age where we have the power to change the narrative as well. That's what comes with visibility and trans rights. And that's really important to remember. But … someone who's trans and homeless and is experiencing DV … that's the issue – marginalised people being further marginalised by situations.

To conclude the process, Jen facilitated the outsider-witnessing process detailed on the End card. Jen, Alex and I offered outsider-witness responses, noting key words and phrases that stood out, detailing areas of resonance and how our thinking had been changed by the conversation (see White, 2007). Some key quotes from the transcript demonstrate this:

Ash: Another word that stood out to me was when you use the word "transphobia" for the first time. I think that that was the first time I'd heard you name it that way. And my other favourite word that you used, you talked about this idea of pushing for "deeper equality", which made me think about the stuff you were saying around rainbow cupcakes and pronouns and pride brunches. That really resonated for me, this idea of something a bit deeper than that.

Alex: You said something right at the beginning: "am I the problem if I'm the one standing up", making a song and dance about this. So that's that fear of being perceived as someone who's standing up for something that's important, which I really could understand … I'm always aware of the conversations I have with colleagues, and how they talk about seeing queer and gender-diverse clients. I almost use it as a bit of information gathering to know where they're at with you. And to find ways to maybe gently offer other opinions and perspectives. But I feel that's always a difficult space for me too because I then out myself … so I think I'm always feeling that urge to keep working on my ability to just speak up in those moments and say what needs to be said.

Jen: When Ash was saying you named transphobia, that felt like a powerful moment as well when I was listening. We all face homophobia and, obviously, not transphobia because I'm cis, but, I guess that idea of complacency – it made me think about what I'm doing in this space, because in the past I've tried to be quite a strong advocate in my workplaces for queer people, particularly queer young people, so I think that listening to you talk about it really reminded me of the importance of continuing to be committed to that space – keep fighting the good fight. I think we all need to do some activism together!

In response to the End card questions, Alfred shared how the outsider-witness responses had resonated for them.

> They did very much resonate. The first time transphobia was mentioned, I think I probably recognised that I was maybe skirting around the issue, that I hadn't named it properly.

Jen also reflected on her experience as the Questioner:

> I think sometimes in this space, we just want to be like, "Oh, this is the way to fix it". And, actually, sometimes it's just working through the problem and the person coming up with their own solution as well.

This reflects how the decentred but influential role of the Questioner supports the Reflector to draw on their local knowledge.

This practice story shows how the Reflective Conversation Cards can be used in a peer or group supervision context. The inclusion of outsider witnesses led to increased meaning-making and supported a connection between individual and collective experience. Jen is not specifically trained in narrative therapy, but facilitated a narrative therapy supervision conversation using the cards while maintaining a decentred but influential posture.

The Reflector, Alfred, developed an externalisation of the problem of the backseat bandit, reflected on how discourses of transphobia had influenced the language they used to describe the scenario, and detailed their commitments to influencing broader social change, with the people who access their service in mind. The addition of outsider-witness responses within a group setting helped to pull meaning forward and to connect Alfred's individual experience of transphobia at work to the collective experiences of their peers. This led to participants sharing their "reinvigorated" commitments to "speaking up" and effecting change for the queer and gender-diverse people who they work alongside in their contexts.

Conclusion

This paper has considered narrative therapy approaches to supervision, highlighting collaboration, sensitivity to power, resisting the “expert” positioning of the supervisor, and valuing practitioners’ local knowledge. Through four stories from practice, I have described how the cards were piloted, refined and developed collaboratively using a co-research approach. These stories have shown how the cards can be used to democratise supervision through a collaborative process, externalising practices, clear roles, positioning the Questioner to be decentred but influential, and enabling the Reflector to choose their own questions.

The stories provided examples of use within diverse practice contexts with practitioners of varied professional backgrounds. Piloting the cards with practitioners not trained in narrative therapy exemplified how narrative therapy processes and reflective approaches can be made more accessible. The practice dilemmas and problems explored were broad in scope, demonstrating how the cards can be utilised in diverse situations. The scaffolding of the process and questions supported participants to reflect on their values and commitments, and on the operations of power and dominant discourse, supporting an accountable and client-centred reflective process. The final story explored how meaning-making can be enhanced through the inclusion of outsider witnesses in a group context. Finally, the practice stories demonstrated how the cards supported a sense of transport and of thinking differently. These themes are reflected in the final feedback from participants:

Alfred: The cards definitely changed my thinking around navigating issues within my practice. Having been the Reflector in both the individual and group settings, the cards not only expanded my understanding on how to externalise and work though an issue, but really helped me in how to facilitate others to do so; in particular, skills such as active listening, summarising and capturing others’ words. The cards weaved values, collaboration, connection and solution-forward practice perfectly. The skills I have learnt from participating will continue to be embedded in my practice.

Alex: The cards were definitely helpful in helping me understand the different aspects of the problem I was facing and what it boiled down to with regards to practice values. It also made me reflect on a broader issue that would likely appear again and provided me with an awareness of how I might be mindful of it in future situations and how I can name and externalise it as it arises again.

Jen: My thinking changed particularly with the ability to use the cards in both a one-on-one and group context. It was really powerful to be able to explore my own practice issue and then also be able to bear witness to someone else’s issue and see how they examined their experiences. The cards scaffolded this really beautifully, and their content aligned with social work values that were highly relevant to my practice. The group context really enabled me to feel solidarity and connection with the social justice issues we are all working through, while reaffirming how intimately connected our personal and professional lives are.

I set out to create the Reflective Conversation Cards for myself. I wanted a resource that would help me centre an ethic of accountability and justice in my practices of reflection as a supervisee and practitioner and in my role as a supervisor. Since developing the cards, I have observed that democratising the process of reflection or supervision by giving the Reflector agency over the questions they respond to has opened up new possibilities for critical reflection and supported a decentred Questioner role. The questions posed are at times challenging, stretching you to examine your own assumptions, language, thinking, use of power and alignment with dominant discourse. Being asked some of these questions by a supervisor, who is in a position of power, may feel more confronting, perhaps contributing to a sense of being “called out” that could hinder the reflective process and centre the supervisor’s perspective. Seeing the question cards laid out and making the choice to pick one up and engage with it seems to support people to approach it with a sense of openness, intentionality and oftentimes integrity.

Making the choice to reflect on your own use of power is a different experience to having someone tell you that you’ve misused it, deciding to examine the language you use is different to someone correcting you for getting it “wrong”, and choosing to consider how your actions align or misalign with your values or commitments is different to having someone tell you that you have acted unethically. Oftentimes, practitioners are seeking ways to be more ethical in their work but are met with supervisor-centred advice-giving or may not feel able to raise their concerns. In an era of cancel culture and of dominant professional discourses that value “practice competence” above an accountable and vulnerable practice of critical reflection, finding our way to accountable practice can be challenging. I hope the Reflective Conversation Cards can light up the path to a conversation that might not always come easily: a conversation that allows us to take the wheel in our own reflective process and in our efforts to be accountable to the people we work alongside.

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Spiritual care chaplaincy as joining with people in the “betwixt and between” and beyond:

Meegan’s story with a big-ass mirror

by Jesse Size

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Abstract

Spiritual care in a hospital setting regularly involves joining with people in the “betwixt and between” of life. This paper considers Michael White’s (2016) rite of passage metaphor and the way that it supports double-story development by acknowledging the difficulties people experience while also recognising that a hospital admission can include the possibility that one might arrive at a new place. This paper also explores ways that narrative approaches such as re-membering conversations, outsider-witnessing practices and enabling contribution can support meaningful spiritual care when joining with people at the end of their lives. These narrative approaches enrich the act of joining with people in the betwixt and between and beyond as part of a spiritual care presence.

Key words: chaplaincy; spiritual care; narrative pastoral therapy; spirituality; hospital; rites of passage; re-membering; documentation; enabling contribution; end of life care; narrative practice

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I work as a spiritual care chaplain across two hospitals. Spiritual care is part of caring for the whole person (Koenig, 2014). It gives attention to matters that are part of creating meaning, purpose and connectedness in people's lives (Spiritual Health Association, 2023). Spiritual care seeks to provide an appropriate space for presence; conversation; sharing of sacred texts and resources; and ceremony and ritual related to people's beliefs, traditions, values and practices. Spiritual care in a hospital also involves joining with people at the very end of their lives. This paper focuses on conversations that took place between Meegan, a cancer patient at the end of her life, her mother, Paula, and myself and the ways that narrative approaches help us to meet not simply in the "betwixt and between" (White, 2016) but also in the beyond as part of a meaningful spiritual care presence.

Hospital as liminal space: Joining people in the "betwixt and between" and beyond

A hospital admission can be a challenging or difficult event in a person's life. I have found Michael White's (2004a, 2016) rites of passage metaphor helpful in my work as a spiritual care practitioner in a hospital setting. Drawing on the work of the anthropologist Victor Turner, White wrote about the rites of passage that facilitate transitions in life. These are described as having three phases:

1. **The separation phase:** This involves a separation from what is known and familiar – a leaving of one's ordinary world that may or may not be welcomed or planned. White described the way a hospital admission can be seen as a separation (or "discharge") from previous expectations, roles and responsibilities that are no longer, for whatever reason, currently appropriate or acceptable.
2. **The liminal or "betwixt-and-between" phase:** White described the way that this separation catapults people into a liminal phase "often characterised by heightened expectations, periods of confusion, and degrees of disorientation" (White, 2004, p. 51). White noted that such disorientation can give rise to despair when these experiences are not understood as part of what it means to journey to a new place in life. This is where the rites of passage metaphor can offer an alternative receiving frame that serves to acknowledge people's experiences of distress and disorientation while informing "alternative interpretations of the crises that precipitate admission, ones that shape more positive outcomes for all involved" (White, 2016, p. 87). In this way, a hospital admission can include the opportunity to arrive at a position in life that was not available previously: a position that can include new identity claims and preferences that would suit them better and support quality of life after reincorporation.
3. **The reincorporation phase:** This final phase frames discharge from hospital as a time of reincorporation (or "readmission" into their previous lives and responsibilities). This could involve sharing accounts of the journey that acknowledge what has been clarified, learnt or gained along the way and gives consideration to how the person has arrived at a position in life that was not available to them before.

Most of the patients and staff members we meet with as spiritual care practitioners are experiencing some aspect of this betwixt and betweenness – a disruption, a diagnosis, a problem that is placing strain on the person's life and relationships. White's metaphor supports double-listening in the way that it both acknowledges difficulty and also recognises that a hospital admission can be an important part of journeying to a new place in life. In this paper I consider ways that narrative approaches can help people to access the things in our lives that are significant, meaningful and hopeful in the betwixt and between and ways we can acknowledge the things that have been clarified, learnt and gained along the way.

There is another element that is often a part of spiritual care chaplaincy. Chaplains will sometimes be with people at the very end of their lives and may at times play a role in the remembering of and saying goodbye to a person's life. This paper also considers ways that narrative approaches such as outsider-witnessing practices, re-membering conversations and ways of enabling contribution can support meaningful spiritual care presence during these times. In this way, narrative approaches enrich the act of joining with people in the betwixt and between and beyond as part of a spiritual care presence.

Meegan's story with a big-ass mirror: Documenting alternative knowledges and enabling contribution in the last stages of life and beyond

Visibly distressed, Meegan and her mother, Paula, came to the spiritual care area where I work. In Meegan's words, she was "having a moment". Meegan, 51 years old, explained that she was dying. She was running out of energy and running out of time. Meegan spoke about how ordinarily she was the strong one for others. Now she needed something that might reach her in her current state of exhaustion and overwhelm. Meegan wondered if there was something the spiritual care team could offer – a prayer practice, a ritual – that might be helpful for her at this time.

A spiritual care practitioner will facilitate a basic and often informal spiritual care assessment in the early stages of conversation with a new patient. You want to know something about the place of religion or spirituality and any related practices in the person's life. You want to know what is important to them and the kinds of things that have been sources of hope, meaning, comfort, strength, peace, love and connection (Anandarajah & Hight, 2001). These matters will be different for each person and will be received through the richness of storytelling. In a hospital context, some of these matters will come through the patient's description of what they are up against. This is where a patient will often describe an experience of betwixt and betweenness. Though the person may find themselves in new and uncharted territories, we can begin to explore what is helping or sustaining them at this time, whether big or small. Sometimes we may learn from previous experiences of betwixt and betweenness.

This was especially true in Meegan's case. Very early on in our conversation, Meegan shared some stories from her life that included staring down significant adversity. Paula worried that I wouldn't be able to sleep at night if Meegan shared more stories with me. These would be stories with distressing and confronting content. I said that within each difficult story are stories of how people have found their way through and that these were the stories I loved hearing most. I also mentioned that sometimes these stories can also be really important for others – things I wouldn't have said before I started engaging with narrative practice. These were words taking seriously narrative ideas about listening for double-storied accounts, the ways people respond to traumatic experience, and the importance of stories of survival.

I think this opening back-and-forth helped set the tone for the conversations that followed. We spoke about how others would come, as Meegan had, facing their own challenges, including facing up to death. I asked if Meegan would like to describe what she had learnt along the way – her skills or "practices of living" (White, 2004b, p. 47) – with the idea that this might offer something meaningful or helpful for others. We agreed that Meegan would choose a day when she was feeling okay. I would ask Meegan questions like we were putting together a map of how she had found her way through her difficult (betwixt-and-between) life experiences. I would document the conversation and put it in a form we could give to others.

Meegan may have felt her own life dwindling, but it was significant to her that she might be able to make contributions to others even beyond her time with us all. Meegan said, "If you write this and there's people here that it can help, give it to them". In this way, Meegan was being invited to speak not only on her own behalf but also as a representative of others who had been subject to similar types of adversity. I think this allowed for Meegan to feel comfortable to "speak through me" and not just "to me" (Denborough, 2008, p. 16). The possibility that Meegan's stories and experiences might benefit others framed our conversations as a collective project in response to a social issue that affects many (Denborough, 2008).

Meegan said that documenting these stories could be a way for her to continue to be strong for her loved ones:

Jesse: Do you think some of these conversations could be part of what you leave with those important people as well?

Meegan: You know what, if we get something nailed out, damn right, Jess, I'll share it. Because you know what? They've been around that long; they know most it. I've tried to help them in many, many ways. I'm the strong one of all of them.

These conversations would ultimately allow Meegan to offer her strength to both her loved ones and others in difficult circumstances beyond her time with us.

It was important that the document would be in Meegan's own words.[1] Meegan described herself as a "diamond in the rough" and a "black sheep". Educated, middle-class, white, heterosexual, male clergy like myself might, by contrast, describe themselves in more "smooth" and "shepherd-like" terms. Meegan shared a story from her past about a meeting with a church pastor that didn't go well. The barrier wasn't faith or belief, it was Meegan's colourful language. The "shepherd" didn't want the "black sheep" to swear. Meegan didn't feel like she could be herself. The relationship didn't continue.

The next time we met together, Meegan did indeed share harrowing stories featuring themes of violence, abuse and addiction. These were important storylines, and both Meegan and Paula spoke about the impact and legacy of these experiences. But the larger focus was on the threads of survival, resistance, restoration and hope that were woven throughout. Our time together became a conversation about how Meegan had broken cycles of violence, abuse, trauma, addiction, secrecy, shame and despair.

Meegan shared stories that were complicated and devastating, but her response in the face of violence and abuse was clear: she wasn't going to hide. She wasn't going to be recruited into self-loathing, self-blame or self-doubt. She wasn't going to let secrecy "steal her voice" or "strangle her vocal cords" (McPhie & Chaffey, 1998, p. 44). We spoke about these matters as part of our conversation. I was particularly interested in *how* Meegan dealt with shame, in beginning to trace some of the history of this skill/practice for living, and in drawing out aspects of Meegan's preferred identity stories:

Jesse: Situations like this can often come with secrecy and shame so it stays under the rug.

Meegan: I dealt with the shame, for sure.

Jesse: How? How did you make sure there was no more sweeping under the rug?

Meegan: My best friend is the mirror. And I taught myself, you can bullshit a bullshitter, but you can't lie to yourself, Meegan. And I would get in the mirror, and I would power myself up every god damn morning. I am not ashamed, and my story will help, and I am going to tell it.

Jesse: When did this come? Because you were 13, that can be a tender age.

Meegan: I think the youngest age, when I rebelled and started to become a bit on my own. And then I got my first boyfriend who started to beat me. So that's when, you know.

Jesse: When things like this happen, a lot of people go smaller, but that doesn't seem to be your experience.

Paula: No, she became bigger.

Jesse: I remember you saying you were a rebel, a black sheep?

Meegan: Yes, I was always kind of the black sheep.

Jesse: So you weren't going to play by the rules of staying small or sweeping things under the rug?

Meegan: That's playing how they play. I'm different. I'm different. I was making a change, Jesse, and that's what it was about.

Paula: Family would say, "don't come and visit". And Meegan would come and visit and bring friends and say, "Hey Aunty, how are you going?" So they had no choice but to deal with it.

Meegan: I loved all my aunties. They used to take me when I was a kid and they had quality time with me, but when I brought up the sexual abuse, at first, no one believed me. I'd already started that transition of "fuck you; I'm not going to be here. I'm going to be with friends", doing all that shit. But even then, I was always still close to home, parties or if family come, I always wanted to be there.

Jesse: Family didn't want to believe it because it was too painful?

Meegan: Too painful. But guess what. It did happen. And you're all going to admit it.

Paula: And you're all going to deal with it.

For the rest of the conversation, I asked questions inviting Meegan to reflect on the different ways this storyline of "getting in the mirror" showed up. I listened for the values, hopes and dreams that were reflected, where these skills and practices of living might have come from and so on. Meegan shared many stories of fighting *for* the things that were most important to her.

Love, justice and responsibility were powerful themes throughout.

Alongside these conversations, we spoke of ways Meegan was approaching death. Meegan didn't want a funeral. She wanted to be cremated so that her ashes could be given to her loved ones. Her family were creating a Zen Garden where all her loved ones could assemble to say their goodbyes. She didn't want a big emotional gathering. She wanted humour and colour. She wanted to give everyone a bag of sunflower seeds and she had something special planned for some important family members. She did, however, say that she thought it would be good to share these stories about her life with all her loved ones once they were documented. Before Meegan's time with everyone was up, however, Meegan spoke about how she really just wanted to make memories with her loved ones while they could. At the end of our conversation, Paula spoke about how much this time meant to them. Meegan had come to the office looking for something she didn't have at that time. She left energised by her own strong story (Drahm-Butler, 2015) and the contribution it might make to others. Perhaps we could say that, in rites of passage terms, Meegan had shared an account of the journey acknowledging what had been clarified, learnt and gained along the way and about how she had arrived at a new position in life.

I was really animated about the prospect of further conversations and had a bunch of topics and questions queued up. We had a future time together booked in, but Meegan and Paula never came. I sent a text checking in but didn't hear back from them until I bumped into Paula on my way into the hospital some weeks later. Paula said that Meegan was in hospital again and had lost a lot of weight. She asked that I come by later that day.

It turned out that things were close to the end for Meegan. I wanted Meegan to know that I would share her story with others, so I asked something of my fellow chaplain who was working with me that day. She had shared with me her own history that included experiences of abuse. I asked her how she would feel about reading a transcript of our conversation together, and if she felt comfortable, to write a brief outsider-witness letter that could be given to Meegan as an outsider-witness practice. It was enough for me to leave my colleague, who was slightly aware of outsider-witness practices, with the transcript and the following directions:

- **expression**: note any words or expressions that catch your attention
- **image**: Consider what these expressions suggest to you about what might be important to Meegan or what she stands for in life and consider any images that come to mind as you read these expressions
- **resonance**: note what stands out to you and consider what it is about your own life that has you being drawn to these expressions
- **transport**: reflect on what might be more possible as a result of hearing Meegan's expressions and any aspects of Meegan's story that you would like to stay with you.

My colleague was genuinely moved by Meegan's story and wrote a letter to be passed on to her. Here's a brief excerpt:

> These are some things that feel more possible as a result of hearing Meegan's story:
>
> *Being prepared to tell my story.* I actually find this quite hard, because I feel a sense of – not shame, but embarrassment about my past. But I do feel challenged to speak more openly about it.
>
> *The importance of love over hate, forgiveness over harbouring grudges*. These are no easy things to achieve – and I try hard to embody these. I feel really encouraged that Meegan has been able to achieve these things through far more difficult circumstances than mine.
>
> *The decision not to keep secrets and to face the mirror; to deal with one's fears head on.* The decision to face my fears is one I too have made, but far later in life. There is a sense in which Meegan has instigated the justice she needed by confronting the people responsible.

When I went to be with Meegan she was being attended to by nursing staff. Paula emerged from Meegan's room and explained that Meegan was exhausted and asked if I could come back at another time. I said this was no problem but also gave Paula the letter from my colleague. Paula said she'd read it to Meegan. Paula did read that letter to Meegan and told me they were both moved by it. Meegan said to her mum, "If my story can make a difference for even one person then it's all worth it". Meegan died a few hours later.

Paula met with me at the hospital in the days following Meegan's death. Paula shared tender details of their final moments and told me that Meegan had asked for me to share some words at the Zen Garden gathering to remember her life. By this time, I was able to share with Paula a document from our conversations with Meegan that captured her words about breaking cycles of violence, abuse, trauma, addiction, secrecy, shame and despair. This was quite moving for Paula who asked that we make copies available for everyone at Meegan's gathering.

Below is an excerpt of this document[2] that offers a window into some of Meegan's:

- skills and practices for living (getting in the mirror)
- preferred identity stories ("diamond in the rough", "black sheep")
- hopes for her life (living without shame, love over hate, standing by family)
- ways of understanding her identity and skills of living in more-than-individual terms ("I'm not this person on my own. My grandparents and my mum brought me up …")

Meegan's story with a big-ass mirror

Words drawn from a conversation with Meegan and Paula

The mirror as my best friend: Breaking cycles of violence, abuse, trauma, addiction, secrecy, shame and despair

My best friend is the mirror. I taught myself, you can bullshit a bullshitter, but you can't lie to yourself, Meegan. And I would get in the mirror, and I would power myself up every god damn morning. I am not ashamed, and my story will help, and I am going to tell it.

I don't have any secrets, I just don't. I find them a bit evil sometimes. They bring uncertainty. They bring a lot of doubt. I'll never be shame about nothing. That's why I'm rare. Diamond in the rough they call me.

No more sweeping things under the rug

I was the black sheep … I said, "no more sweeping shit under the rug in this family. We're done with that".

That's playing how they play. I'm different. I'm different. I was making a change, and that's what it was about.

On fighting for the things that are most important

I got that low. My kids kept me going. If it weren't for the kids, I could have gotten even lower ... I went to my counsellor and went to a couple of AA meetings. That was a big achievement. I realised I didn't need to drink; it was a coping mechanism.

I also went home and took down every curtain in my house. My mum said, "Do I need to call the doctor, what's going on?"

I said, "I don't want to hide behind nothing anymore". People found that very strange, but it was me confronting every single fear. If I had the curtains shut, I would be constantly peeping. That's not who I am. I am free. As soon as those curtains came down, Meegan came back. I wasn't going to be a worrier, I'm a warrior.

On the importance of love, togetherness and transparency

You just needed the family to stand by you, go with you: the full hog. No more bagging, no setting them up to fail. Hate is the only thing that holds love back.

I'm not this person on my own. My grandparents and my mum brought me up … I was really supported and loved – cradled so to speak.

These words were important for me also. As clergy or as a chaplain, it is not unusual for me to officiate at a funeral, but Meegan didn't want a funeral. She didn't want the gathering to be an especially sad occasion. With this document, Meegan's own words and hard-won knowledge could be central to the gathering. We could keep Meegan's strong story (Drahm-Butler, 2015) close to us and honour her hope to make a contribution to others. One of the significant aspects of this document for Meegan's farewell gathering was Meegan and Paula talking about how the mirror can also be a place for ongoing relationship (or "saying hullo again" [White, 2004]):

Paula: I will fight alongside her until the fight is over, and I've said to her, even then, I'll talk to her every day. I'll stand in the mirror, and I'll say, "good morning, sweetheart!" And I know she'll be there. Just like I know my mum and dad are there, right? I talk to them all the time. Just because you can't see people doesn't mean they're not there.

Meegan: I actually believe you have stronger connections with those people because, you know what, you have to recall. I actually love those chats … they mean something to me.

… I'm a green person, but if I've got to have a flower, a sunflower it will be. My loved ones can plant sunflower seeds at home. If they plant one or two a year, so be it. I just see that as my big smiley face, you know what I'm saying? Strong and bright. I like how they grow that whopping big stem, like a Tree of Life. And they can grow in all kinds of environments.

In this way we were receiving words that not only would help us to remember what was important to Meegan, but we could also hear Meegan's (and Paula's) own words about how we can access love, strength and connection with Meegan even though she is no longer with us physically. Paula and I have plans to meet together in the future and I am wondering if she might like to draw upon "Meegan's Story with a Big-Ass Mirror" for outsider-witnessing and re-membering conversations.

If Meegan, Paula and myself had more opportunities to meet together, I wonder about the re-membering conversations we might have been able to have about some of the important people in Meegan's life. Meegan spoke about how she loved recalling and forging even stronger connections with her loved ones. These conversations might have been wonderful avenues for exploring both the gifts Meegan received and the contributions Meegan made to others. I wondered if such conversations might offer something meaningful to Meegan in her experiences of betwixt and betweenness. I was also interested in the ways Meegan and Paula might continue to richly describe the practice of getting in the mirror – this recalling and strengthening of connections that transcends time and space, and even life and death. I wondered about the ways it might offer something significant for others when things like grief, separation or loss are part of their experience.

Conclusion: Intersections between narrative therapy and spiritual care in a hospital context

Meegan came to the spiritual care area hoping she might be given something that could meet her in her experience of weariness and overwhelm. Approaches such as double-listening and outsider witnessing allowed Meegan to be energised and strengthened by her own strong story (Drahm-Butler, 2015) and the contribution it might make to others. Documenting Meegan's strong story allowed her words and hard-won knowledge to be central on the day we said goodbye to her. It allowed us to honour Meegan's hopes about making a contribution to others, and it offered us clues about how we might find ways to say hullo again beyond Meegan's time with us all.

In many ways, spiritual care in a hospital setting involves meeting with people in the "betwixt and between" (White, 2016). Sometimes it involves joining with people at the very end of their lives. To meet with people and with their loved ones, to be able to draw from the riches of re-membering conversations and outsider-witnessing practices, and to be able to consider ways of enabling contribution are some of the many beautiful ways that narrative approaches can support a meaningful spiritual care presence during these times. I have come to think of spiritual care in this setting as joining with people in the betwixt and between and beyond.

Ultimately, I only met with Meegan twice – an initial conversation to chart the course for our time together and then one “big-ass” (Meegan’s words) conversation with Meegan and Paula. It’s important to note Paula’s place within these conversations. Paula accompanied Meegan every step of the way. Paula was with Meegan when she came to the spiritual care area. Paula added richly to the telling of Meegan’s life. Paula received and read the letter from my colleague. Paula was with Meegan in those last tender moments of Meegan’s life. Paula was the go-between for all the farewell gathering planning. Paula, in Meegan’s own words, was Meegan’s rock, her best friend. Paula spoke to me about how Meegan processed these conversations. While we only had one major conversation together, Meegan felt like it covered the things that were most important to her. Many rich and significant narrative conversations and practices take place over long periods of time. Sometimes they can take place within a conversation or two. Drawing on narrative practices such as letter writing, re-membering conversations or outsider witnessing raises the odds that this will be so.

I keep a copy of “Meegan’s Story with a Big-Ass Mirror” in the little nook of the door on the passenger side in my car. I like being able to remember Meegan and the things she stood for every time I make my way into the hospital. Meegan’s expressions make me think a lot about how I can befriend my own mirror, drawing strength from my own sources of sustenance so that I can attend to and embrace the things that are most important to me in life. I feel a deep sense of gratitude for the conversations I’ve been able to have with both Meegan and Paula, and I’m also grateful for the riches of narrative therapy and spiritual care.

As a way of concluding this reflection on my conversations with Meegan and Paula, I will include the final prayer that the family had invited me to write and offer as part of the farewell gathering, a prayer of commendation. As we prayed for Meegan, I knew that Paula would recognise that each line of the prayer reflected some aspect of our conversations together. It is a prayer for Meegan, but it also carries Meegan’s own language, experience and hopes for her life with us all and beyond.

Farewell on your journey to your very own star,
to Beetlejuice Supernova.
We know that there’s only one way with you –
to go out with one hell of a bang.
So we say something of a farewell,
and we have all kinds of feelings
both now and in the days to come.
But do not fear, Meegan, that you will be lost in the universe.
You came into this world cradled in love,
And you will be with us
in the love that lives deeply within all of us,
And you are carried now
to a place where love rises in bright fullness.
We will remember you;
We will meet you in the mirror;
We will plant sunflowers
and carry your brightness and joy with us.
Go, in your own way,
just you like you always have, dear Meegan.
Amen.

Notes

[1] The title of the document – “Meegan’s story with a big-ass mirror” – comes from Meegan’s own description of the themes of our conversations. It’s not hard to picture the smile this title would bring to Meegan and her loved ones!

[2] The author is happy to share the whole document on request.

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Let's hear what the experts say:

Narrative co-research with young people resisting the gaze of success

by Angela On Kee Tsun

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Abstract

This paper documents a co-research journey with three young people who had been labelled as “socially isolated” and “underachievers”. I introduce narrative ideas such as externalising the problem and its effects, exploring the absent but implicit, re-authoring and investigating the cultural context of how success is constructed in Chinese cultures. I describe the co-research methodology we used and the development of five themes; namely, the young people’s views of the problem, their descriptions of the problem and its effects, the strategies they used against the problem and its effects, what they held to be important, and how the results of our co-research were extended to inform future plans and actions. After sharing the voices of the three young persons, I reflect on lessons from this co-research process.

Key words: co-research; absent but implicit; hopes and dreams; Hong Kong; school; exams; suicide; young people; youth; narrative practice

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I became a school social worker in Hong Kong in the early 1980s. At this time, students who were referred to work with me were often described as “underachievers” or as having “behavioural problems”. Thirty-five years have passed, and many young people are still introduced to me because of “underachievement” and/or relational issues. Many of the problem descriptions they arrive with relate to academic achievement. Low motivation, internet addiction and school refusal are but a few of these.

In recent years, I have been alarmed by the tremendous increase in the number of children and young people in Hong Kong who end their own life. The suicide rate for those aged 15 to 24 almost doubled from 6.2 deaths per 100,000 people in 2014 to 12.2 in 2022, and there were 67 suspected suicides and 50 attempts involving people aged under 25 in Hong Kong in 2023 (South China Morning Post, 2024). Some of the reasons reported for youth suicidal ideation and suicide attempts include a belief that they have failed to live up to their parents’ expectations, unsuccessful academic and school performance, high competition in the learning environment, anxiety about examinations, and bullying at school (Chen & Wong, 2024; Ho, 2024). Government departments, teachers, parents and the public all wish to find ways to prevent suicide, to support and encourage young people to seek help, and to reduce the study pressures that they may experience.

I have the privilege of hearing stories about young people’s lives from their perspectives. These stories are often quite different from the dominant descriptions just mentioned. This has compelled me to seek out young people’s voices and help them be heard. I am curious about what young people hold important in life. I also wonder how we can acknowledge and honour the strategies young people develop and use to survive hardship and move towards what they want in life. All these curiosities prompted me to start collaborating with young people in our conversations using what David Epston (1999) has described as a co-research process. I now invite you to walk this co-research journey with me and listen to what three young people want to tell us about their experiences.

Narrative ideas that informed the conversations

Narrative therapy, as co-founded by Michael White and David Epston (1990), respects people who come to therapy as experts on their own lives. I will outline the narrative therapy concepts that informed my conversations with the three young people whose stories are shared in this paper.

Construction of problem identities

“Persons live their lives by stories” (White, 1992, p. 123). When people come to tell stories about their lived experience, events with significance and workable meaning are selected and told. This may include information, feelings, expectations, wishes, images and impressions about their experiences. Other experiences may be left untold.

Bruner’s (1986) dual landscapes help me understand story-making and story meaning. The landscape of action consists of life events (*fabula*) and story plots (*sjuzel*). The landscape of consciousness (or the landscape of identity as Michael White termed it) refers to how people make meaning from these events or plots. People’s reflections on events express preferences, values, hopes and dreams.

The meaning we ascribe to an event is shaped by the “receiving context” for the event (White & Epston, 1990). The receiving context is the network of premises and presuppositions that constitute our maps of the world. Events that cannot be patterned are not selected for storying. According to Linde (1993, p. 3), “to exist in the social world with a comfortable sense of being a good, socially proper, and stable person, an individual needs to have a coherent, acceptable, and constantly revised life story”. For this reason, stories that cohere with dominant cultural values (for example, taken-for-granted assumptions about what is “good” and “bad”) often come to the fore. These may include accounts that situate experiences in relation to values such as self-cultivation and academic achievement – standards by which Chinese culture evaluates young people’s performance.

Stories that link instances of failure to achieve dominant values can also be told and retold. People who do not “perform” according to dominant values are classified as “bad”, “problematic” or as having “failed”. Such labels recruit people into self-surveillance and self-judgement, monitoring themselves for deficits and disorders (Foucault, 1980). As a result, people internalise the problem as part of who they are and reach a thin identity conclusion.

Externalising the problem

Some approaches position therapists as holding knowledge that enables them to make diagnoses and specific intervention plans, positioning the people who consult them as objects to be observed, assessed and treated in order that they be returned "back to normal". Narrative therapy holds a different view. Instead of situating problems within persons or communities, a narrative practitioner uses externalising language to separate the person from the problem. This creates space for the person to look into the problem and its effects on their life.

There are four categories of inquiry used to externalise a problem:

- eliciting a full description and naming of the problem
- mapping the effects of the problem
- evaluating the problem and its effects
- justifying the evaluation.

Please refer to Morgan (2000) and White (2005) for a detailed description of these categories and questions that can be used to explore them.

The absent but implicit and re-authoring

Life is multi-storied. Story plots different from the dominant problem-story plots are often forgotten or ignored because they are held to be less important. "The background experiences for problems often have to do with what people treasure or cherish" (Freedman, 2012, p. 2). An experience becomes problematic when it is different from or against the values that a person upholds.

A narrative practitioner uses "double listening" (White, 2003) to pay attention to both problem stories and experiences that might fall outside the problem stories. We listen for contrasts between two or more descriptions (the gaps) and attend to the knowledges and skills people engage in resisting the problem or maintaining or reclaiming hope. Questions may include:

- Despite the frustration, you persisted in finishing the work. How did you make it through?
- What might this tell us about what is important to you?
- What might this tell us about the values that you uphold?

As the absent but implicit (White, 2000) is explored, the person's values, hopes and dreams can be rendered visible for the person to richly describe or thicken. These alternative storylines reflect ideas, experiences and commitments that people give value to, long for or hold precious. People can rewrite or re-author their life stories, reposition themselves from being problematic to being valuable, and regain a sense of personal agency to determine directions for plans or actions.

In summary, narrative conversations are externalising conversations in which the practitioner collaborates with the person who comes to consult them. The practitioner holds a not-knowing but influential position by asking questions so that the person can identify and explore alternative stories that exist alongside problem stories. In these conversations, the problem and its effects are unpacked so that the person gains space to discover alternative stories that align with their values, hopes and dreams, and these can guide them to plans and actions.

Construction of success and failure in Chinese cultures

The cultural context of a problem is another key consideration. For the three young people whose stories are shared here, local constructions of success and failure were important to consider. Academic achievements and harmonious relationships have long been yardsticks to measure the success of children and young people in Chinese cultures. Under the gaze of "the eye of success", many young people who do not show "good academic performance" or "good relational skills" receive labels such as "incapable", "useless", "unsociable" and "abnormal". These labels not only affect their lives but also shape their identity as a "failure".

McDull, a pig, is a popular cartoon character created by Hong Kong cartoonists Alice Mak and Brian Tse. McDull has featured in comic strips, television programs and films, and he is seen as representing the lives of ordinary people in Hong Kong. He is not smart, but he has many dreams. He tries, fails and feels disappointed, but he persists, tries again and never gives up exploring his dreams. In one of the movies, *My Life as McDull* (Yuen, 2001) McDull's mother is shown in the delivery room making wishes for the son about to be born. The list includes "smart, clever, studying hard". This list represents adults' expectations of children and young people in the local context. Academic achievement and harmonious interpersonal relationships are values that Chinese culture upholds and that we aspire to in our lives even in contemporary Chinese cultures.

The eye of success

Polanco (2010) used the term "eye of success" in relation to the experiences of North American university students dealing with ideas of "success" in Western educational traditions. This reminds me that as counsellors we may have internalised the norms of the "receiving context" (Bateson, 1979). According to Foucault:

> Each society has its regime of truth, its "general politics" of truth: that is, the types of discourse it harbours and causes to function as true; the mechanisms and instances which enable one to distinguish true from false statements, the way in which each is sanctioned; the techniques and procedures which are valorised for obtaining truth; the status of those who are charged with saying what counts as true. (Foucault, 1976, p. 13)

Across societies, two of the institutions that convey "truth" and monitor people's behaviours are the education system and the family. These institutions implement the eye of success, and the self-surveillance it invites shapes people's lives and identities.

Success as a cultural and historical construction

In about the 7th century CE, imperial China put an end to hereditary nobility and hereditary tenure of office by introducing state examinations. People from the peasantry then had a chance to join the scholarly gentry and become state officials if they studied hard to master the Chinese scripts and had money to travel to the capital (Lang, 1946). Educational achievement became the only way for ordinary people to move up the class ladder, gaining wealth and prestige, and it was also a way to honour one's ancestors. Educational attainment has since been regarded as fundamental to child development and self-cultivation. The Chinese saying "Everything is inferior, only scholars are superior" still guides us to achieve academically. Confucianists believe that the survival and continuation of civilisation is a communal attainment. This has laid the foundation for the significant role of harmony and social relationships in Chinese cultures. The virtues of humaneness, righteousness, willingness to sacrifice, loyalty and filiality regulate individual behaviour as well as interpersonal relationships (Chinese Culture Connection, 1987).

Under the normalising gaze that reflects the dominant values in Chinese cultures, students who cannot attain satisfactory or good academic achievement, or are not seen as being sociable, are viewed as problems to be fixed. The three young persons in this co-research were affected by this gaze.

Narrative co-research

David Epston, an anthropologist as well as a narrative therapist, developed co-research as a therapeutic practice through his collaboration with children, young people and their families suffering from issues like asthma, genetic disorders, anorexia or "dirty pants" (Epston, 1999, 2016).

Both David Epston and Michael White conceived of therapy as "a reciprocal exchange" and honoured the local knowledges of persons consulting practitioners (Epston, 2014, p. 106). Karl Tomm, a family therapist, commented to David Epston after watching his conversations with families from behind a screen: "David, you do research all the time" (Epston, 2014, p. 108). Epston came to understand his daily therapeutic practice as a form of research or co-research. Narrative practice itself can be seen as a form of co-research that is as much ethnographic as it is therapeutic.

People who come to consult a practitioner become the consultants, giving the practitioner the privilege of listening to their stories about the problem and its effects on their lives, as well as counter-stories of how they may have resisted hardship – stories against the problem. In the process, the values, hopes and dreams that support their resistance are rendered visible as the stories unfold. The practitioner is "an archivist, a co-creator and an anthologist of alternative knowledges" (Epston, 2001, p. 179).

In the co-research process, the person and the therapist co-produce an account of the person's insider knowledge about suffering. Each person consulting the therapist is a co-researcher who is “an equal part in the process of exploration and it is their knowledge and skills about their own life and relationship that are the focus of their conversations” (Dulwich Centre Publications, 2004, p. 33). In co-research conversations, the practitioner “raises a number of questions to the person’s conscious awareness” (Epston, 1999, p. 143). These questions guide the conversations while the practitioner simultaneously seeks to follow the person’s lead.

My co-research journey with the three experts

Epston’s ideas about co-research have encouraged me to embark on narrative journeys with people as co-research partners. I started to explore possibilities of consulting young people about their stories and how they make meaning of their life experiences. I am particularly drawn to how young people are affected by cultural discourses that shape failure identities. I am also curious about their resistance to being positioned as failures and their persistence in upholding their values.

As therapists positioning ourselves as co-researchers, we must neither characterise young people “as victims or dupes to structure” nor “erroneously celebrate them as completely free actors” for ideological purposes: “We must simply listen to what young people themselves have to say when making sense of their own lives” (Stephen & Squires, 2003, p. 161). As a practitioner and an archiver in the co-research journey, I took a not-knowing position and avoided prior assumptions about the problem and about possible solutions. I did not have any expectations about how the sessions would go or how they would end. Rather, the conversations were opportunities to explore the young people’s experiences, their knowledges and skills in resisting the problem and its effects, and the values that the person holds on to (Epston, 1999, 2014).

To capture the experts’ stories – particularly their meaning-making in relation to the problems, their resistance and strategies against the problem and its effects – and to render their values, hopes and dreams visible, I had in mind the narrative maps that guided all the conversations. On the other hand, decisions about which direction to go in and what information to pursue in greater detail were led by the young people.

With informed consent I was granted discretion to record our conversations for research, training and publication purposes. All the conversations were audio recorded and transcribed verbatim by members of the Hong Kong Blind Union who were experienced transcribers.

Meeting the experts

Fung, Kit and Hong, aged between 17 and 19 years, were school repeaters who were seen as having low academic achievement. Fung and Kit were asked by their teachers to see the school social worker because of perceived underachievement and relational issues. Fung’s teacher described him as a loner who “walked like a zombie”, stumbling here and there during recess and lunch hours. Kit was described in similar terms. In addition to seeing Kit as a loner, Kit’s teacher was concerned about the crying spells that Kit had: “she would cry during class for unknown reasons”. Hong sought help from the school social worker as he was being attacked by depression and suicidal thoughts.

Soon, the school social worker felt that the conversations with these young people were going nowhere beyond the problem description. She suggested they try having one-to-one conversations with me. The young people were curious about this option and agreed to come to see me. Kit, Fung and Hong visited my office six, nine and 10 times respectively.

Below, each of these experts is introduced and I share some of our early conversations getting to know the problems they were experiencing. We began with externalising conversations. I collaborated with them to unpack the problems and their effects. As they gained some separation from the problems, space was made available to render visible their preferences, values, hopes and dreams. Knowing how my questions could influence or lead their responses, I always bore in mind to ask experience-near questions (questions that followed what they had just said).

To decentre myself and adopt a not-knowing position, I started the conversations by inviting the young person to take the lead: “What you would like to talk about?” Questions that I found helpful in offering a space for loitering and inviting a full description of the problem or issue consisted of “You mentioned …, could you tell me more?” and “Besides …, what else would you like to talk about?”

Kit's story

When I asked Kit what she'd like to talk about, she responded immediately: "relationships with others and study problems".

Kit shared how study pressure was affecting her relationships with her classmates: "I felt irritable and would throw my temper at them when they talked loudly while I was studying. I just could not concentrate. They said I was unfriendly behind my back and stopped talking to me." Kit wanted to focus on her studies and decided not to be bothered by human relationships, but she would cry when she felt she could not relate well.

To my enquiry about what these tears expressed, Kit said, "They [classmates] did not talk with me, and no one cared to understand me … They did not like me and often accused me of throwing tempers". She said she had no friends and that the temper affected her concentration and her relationships with others. At the end of our first conversation, Kit realised she would like a peaceful environment to prepare for the examination, but at the same time, she cared about relationships. She was "surprised to know that I expect myself to have good academic performance as well as good relationships with people". I was curious about whether or not this surprise was pleasing to her. Kit said she was happy with the realisation as it gave her directions: study hard and improve relationships with people.

To unveil the problems and their effects, I invited each of the young people to talk more about their concerns. In our second conversation, Kit brought a birthday card with greetings from her classmates. I was curious about why the classmates would give her a birthday card if she had no friends at school. To start the conversation, I asked Kit about which greeting struck her most. She chose "do play with us" and wondered if the classmate meant it.

Kit: They said they wanted to make friends with me, but we failed in the end. Was it because I am no good?

Angela: Do you mean you have had chances to play together?

Kit: Yes, in fact, they accepted me. It's because I am asocial. They said I am asocial.

Angela: Who said so?

Kit: The teachers and the classmates said so. I don't know why I am asocial.

Angela: How do you notice "asocial"?

Kit recalled an episode when asocial was present: When a class photo was being taken, she stood in the corner and would not do the same pose as others did. The asocial stopped her from building a relationship with the others. I asked her to tell me more about how the asocial might have been affecting her relationships.

Kit added more details. Sometimes she became irritated when she could not finish her work. At other times she knew her classmates were speaking against her. Just that morning, a girl had stood beside her table, and Kit became anxious that the girl might do something against her. As I asked more about this, Kit named this problem "suspicious and over-sensitive".

I began to explore the history of suspicious and over-sensitive. Kit narrated more events about backbiting that occurred when she repeated Secondary 5. A close friend with whom she shared secrets turned against her. She felt horrible. At this point, Kit also shared her experience of being bullied when she was in primary school. She felt hurt and cried.

Fung's story

Fung's response that "there is nothing we can do" seemed, on one hand, to be expressing a sense of helplessness. On the other hand, I wondered what might be absent but implicit in this statement. I kept this curiosity in mind and waited for a fuller description of the problem from his perspective.

I did not ask Fung an absent-but-implicit question about "nothing we can do" as it seemed too early to explore his preferences and values. Instead, I asked about what made him come to our meeting.

Fung: Ms Chan [the school social worker] asked me to come.

Angela: What made you visit Ms Chan?

Fung: My form master asked me to visit Ms Chan.

Angela: Was visiting us your preference?

Fung: It doesn't matter.

Angela: Why would the teacher recommend you visit Ms Chan?

Fung: He said I always appear to be unhappy.

Angela: How did he notice that?

Fung: I don't know.

Angela: Did he ever mention this to you?

Fung: He did, but I forgot what he said.

Angela: You just mentioned you visited Ms Chan at the teacher's request. You came all the way here because Ms Chan asked you to. Did visiting us mean anything to you?

Fung: Whatever.

My attempts to invite Fung to take the lead and to understand what he wanted from our conversation were going nowhere. I decided to ask an influential question.

Angela: Could you tell me, what did you and Ms Chan talk about?

Fung: We simply waffled. We also talked about pop songs and family matters.

Angela: What did you waffle about? [I could have asked about the pop songs and family matters]

Fung: Don't know what to say. Whatever.

Angela: I could be wrong, but it appears that you will do what others want you to do.

Fung: Whatever. This is just a nominal title.

Angela: Nominal title?

Fung: Whether or not I am an accommodating person depends on individuals' perspectives.

Angela: What do you mean? Whose perspectives are you referring to?

Fung: I don't know what to say. It's difficult to know about others' views.

Angela: Who are these "others"?

Fung: You can choose just any person from a random sampling and ask them about it. I don't know.

There were several "it doesn't matter", "whatever" and "I don't know" responses, which could have meant Fung was disinterested in our conversation, he didn't want to talk, or that he did not know what to say. However, I was encouraged that our conversation did not come to a dead end. We were engaged in a dialogue, and I was thankful that Fung was trying to help me understand his thoughts and expert knowledge.

After summarising or providing an "editorial" of what he had just told me, I asked again:

Angela What do you look for in our conversation?

Fung: [After a short silence] I don't know. I have not thought about it.

Angela: I could be wrong, but it appears that you are doing what other people want you to do.

Fung: I think that too.

Angela: I am not sure if coming here is what you want. Here, you can choose to say what you want to say and share what you want to do. We can do it together. Would you like to do that?

Fung: I want a better relationship with those who care about me.

Angela: Who are these people?

Fung then gave me a list of the people who cared about him. This might as well have been a list of people who he cared about.

From the second interview onward, Fung shared about his studies and adults' expectations of his academic performance. He said that family members had applied great pressure on him since he was in Secondary 4, particularly his paternal aunt who became his guardian after his mother died of cancer. The aunt would call him or meet with him several times a week and would say, "How is your study?", "Study hard", "Don't play too much; spend your time on study, and enter a university". Besides the schoolwork, projects, tests and examinations also created pressure on him. He suffered from insomnia.

Hong's story

When I asked Hong what he'd like to talk about, he showed me scenic photos he had taken in the countryside, and commented "the king of worst".

Hong believed he had "poor performance" compared with others and he named the problem as a "vicious cycle". He had been a victim of bullying ever since he entered secondary school. His classmates said he was autistic and would blame him for everything. This made him unhappy and emotional, and affected his sense of competence. He also lost his sense of control particularly when he was in a group. I was curious about what he described as being "fearful of the human being".

Angela: What is this fear like? How big is it? How tall is it? What is its colour?

Hong: It accelerates my heartbeat.

Angela: How else does this fear affect you?

Hong: It creates negative emotional responses, hard-to-concentrate, and somatic responses.

Angela: What kind of somatic responses?

Hong: Diarrhoea, dizziness. It affects my emotions and then my performance.

Angela: It affects your performance?

Hong: Academic performance, interests. Then it started affecting my self-esteem and self-confidence.

Angela: Any other effects?

Hong: Negative emotions, self-confidence, can't get charged up, relationships. The cycle keeps spinning on and on.

Angela: How would you name this?

Hong: Vicious cycle.

Hong shared more fully about the vicious cycle and its effects on his confidence, which in turn affected his social relationships. It kept him from approaching a group.

Resisting the eye of success

Each of the young people described problems related to the "eye of success". As each problem was externalised, I sought to provide a platform for the young people to examine the problem's history. The effects of the problems became increasingly visible. Throughout these conversations, I used double listening to hear the young people's alternative stories. As they described problems they were facing and their effects, I would ask myself: What else are they trying to tell me? What are their preferences? What could be absent but implicit in their description of the problem and its effects? Soon, their resistance to the normalising gaze became visible.

Kit's story

When Kit was invited to evaluate the problem, she said, "I thought if I did not relate to anybody, they would have nothing to gossip about me. But it was even worse when I isolated myself from them". Her intention to withdraw from her classmates became clear. I therefore asked a question about what was absent but implicit in this – "What was your choice then?" – to help make visible her intention. Kit stressed that she was trying to keep away from backbiting and gossiping. The "having no friends" was her agentic action against backbiting and gossiping which were not her preference in social relationships.

If backbiting and gossiping were not Kit's preference, what did she look for in social relationships? Without hesitation, she said, "I look for candidness, mutual help, care and acceptance in relationships. Acceptance is very important. We all have weaknesses. We shouldn't gossip about others but appreciate others' merits".

Kit realised that the "unsociability" was a choice rather than a problem. She was certain about what she valued in friendship: candidness, mutual help, care and acceptance.

As what Kit held important in social relationships was rendered visible, she was invited to richly describe her experiences with valued relationships. I had the privilege of hearing more about her time with several close friends.

These conversations provided a basis for looking to the future. With Kit's realisation about what she held important in friendship and her quest for friendship in school, I was curious about where this would lead. Kit decided to take the initiative to make friends. I asked who came to mind and how the initiative could take place.

Fung's story

I was curious about Fung's responses to the study pressure he was receiving from his uncle and aunt, his teachers and from broader social discourses. Fung said that he tried his best to study. As we talked more about this, he gave me the privilege of hearing details of his study practices and his plans as well as some of the strategies he had been using to resist the pressure.

Fung: I would not let them know that I listen to pop songs while doing homework or revisions.

Angela: Why?

Fung: They would just witter. My uncle would ask me not to do other things while studying … My aunt said my academic results were no good. Though she did not say anything, I knew she wanted me to enter a university … Among the 10 children in the clan, I am the only one who can study high school and may get into a university.

Angela: How did you respond to the expectations?

Fung: I chose not to be bothered.

Drawing was another activity Fung would engage in when he was tired and felt "unmotivated to study". His strategies to "try my best" were becoming more visible. He knew clearly that he preferred science subjects and did not prefer memorising texts, as in subjects like history and literature. When the time came, he planned to turbocharge his efforts – to do more exercises besides homework and more revision: "I know what I am doing."

Fung also asserted that "it's beyond reproach that we should accommodate others, but we don't have to become a different person. Just be me". He would try his best. He might have a sense of failure, but he would not be anxious even if he could not gain entry to a university. An alternative pathway he had identified was to study electronic engineering at a vocational college. Fung was also good at sports such as long-distance running, swimming and sailing. He would consider further developing these hobbies into a career, such as becoming a fitness coach or lifeguard. Together with his friends, he planned to take first aid and lifesaving classes.

Fung used a metaphor to describe his relationship to his studies:

Fung: I will keep up the long-distance running. When you are exhausted, you can choose to stop or to continue. I choose to continue till the end of the race.

Angela: What made you decide to continue?

Fung: Once you have stopped, you need extra effort to re-start.

Angela: What keeps you going?

Fung: Hoping for a better future.

Angela: What do you mean?

Fung: The recent run was quite good and pretty encouraging [he was referring here to his examination results].

Angela: How was it?

Fung: There were improvements.

In our last conversation, Fung said he had already applied to the Fire Department. Perhaps he is now serving one of the fire stations.

Hong's story

Hong was invited to evaluate the problem: "Do you like the vicious cycle?"

He replied, "I tried to stop it but found no way". He also mentioned "the external environment".

Angela: What about the external environment?

Hong: Complete darkness.

Angela: Has there ever been a dim light?

Hong: Nope.

Angela: Nope?

Hong: I dared not go even if you pushed me to, nor would I want to say a word. They were all laughing and joking. This kind of environment made me even more unhappy.

Angela: What made you choose to go then?

Hong: I tried to go.

Angela: Why would you try?

Hong: Still I could not make it.

Angela: Could I say that you were trying to stop the vicious cycle?

Hong: I could not control it. It was not easy. I could not make it.

Angela: What were you trying to do?

Hong: Without self-confidence, there is no sense of accomplishment, and you are always a loser. I couldn't figure out what it was and what to do.

Apart from the full description of the problem story, I also intended to render visible Hong's values and beliefs, hopes and dreams by asking questions about what might be absent but implicit in his account, such as "Has there ever been a dim light?", "What made you choose to go?", "Why would you try?", and "What were you trying to do?"

Hong said, "I want to make changes … to excavate success". He began the excavation through drawing but was discouraged again by comparisons.

Hong was not happy with some teachers who he thought did not have enough knowledge or believed he was not interested in what was taught. I was curious about why he would insist on gaining a bachelor's degree or master's degree.

Hong: It's just a rough idea, probably for knowledge.

Angela: What kind of knowledge? Or why would you want to gain more knowledge?

Hong: I do not want to enter the work world, but I know people may expect some work experience before you pursue a master's degree.

Angela: Uh huh.

Hong: If I have higher qualifications, I can earn more. I am a philistine, right?

Angela: What would the money be for?

Hong: For a quality life.

Angela: Who would have a quality life?

Hong: Me.

Angela: You.

Hong: First and foremost, to reciprocate my father.

Angela: You would like to reciprocate your father.

Hong: If there are surpluses, I will help other people.

Though we did not go further into "reciprocate my father" and "help other people", Hong re-engaged with his preferred identity of being a filial and helpful person.

Hong was clear about what he wanted and believed that "the road will be easy for me" once he "started the engine" and began heading towards his goal. Nonetheless, he had "a vague sense of propulsion", and "the ship has a definite destination but has no gasoline". Taking up his metaphors, I asked how he might access some gasoline.

In my last three conversations with Hong, I invited some students from a narrative therapy introductory course to witness his stories. He narrated that he wanted to leave the comparisons behind and be himself. Hong ended up joining a photographic club that one of the outsider witnesses recommended to him. He did not come back to my office, and I was certain he already found his preferred life and identity.

Reflections: Lessons from the three experts

Success is a social, cultural and historical construction. In Chinese cultures, good academic performance and good social relationships continue to be a measure of success for young people, thereby shaping the three experts' failure identities as they tried hard to find ways to attain satisfactory academic performance to get into university.

They were also given labels such as "loner" and "asocial" because they were perceived to have few friends in school.

However, these descriptions were just one side of the story. With space and an invitation to tell their alternative stories, they did not surrender to the inspecting gaze and resisted the normalising gaze of the eye of success. Their major concerns were not about success *per se* or whether people would perceive them as failures.

As their stories unfolded, their preferences about relationships became visible. Kit and Hong decided not to pursue friendships with their classmates even though they longed for social relationships. Kit did not want to gossip about others or be gossiped about, and Hong did not want comparisons. Their choices reflected these values.

The three experts had a repertoire of strategies, knowledges and skills that they used to get through hardships. Drawing, listening to pop songs, taking photographs, physical exercise and learning music theory were hobbies that were often regarded as unhelpful to academic performance. However, these practices embodied insider knowledge about getting through hard times. When these strategies and skills were acknowledged, honoured and thickened, the values that supported each of the young people were rendered visible.

Adults often make remarks about young people:

> They are too young to know what to do.
>
> They do not have any plans for the future.
>
> We must start educating them for career planning early.

The experts in this co-research reassured me that they did have values that they held on to, and they had hopes, dreams and plans for the future, which they persisted in heading towards. These voices need to be heard.

Conclusion

This paper documents my co-research journey with three young people who had been labelled as underachieving and social isolated. In our narrative conversations, we explored their subjective experiences. As a counsellor, research partner and archiver with curiosities and a not-knowing position, I had the privilege of joining with these young people in examining the problem labels, and exploring their resistance to the problems and their effects. When the values they held dear and their hopes and dreams were elicited, directions, plans and agentic actions became available.

Very often, counsellors do not hear from the people we have met with nor have further contact with them after our conversations come to an end. Several years ago, I wanted to share Kit's story in a publication and I called Kit about it (though she consented before we ended our collaboration, I wanted to make sure about it again). I was struck by the cheerfulness of her voice over the phone. She told me she was a public relations officer. I had an image of her as a trustworthy, helpful, accepting and caring workmate and friend.

To draw this paper to a close, I would like to thank you all for witnessing my co-research journey with these young experts and the new stories that were realised through our collaborative journey. The collaboration contributed to my life as well as the young people, for the discoveries stayed in my consciousness and supported me to continue yet more journeys with people who granted me the privilege to listen to their previously untold stories and unheard voices.

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Clinical record-keeping, narrative documents and chronic illness:

When "fat files" tell thin stories about experiences in healthcare

by Rewa Murphy

Ko Ingarangi me Aerana te whakapaparanga mai. Ko Tāmaki Makaurau te whenua tupu. Ko te Whanganui a Tara te kāinga. Ko Rewa Murphy toku ingoa, he kaimātai hinengaro ahau. Kia ora, my name is Rewa Murphy and I'm a consultant clinical psychologist working with young people and their families in an outpatient mental health setting near Te Awakairangi, in Aotearoa (working for Te Whatu Ora in Wellington's Hutt Valley, New Zealand). I recently completed Dulwich Centre's one-year course in narrative therapy. Relevant to this article, I live with Type 1 diabetes.
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Abstract

The extensive medical records of young people living with chronic illnesses can tell a thin story about the experiences and humanity of the person they supposedly represent. Through the story of a narrative document developed with a client, and the responses of others I shared it with, this article explores the skills and knowledges of young people navigating mental health systems while also dealing with chronic illness. From a poststructuralist perspective, the paper considers the effects of what one young person called "fat files" on how clients are "known" in clinical spaces, with implications for how professionals engage in notetaking.

Key words: chronic illness; hospital; youth; medical records; clinical files; therapeutic documents; narrative practice

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Author pronouns: she/her

In this article, I share a practice story about collective therapeutic documents. I've been learning recently about the opportunities that can come from inviting therapy clients to record some of their skills and hard-won knowledge in writing so they can be shared with others. This might start, for example, with "rescuing the said from the saying of it" (Newman, 2008), which I've found useful in helping clients underline things that matter to them. I was surprised to learn in Michael White's (1995) writing about how much his clients valued a good therapeutic document – sometimes seeing it as many times more valuable than a therapy session itself (see also Nylund & Thomas, 1994). I've been fascinated by the opportunity documentation presents to share knowledge and ideas among clients indirectly, particularly in settings where institutional privacy or social stigma might make practices like in-person outsider witnessing feel confrontational or risky.

My main work as a therapist is with children, young people and their families in an outpatient mental health service in a hospital. As a person living with a chronic illness, I had noticed that a number of the clients who came through our doors also lived with ongoing physical health concerns. These could have a huge impact on their wellbeing and on the risks and resiliences they might bring when facing the "mental health" distress they were referred for. Because of the separated approaches in our healthcare systems to physical and mental health, I don't think the interactions between them are always well understood by people who work in these spaces.[1] This seemed to me like an excellent opening to acknowledge some of the expertise of my clients in this area, and perhaps to share some of that with colleagues.

Another thing that motivated me to consider sharing documents was how often clients tell me they feel alone – like being the only person at their school who has to go to the office each lunchtime for their injections; being the only young person in a hospital waiting room surrounded by elderly adults; feeling like the experiences of watching their peers grow up around them was a particular kind of developmental loss that health professionals just weren't tuned into. I had read about how collective documents shared between clients could leave people feeling less alone (e.g. Handsaker, 2012), and I hoped documents might offer a new avenue of conversation with some of the young people I'd been working with.

About Wednesday

I decided to invite one of my clients to experiment with me. Wednesday was 17 years old and had been referred to our service because of "social anxiety". She kindly agreed for me to share this story with you. Wednesday had already done substantial work with another therapist when we met – she had managed to get back to school and had made new friends. However, her therapist was concerned about discharging Wednesday from our service. She also was born with a problem in her kidneys and had been told that she needed to self-catheterise regularly to prevent their decline. Wednesday did not want to talk about this at all. However, according to her medical team, Wednesday was fast heading towards needing a kidney transplant, which she was unlikely to be eligible for given her "refusal" to engage in specified treatments and her "noncompliance" with interventions designed to reduce her medical "avoidance". Her clinician wrote to us sharing her worry that if things didn't change, Wednesday's life expectancy would be very short. There's so much I'd like to tell you about the hard work Wednesday did over the next little while alongside myself and my intern. That's a different story, but at the end of my time with her I was left with an incredible and humbling respect for someone saving their own life. Wednesday still lives with (in her words) "chronically sad kidneys" and all the challenges that come with that, but she is so much more in charge of what medically needs to happen to stay on top of this.

I was delighted when Wednesday agreed to explore the following questions with me:

- What's it like to live with chronically sad kidneys?
- What are some of the things that people who live with this have to face in life?
- What impact has this had on your life? On the life of your family?
- What gets you through these tough times?
- What do you think other people who aren't going through this need to know?
- How can the people who love you help when things are tough?
- What strengths, skills or knowledge have you developed that you might not otherwise have had if you hadn't gone through this?
- What have you learnt to value or hold on to because of your experiences?

- If you met someone going through something similar, what would you say to them?
- If they asked for your best advice, what would it be?

From a narrative therapy perspective, I wanted to keep things broad. I included questions comprising elements of externalising (asking about the experience and the impact of a problem) and re-authoring (asking about knowledge and skills and offering the opportunity to frame these as advice to others), asking about unique understandings based on those experiences, asking about what is valued, and exploring the landscapes of identity and action (what is important to you and what you do) (Carey & Russell, 2002, 2003).

When Wednesday began responding to these questions, the first thing I noticed was how much she had to say. I had heard from her doctors that she rarely spoke in their meetings, and even in my own sessions with her I had noticed that Wednesday often would say "I don't know" or tell me she wanted to answer my questions but wasn't sure how she could put things. However, in contrast to that, Wednesday was incredibly articulate while working on the document.

She spoke fluently about the hours and hours of her life spent in hospital waiting rooms – so many hours that she had developed special tactics and even an activity bag of items to help pass these chunks of her life. These strategies of survival were distinct but similar to those she used during the days and weeks when she was an inpatient. She talked about how much she would have preferred to be at school. Her classmates told her she was "lucky" to get out of lessons and eat McDonald's for dinner, whereas in reality, the price of this was being "poked by a thousand needles" and having to tolerate invasive medical procedures and violations of her physical privacy. (If you ask anyone who has spent a lot of time in emergency departments, I imagine they'd recognise that these takeaway dinners were not just about trying to reward Wednesday's cooperation but also about the practicality and cost of finding food on the way home after a long day.)

Wednesday spoke about her mother being alongside her, bearing much of the emotional weight of the illness as well as the organisational and occupational challenges of having her child in hospital. Wednesday described her appreciation of the times when her mother had helped her hide from the hospital mascot and the demi-celebrity children's ward visitors, because, she said, "Why would they make sick children do that?"

So much of this stood out to me that I could not write fast enough. But it was Wednesday's decisive answer to my next question that particularly stayed with me.

Rewa: What are some things that kids living with chronically sad kidneys have to deal with that other people might not understand?

Wednesday: Fat files.

Wednesday explained. A "fat file" is the sigh of the health professional when they are given your notes and they can see by the sheer size of them that you are not "straightforward". It's an unspoken but silent judgement before they've even read your name. They've probably just read one or two recent letters about you, and from that have made up their minds. Further, Wednesday said that health professionals look at "fat files" with the same kind of prejudice associated with "fat" bodies[2], where fat somehow says something about the kind of person you are – you get spoken to differently and you can feel it in the air of every medical conversation.

In that moment I realised that I too had looked at files and made meaning of their size. I remembered when part of my job was triaging new referrals into the service. On electronic health records, referrals have a number beside them indicating the number of documents attached. If I saw a number one, showing it was the first time a child had been referred to a hospital service, I would be intrigued about why they might be here. If the existing notes and letters numbered in the hundreds, this would be the very next thing I knew about a person after their name and hospital number: and I would know that I'd never have time to read everything. When I saw a large number, I would tell myself that this was another reason to accept a referral if I had been unsure. I intended this approach to be benevolent, but Wednesday now had me wondering if I had inadvertently contributed to more waiting-room hours and a proliferation of file pages that might never be read again.

I also wondered, how fat are my files?

I asked Wednesday if she would be willing to share the document we had written together with some of my other clients living with chronic health conditions. She agreed. In fact, this is where her pseudonym in this article comes from: it was gifted by another client, January, who also generously agreed that I could share her responses with you.

About January

I first met January when she was an inpatient at the hospital. She was 14 years old and had been admitted because she was struggling to eat and had lost weight to the point where her heart was unwell. January had been born with her oesophagus disconnected and had survived a series of surgeries to correct this. I had been asked to see her because the medical staff felt they had exhausted all physical interventions and she should now be able to eat. January, her doctors and her family had started to wonder whether her struggles were now a "mental health" problem. Although January was polite each time we met, I noticed she would answer my questions briefly. A couple of times she mentioned concern that whatever she told me might be shared with her parents, or that information might be recorded in her notes for "anyone" (hospital staff) to read. We started to meet more regularly following her discharge, but it felt difficult to build a connection with January. My questions about her interests and her life outside of her health challenges elicited limited responses, and she seemed even less interested in talking about her experiences in hospital or with managing her eating plan. Our interactions had little emotion, and I rarely saw her smile.

As another avenue of enquiry, I asked January if she would be interested in reading Wednesday's letter with me. I suspect she said yes as an opportunity to get out of conversations that were more directly about her.

When I read Wednesday's words about "fat files", I thought I heard January laugh (which seemed impossible). I looked up and there she was, trying not to smile – I hadn't imagined anything. I had to ask. "It's true", she said. She went on to explain that she had been laughing at a memory. During her recent stay in a hospital where the inpatient wards still used paper files, a medical professional had requested "all her notes" from the records department, not realising quite what this would entail. When January transferred from one ward to another, her files had to go with her, but there were so many of them that a second wheelchair was used to carry them. January discovered that her files weighed more than she did. She explained that as she was wheeled through the hospital, employees and visitors all looked at the wheelchair of notes, and then at her – not knowing what she had been through, not knowing her efforts to survive, but knowing about the size of her files and from that developing an impression of her condition. And even though the files being wheeled along in a bizarre parade behind her were supposedly all about her, none of these files was available to her. If she ever wanted to read them, she would need to make a formal request. Despite their comprehensiveness, these files were really not about January at all; they were about one piece of her life, and a piece she would really rather avoid thinking about if she could.

Wednesday and January had touched on something that sits at the core of narrative practice: these very "fat" files presented a very thin story.

The thin stories contained in these extensive files presented a limited and self-reproducing view of these young people. Aside from all they left out, the information they included often lacked important context. The files certainly did not contain the whole story of how Wednesday or January might want to describe themselves! And when files are reproduced starting with the most recent letter, this iterative process becomes increasingly narrow over time.

Alice Morgan (2000) described the stories we tell about problems as "thin" when they are missing broader context and descriptions of exceptional events (e.g. parts of people's lives that aren't dominated by medical concerns [see Mann, 2002]), values and skills, or other ways of talking about the character and humanity of the people they refer to. Thin stories, like those contained in hospital files, can also have limited authorship, readership and availability for editing. Medical files in particular often contain abbreviations and acronyms that truncate their descriptions even further. (I remember a woman who had "G15 P1" written in her birth record, and talked to me about what it was like to see this reproduced across her notes.)

There was also something about the physical size of the files that struck both Wednesday and January. Their files held representational weight without even being read, and they felt this had an impact on the kinds of conversations that were possible between themselves and their health providers.

More stories about large files

The insights of these young people about their files were profound to me. And I enjoyed the humour with which Wednesday and January had told these stories: the dramatised sigh of the health professional, the files riding in their very own wheelchair, the outrageousness that the never-to-be-read-again volumes were larger than the client herself and yet said nothing much at all about her. I couldn't wait to tell my family therapy team about what Wednesday and January had shared. However, after I told their story, no one else laughed. The feeling in the room was grim. I think hearing about young people with very large medical files felt hard and serious. People weren't drawn to make light of the "fat files" and the system that produces them. Humour had felt like just the right thing in one moment but definitely not in the next. But I couldn't stop thinking about "fat files"

I remembered a young person I worked with in my second year of practice. It was still the days of paper files, and he presented to our service "in crisis" 51 times in the course of a year. Each of these visits required extensive administrative notes. Trying to find ways to support him, I felt out of my depth and so wrote even more to make sure at least I was documenting the efforts I had made to assist him. I had also been taught that thorough notetaking would protect me in the event of a client not surviving. After a few months, a visiting administrator to our service informed me that there was a health and safety requirement that files not be wider than a particular size to reduce risk of a hospital employee developing a repetitive strain injury picking them up by the spine. By the end of the year and the transfer of his care to adult services, my client had seven volumes of files, as well as volumes from his psychiatric inpatient stays and medical ward stays. I put them all in a box, and it felt like grief to say goodbye to them. I remember thinking that unwritten in these files was the weight of so many feelings I had towards this young person and his family. Struggling to lift the box felt like a metaphor for these struggles and intentions.

I also thought about a file request I'd received a few months before. When clients ask for their notes, they're reviewed by the hospital for third-party information before they are released. Sometimes when files are too large and the department is short of time, clinicians are asked to support this process. I'd finished work with this young person some years ago and had not heard from her since. I wondered about what her life might be like now. Reading the (handwritten) file felt like reading a platonic love letter – how much I had wanted to know about her! How much I had wanted to help her make things right! How many hours I had spent recording the hours of our conversations! And how difficult it was remembering how hard things had been for her.

When clients request their notes, it's been my experience (both as the note writer and the person requesting) that there's a question they are hoping to answer; a piece of the story they're hoping to make sense of. When I requested my notes from a recent hospital visit, I had wanted to make sense of why I had waited alone in the emergency department for so long between my test results coming back and being informed of their outcome – I had overheard discussions about who would be responsible for telling me and how. Although it felt like the most important thing to me, and although my notes were comprehensive, there was no reference to anything even remotely related to the time I spent alone or why this had happened. I wondered what question was on the mind of the client above when she requested her notes. Did my very big file represent what was most important to her in our meetings? Would my intentions be apparent enough in my notes that she might experience feeling cared for in reading them? Or at the very least, would she feel cared for when she saw how extensive they were? I was grateful for the opportunity to re-read the story of her therapy (when files are closed, they are sent away for storage and therapists don't see them again).

In all this, I kept coming back to the idea that there was something deeply ironic about the kinds of biographies created in medical files – stories written about people which those people mostly aren't allowed to read, that their loved ones might never appear in, written by someone else who decides what the most important events might have been. These files are typically written "about me but without me", in the third person (if there is any acknowledgment of the protagonist–writer relationship at all), and by a professional who was probably under huge time pressure. They're also multifunctional as records of decisions with perhaps the hope of protecting the health professional against medico-legal consequences in a worst-case scenario, but at the same time deeply personal to the client represented by a code number on the cover.

Linking this to some theoretical literature

Writing about the education system, Valerie Walkerdine (1990) drew on the work of Michel Foucault to examine how schools produce records and "knowledge" about their pupils based on assessments and evaluations.

In this process, the particular kinds of information that get recorded becomes a powerful way of knowing people – constructing the story of who they are. Educators collect this information as an act of "love" with good intentions to care for the students they are working with. They also do so as part of institutions that impose systemic requirements about the ways in which records are to be produced (Walkerdine, 1990). As a health professional, I think a similar intention of compassion is present in the work I'm doing and the notes I'm keeping. I'm also sure that institution of psychology and its ideas about "best practice" are present too.

Thinking about metaphors reminded me about other feminist authors who have written about the pejorative meanings of fatness that Wednesday referred to. Her interpretation was that health professionals can look at a "fat file" like they might look at a "fat" body and make all kinds of (individualistic) assumptions about how things came to be that way. Annemarie Jutel (2001) wrote about these moral judgements about "fat" bodies, arguing that they simultaneously confirm the authority of the medical establishment in evaluating people's character and lead to stressful and dehumanising experiences on the part of clients. This reminded me of Wednesday's comments about how the size of your file seems to say something about who you are as a person and can change how people talk to (and about) you. In 2006, Susie Orbach wrote about "fat" as a public health crisis – specifically, the crisis for her was not directly the size of people's bodies but the meaning made of "fat" by medical and commercial institutions in ways which promoted their own profits and interests. Linking these two metaphors of "fat files" and "fat" bodies together, it got me wondering: who stands to gain in cases where people's medical files get really, really "fat"? And, like with physical size, are there gendered, socioeconomic or racist biases that colour the way that a large medical file is represented in the minds of health professionals or influence how big it might get?

What should we do about this?

Wednesday's comments stayed with me as a challenge. How should I feel about my contributions to files and file size? What obligations do I have as a health professional working in a system that requires me to keep notes? These questions continue to feel bigger than I know how to address. However, I've been testing out some of the following things.

Notes as a record of a meeting

I try to keep in mind that notes are a record of a meeting with someone, rather than a story about their life; for example, this might look like me encouraging interns to record what people say, rather than making statements about how things are.

Holding a client in mind

I try to write in ways that I hope clients will feel okay about reading if they ever request to; this includes thinking carefully about the use of clinical language or evaluative statements

Collaborative note-writing

I've been experimenting with collaborative note-writing; clients haven't always been interested in doing this with me, and writing notes with or to every family after every session is not made easy by the structure of our clinic, electronic health records and workloads.

In her writing about collaborative documentation, Sue Mann (2002) talked about how, for her, writing collaborative notes had been an antidote to the risks of judgement in the "hospital story" when notes are kept separate from the people they are written about. I have noticed that the more opportunities I've taken to try collaborative notetaking, the easier it has become. And it changes my other note-writing practices for the better, too, because I'm encouraged to think harder about what clients might want recorded and about documenting their skills and intentions. I can't do this perfectly, but making an effort is better than the status quo.

Sharing notes directly with clients

Where collaborative notes are not possible, my colleague and I have been experimenting with a clinic where we have "no more secret notes" – instead writing letters as our documentation of a meeting. This isn't always possible or practical, but the more I do it, the more I think about what notes should be.

Using "I" in my notetaking

I am also using "I" in my notetaking because I am a person in these meetings, too, rather than an omnipresent writer. This might include references in my notetaking about what I chose to ask or to be curious about, rather than just the information I received.

Asking about the most important thing

I try to ask clients towards the end of meetings what felt like the most important thing to them in the meeting, and I make sure that this is part of what's recorded, rather than making my own assumptions about what that thing might have been. This also has given me good feedback about what clients might be interested in talking about in the future.

Reflecting on assumptions

Finally, I'm continuing to reflect on what assumptions I'm making in my practice: what "good" notetaking looks like, who says so, who is it for and why. This also might look like taking the opportunity to have conversations with my colleagues about these ideas to help me deconstruct what I was taught about this and to think about what I might want to keep or to change. I talk about it with clients, too, when time allows.

Thinking about what the alternative story to a "fat file" might be led me back to Wednesday. It had been a while since we caught up last, and I was delighted to have the opportunity to be back in touch with her. I had more questions!

- Are there specific skills or strategies you've developed in order to face health professionals when you feel like your file has already spoken for you? How did you come to learn these?
- Have there been experiences that have felt different from the "fat file sigh"? What happened?
- What do you want health professionals to know about what it's like to have a "fat file"?
- What do you think health professionals should do about "fat files"?

Wednesday had so many ideas to share. First, in relation to the skills she had developed in the face of a "fat file" moment, she spoke about how her disengagement (the very reason she had been first referred to me) had been an act of self-preservation: "I'm not enjoying how you're talking to me so I'm not going to engage with you." She also talked about trusting her mum with the big words, and how her mum knew it was so important to create experiences in their lives that were not about Wednesday's health status: making the most of moments in between the hospital stays, eating all the good food. She spoke about her mum's good humour and its ability to cut through moments that were frightening.

Wednesday also spoke about exceptional experiences of talking to health professionals. She said that when she was smaller, paediatric doctors often took the time to make sure she understood what was happening – she thought maybe this was a time when no one yet knew what her diagnosis or condition was, so health professionals were perhaps more willing to join her family in not knowing: "Once they thought they figured it all out, they stopped listening." She said doctors asking "How are you feeling?" was also helpful. This was a question that only could be answered by her, not her parents and not her file. (I enjoyed the simplicity of this! Aside from being something I hope health professionals would do anyway, it seems like something that could be universally possible to do.) Finally, she gave an example of a recent emergency department visit, during which a doctor said to her, "I'm sorry I have to ask you this list of questions" and "What tells you that something is wrong right now?" She said these questions respected the idea that she might know her own body, and acknowledged that she would have already heard the list of questions many times before. For Wednesday, everything that her health professionals need to know about her is a question she can answer, but she said it's rare that they ask in a way that acknowledges this: "I probably know their list of checking questions better than they do by now, and additionally I know what my answers to them are."

One thing that Wednesday thought would help improve things is if clients had better access to their own notes. If her notes were readily available to her, she could make sure that health professionals had access to the information they actually needed within them, rather than it getting lost.

Finally, specifically about the large size of her files, Wednesday said that when she looks at her notes, there is something about her that feels proud. She said rather than a sigh, she sees her health journey as a huge part of "my character development – it's not the whole story, but it's how all the little things have come together into bigger chunks of who I am". She said that when she looks at her file, she thinks "Wow, that's a lot of paper" and "Wow, a lot has really happened to me". It's an acknowledgment of the size of something that she's endured. She said, if health professionals could look at the size of files in this way too, it might make a really big difference.

One more question

Since meeting with Wednesday and asking her to respond to the questions above, I've had the chance to ask several young people living with chronic health conditions about their experiences. I was so inspired by Wednesday's commentary that I could not wait to share her letter, and then to ask the next young person for their answers, which I then wanted to share too. There's one more question I want to share, perhaps because the answer has been so ubiquitous:

Rewa:	What's one thing about living with chronic illness that health professionals don't understand enough about?
Wednesday:	How they make you feel.

This spoke to my own experiences of what it's like to live with chronic illness, and many others have offered the same response. The repetition of this answer reinforces for me that we need to keep asking our clients about their experiences of consulting with us, and to keep thinking about the power imbued in health professional roles and the responsibilities we have to people who will have long-term relationships with healthcare. I am grateful to Wednesday for participating in this experiment with me! I hope others will enjoy reading about where these ideas took each of us.

Acknowledgments

Thank you to Wednesday and January for the time we spent working together. I'm so glad we got to meet and wish you all the best on your next adventures. Thanks also to the other clients who read this document with me and offered their perspectives on what it contained. Thanks to Marnie Sather and her colleagues at Dulwich Centre for their kind guidance through the one-year narrative therapy course, to the peer-reviewers, and to my colleagues at ICAFS for your supportive responses to my enthusiasm for narrative approaches.

Notes

[1] In some areas of New Zealand (and also internationally), paediatric teams might include a psychologist or other allied health specialist whose job it is to try to bridge this divide; equally, mental health teams might include medical practitioners whose job it is to consider the physical wellbeing of clients. However, service provision for "paediatric health" and "mental health" is often still managed by separated teams for pragmatic reasons; hence my interest in the expertise of clients who live with both about what it's like.

[2] It has been important to me in writing this paper not to contribute to cultural ideas that vilify "fat". It was also important to me to use Wednesday's insightful words as these reflect her experience and the meaning she is making of events in her life. Wednesday's use of the word "fat" was provocative. Her term, "fat files", deliberately brings to mind judgement-laden, moralistic stories of fat shaming and what it's been like for her to be on the receiving end of her healthcare experiences – she is critical of these meanings of "fat" too. Narrative practice is interested in nuanced explorations of meaning, and in this article I wanted to engage with the politics that her words are situated in. However, I encourage others to take care if introducing the term "fat files" to other clients for whom using "fat" in a negative way might thicken problem stories. I was particularly mindful of this with January, whose story is shared later in the paper, as her physical size was part of what she had been struggling with.

[3] Including as a prerequisite to large files, do people even feel able to access or have access to health services at all?

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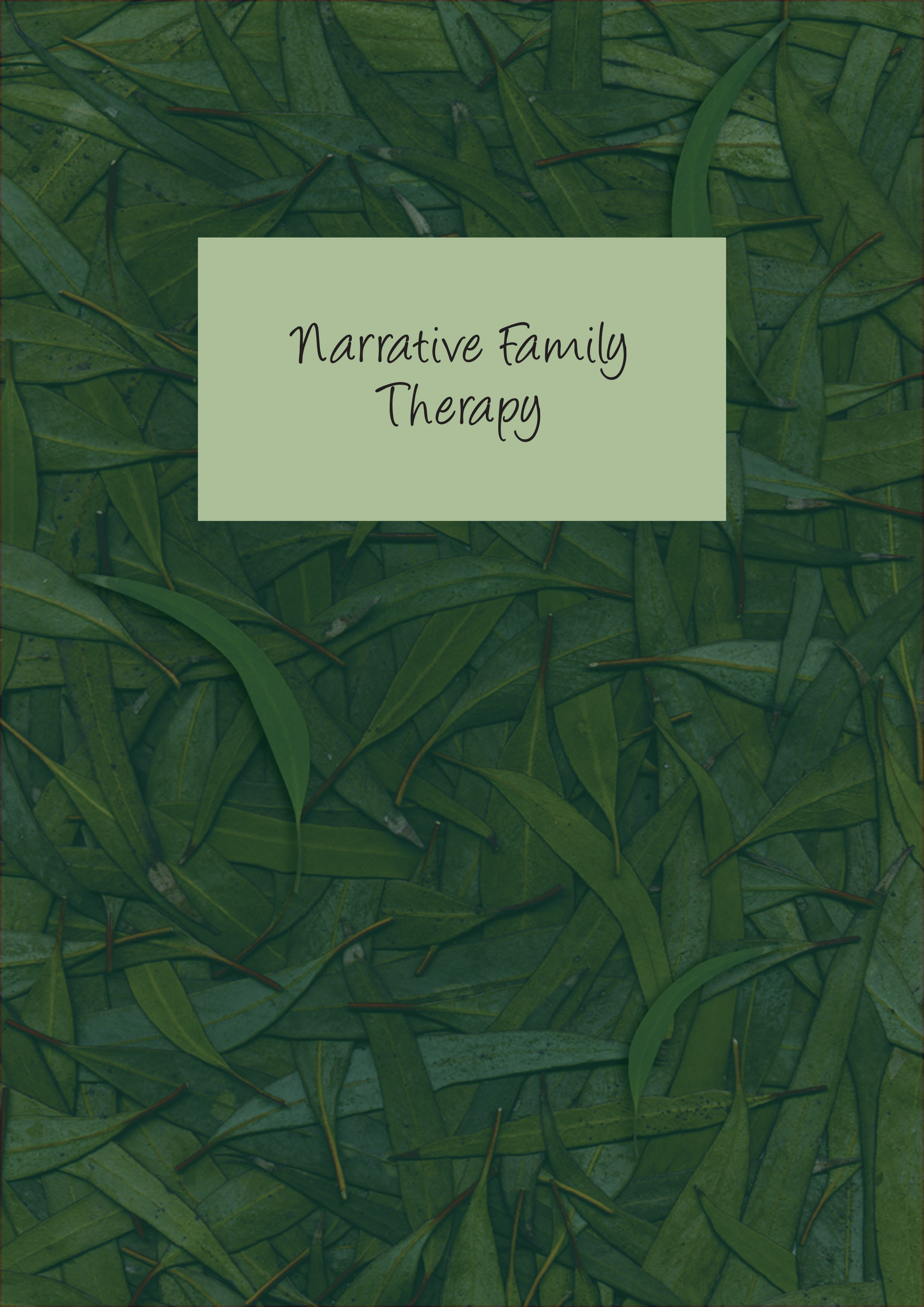

Narrative Family Therapy

Remembering Ajmal and creating diverse forms of narrative family therapy

by Abdul Ghaffar Stanikzai, Ziba Stanikzai, Shamina Stanikzai, Chelsea Size & David Denborough

Abdul Ghaffar Stanikzai is a son, father, husband, brother and a good friend to family. A humble, sports-loving individual who thrives on learning new things and tackling challenges with determination and connections. Loves playing cricket on Saturdays.

Ziba Stanikzai is a caring mother, and a source of happiness to family. Very kind and hospitable. Grew up in a remote conservative area of Afghanistan where narrative therapy and its effects are beyond imagination. Loves the family to sit around and share stories. Feels energetic and valued when someone sits with her and listens to her heart.

Shamina Stanikzai loves reading, drinking tea and walking in nature. She enjoys listening to music and is dedicated to finishing her university degree, always striving for personal growth and embracing the joy of learning.

Chelsea Size loves to drink tea, visit libraries, climb trees and look out for the sacred in the everyday. Chelsea is continuously energised by her commitments to lifelong learning (and listening), embodying her spirituality/values, laughing at herself, asking more generative questions and finding joy in simple things.

David Denborough (DD) treasures friendships and times when people come together to respond to hardships and injustices. DD has never been to Afghanistan but hopes one day it will be possible to do so with Abdul Ghaffar Stanikzai.

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Abstract

This paper shares a tender story from the Stanikzai family, a family from Afghanistan who now live in Australia. It is generously offered in the hope that it may assist other mothers and families who are silently grieving in their homes and who we can't expect to bring their suffering to professional counselling offices. This paper tells the story of Ziba Stanikzai, who was very much suffering after one of her sons, Ajmal, was killed in Afghanistan. This paper is an honouring of Ajmal's life and memory. It is told through the perspectives of each of the authors. It begins with the words of Ajmal's older brother Dr Abdul. Later you will read a series of letters linking the Stanikzai family with many others. These letters weave together storylines of loss, love and memory. They also represent a nuanced form of narrative family therapy and convey how this was a culturally and spiritually resonant response to suffering.

Key words: narrative family therapy; family therapy; grief; Afghanistan; narrative practice

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Dr Abdul

Every time when I talk about this specific incident of my brother's death, it is very hard for me to control my emotion. Our whole family suffered or are still somehow suffering. In fact, whenever we discuss about any explosion, or attack or people fleeing from their country because of war, this refreshes horrible memories in our family. Let me explain.

I am a medical doctor, now in the process of getting my registration here in Australia. In Afghanistan I also worked as a human rights advocate for the Afghan Independent Human Rights Commission in Uruzgan province where Australians were based. As a result of my human rights work, which involved documenting abuses by the Taliban, by the Afghan National Security Forces and by foreign forces, it was no longer safe for me to live in Afghanistan, and I was fortunate to come here to Australia. After I had arrived here, in May 2017, Ajmal, my brother who was just younger than me, was killed in an attack, an explosion, in Kabul.

My sister Shamina, my other siblings and our mum heard this blast, but they didn't know what had happened to Ajmal. He was a civil engineer and had been at work. My younger brother tried to call his mobile, and then when they checked Facebook, they saw his picture. He was lying on the road and my brother recognised his t-shirt. After an hour or so, his body was brought in by ambulance.

How Ajmal was killed impacted all of us, but more than anyone else, it affected my mum. We couldn't see her happy. We were trying everything. After some time, I was able to lodge an application, and finally she was granted an Australian visa to join me.

When she arrived here in Adelaide with my other siblings, sisters and brothers, she was always sad. Although Australia is a very beautiful country – it's green, there is no war, there is peace and there is financial support – my mother was grieving and she was sad all the time. This was putting a lot of pressure on us and this impacted us as well. We felt totally lost. Especially my younger brothers and sister who were impacted negatively. We had to hide everything about Ajmal from the eyes of my mother, his pictures and any evidence of his work, and this was somehow very sad for all of us. Every day we were trying to find ways for my mother to be more motivated, to not be so sad, but she would just reply, "It's not in my control".

We then booked an appointment with a doctor, and when explained her situation, the doctor referred her to a psychologist. My brother took my mother to the first session with the psychologist, and he told me that the psychologist asked her a series of questions from a questionnaire about whether my mother thought life was worth living, whether she had thoughts of suicide or harming herself, and all these sorts of things. The initial session was all about that questionnaire, which was not culturally appropriate. When I went back to my mum's house I asked, "How was the psychologist?" And she said, "I'm not going because it is not something for me. I have problems with what the psychologist was asking". We all encouraged her, however, with words such as: "Psychology or the counselling will work gradually. You have to trust him." With our encouragement, she agreed to attend the next session. But the next session was even worse and afterwards she said, "Don't resist, I'm not going to another session ever again".

We gave up on this and the sad moment continued in our family. Then finally one day I spoke with David (Denborough) and together we came up with an idea.

David

It was a challenging situation. When I asked Dr Abdul, "Would it be better if someone came to your home rather than your mother having to go out?", he said that would be a good idea. And then we were trying to think: Who could come and visit? It definitely needed to be a woman, and it was also clear that it would make it much easier if it could be someone with whom there was already some sort of connection or relationship, rather than a stranger. Dr Abdul and I had originally met through cricket[1], and I thought the relationships that had been created through cricket could also assist us here. Chelsea Size is a skilful narrative therapist whose partner, Jesse Size, had recently started playing with the Afghan Cricket Club. As Dr Abdul knew Jesse, I thought that this web of relationships could assist us. Chelsea and Jesse are also both Christian ministers, and I thought that for Ziba (for whom Islamic faith is important) a sense of shared spiritual commitment could also be helpful.

As we talked, we decided that Dr Abdul could invite Chelsea into their home to meet with Ziba in a way that would make some sort of sense to everyone. Chelsea wasn't just a professional (although Chelsea is a skilled practitioner); the Stanikzai family were instead inviting to their home someone with whom they were connected through relationships. In hindsight, this was the first key step in generating a different sort of response for the family. We searched through our web of relationships and then Dr Abdul was in a position to invite someone to their home.

Chelsea has spoken about the significant ways in which she was welcomed.

Chelsea

Yes, I was so warmly welcomed. It was shining, beautiful hospitality. I was still new to narrative therapy at the time. I had met Dr Abdul once before, but this was the first time I met his mother, Ziba, and her daughter, Shamina. It was a very tender first meeting for all of us. I mostly listened and I'd brought my notebook so, with permission, I took notes. Afterwards, I talked with David, and he asked me to just write down everything I remembered about the whole meeting, including any of the movements, actions, the leaning in, the tears and any sensory things. And that was the starting point for writing a letter.

David

Yes, and the writing of that letter was a collective process. It was really important that Chelsea's first meeting with Ziba was principally between women[2] – Chelsea, Ziba and Shamina. But it was also important that Dr Abdul could contribute to the letter as his perspective was vital to include.[3] So, after receiving Chelsea's notes, I spoke with Dr Abdul and then wove some of the ideas from that conversation, and some narrative therapy lines of enquiry, into a letter. This enabled a different sort of family therapy. It wasn't culturally appropriate for women and men to be in the room at one time having shared conversations. But instead, different family members' contributions could come together in the form of this letter, which, on her second visit to the Stanikzai home, Chelsea read aloud with the assistance of an interpreter.

Dear Ziba Stanikzai,

You welcomed me so warmly into your home for our conversation.

You showed great hospitality over green tea and a platter of delicious food.

And great patience with my language difficulties.

Shamina and Dr Abdul were there with us and Dr acted as the translator between us.

When I asked what you had noticed about living in Adelaide, since your move from Afghanistan, you told me that you noticed this was a peaceful and good place.

Very soon after you said this, your eyes filled with tears as you spoke in Pashto to your children, and they spoke to me, about the sorrow you were feeling at the loss of your son who died in Afghanistan.

Your tears were honouring your son, Ajmal Stanikzai.

Both Shamina and Dr were also deeply moved by your remembering, and they too had tears welling up in their eyes hearing you speak of their dear brother.

Soon after this moment, you left the room for a time and then returned with photographs in your hand and walked over to show them to me.

These photographs were also honouring your son.

And you began to share stories about Ajmal and what he still means to you and your family.

You told me stories about how Ajmal studied engineering in Rome, Italy, and then came home to Afghanistan to contribute to his country. You showed me photos of significant infrastructure projects that your son had contributed to.[4] You showed me how Ajmal worked on building power stations between Kandahar and Kabul along a very dangerous and risky highway. I was struck by the way in which your son worked towards the building up of Afghanistan in the midst of the ongoing struggle.

I heard that on the evening before Ajmal was killed, as he walked down the long street past the different houses of your extended families, many people wanted to speak with him. Ajmal was friendly, he had so many friends. He had his computer bag on his shoulder and was surrounded by all his cousins when you asked him “What are you doing? You must be tired … come home”. He was smiling as he told you, “I am just talking with my cousins, then I will come home”. That was the last moment you saw his face. His friendly face. Ajmal surrounded by his cousins who loved him.[5]

A few weeks after Ajmal’s death, I heard that you went to his office to see if there was anything you could bring back to your home. You saw his chair and a small nameplate on his table that you have brought with you here to Australia. When the office manager came, I believe you explained through your tears that you were not there for any financial support, but instead with a request: “If Ajmal ever did anything wrong, please forgive him”. You were there for your son’s soul.[6]

In response, you heard that Ajmal’s talent, his skills and his friendliness meant that the office manager believed your son was a big asset not only to their company but also to Afghanistan. I wonder what it meant to you to hear this about your beloved son.

I also heard that, even though it was very dangerous, you were determined to have a burial ceremony for Ajmal back in your province of origin. This was very risky, but you were determined to do this right. A lot of friends from other provinces came. Because it was a difficult journey, some arrived in time for the ceremony and some arrived afterwards. When the villagers saw that Ajmal’s friends had come from many places and that they were people of different ethnicities, they came to realise that Ajmal wasn’t to be considered as a “government supporter” but instead that he was a very big loss.

Some of Ajmal’s other friends held honouring ceremonies in different parts of the country. They made posters that they sent to you, his mother, to let you know how people in different parts of the country were honouring him.[7]

I was moved by how loved Ajmal was: by you, by his siblings, by his cousins, by his friends, even by his workmates. I wonder what that was like for Ajmal to be so loved during his lifetime.[8]

Ziba, it’s clear that Ajmal will never be forgotten, that many people will always carry on his stories and memories and the image of his smiling face.

Ziba, I then spoke to Shamina and heard about her experiences in Australia, and also about how you and her father inspired in her a love of learning and a commitment to help others. This is what she told me:

> Being in Australia, there is both happiness and sadness. I have gotten through struggles by talking with my friends and family back in Afghanistan and my family here in Australia. We are very close. And we each have our hopes and dreams.
>
> I went to school and university in Afghanistan and completed my master’s in Pashto literature. I can adjust more easily than some women to Australian society because of going to university and being in the workplace in Afghanistan. But now I have to start again in Australia. This is very difficult and a problem that my family face.
>
> But I have a plan in my mind. I want to study here and get a good job. Then I will collect my income and not spend it on anything else. My dream is then to establish a school for girls in my hometown. I am struggling for this. I suffered this issue myself and had to walk one hour to school. This problem still exists, especially for girls.

Ziba, when I asked Shamina where she learnt about her love of learning[9], this is what she told me:

> My father and mother didn’t have professional careers. They faced extreme poverty when they were living in Pakistan as refugees. They insisted that we should be educated to be sustainable to help family and help our country.

> Always my mother and family said we should help. Not only helping individuals, but our society. We were taught to never forget this value.
>
> My father wanted us all [including the girls of the family] to have an education. My father didn't care what people said, what they liked or didn't like.

Ziba, your daughter also told me about why women's education is important to her:

> Mothers transfer their knowledge to their children, and with an education they'll know good things to teach their children. With an education, women can do more interesting activity in their lives and get more out of stressful situations. If women and girls are educated, society will be strong.
>
> Women suffer under the stress when they move to Australia. They do not know the language. Many women do not know how to read and write in their own language, so learning English is very difficult. Women like my mother used to do things face to face in Afghanistan. In Australia, they cannot go to the shops and have to wait for relatives to take them. There is such different government and systems here. The electronic system is difficult, especially when you have to wait on one relative to do all the family's forms and appointments on the computer.
>
> And another thing that is difficult in Australia for Afghan women is the difference in culture. Like how men and women are separate in Afghan culture and life. Even restaurants will have separate areas for women and men to sit. In Australia, families go out all together, but when we are at home, we still have the women and men separate. These differences in culture make it difficult for women to have friends outside of other Afghan community members. In one year at our other house, we didn't meet our neighbours, and we are just close with our Afghan culture.
>
> So it is difficult when someone first moves to Australia. We don't want to adjust too much and lose ourselves and our culture, but it is important that we meet our neighbours and other people because now this is our city and country.[10]

Ziba, your daughter also gave me a brief Afghanistan history lesson. She introduced me to some Pashto poets and she told me about the beauty of Afghanistan:

> There are many beautiful things about Afghanistan. It has beautiful mountains, rivers and creeks. We have a beautiful culture. We value hospitality and have many beautiful ways of celebrating. Like a marriage party, where all the community comes together and it is beautiful. Also, we celebrate holidays like Eid, when everyone will wear colourful clothing and walk around visiting family, giving foods and fruits and money to children. It is so beautiful.[11]

Ziba, I have now had the privilege of hearing some of the stories of three of your children – Ajmal, Dr Abdul and Shamina. I have heard of how they have already contributed to society (both in Afghanistan and in Australia) and have worked to uphold human rights. I've also heard of some of your family's dreams for the future.

What was it about you and your husband that has encouraged your children to help family and help their country? Where did this value come from? What does it mean to you to see how this value has passed on to your children?[12]

Thank you for welcoming me into your home. Thank you for your hospitality, the green tea, the platter of delicious food and for sharing stories and memories.

With kindness,
Chelsea

Chelsea

I vividly recall sitting in the Stanikzai home and reading this letter as the interpreter translated line by line. Ziba and Shamina could hear me in English and then the interpreter would speak. It was like a telling and retelling. There were tears and closeness and handholding. I was slowly, slowly reading through the letter and this pace and tone made a difference. I was taking cues from Ziba as I read. She was looking intently at me, reading my face for sentiment as I tried to use my face to reflect the words[13] so that when she heard them in her own language from the interpreter, the story could be both felt and understood. It was a ritual that I won't forget.

Dr Abdul

After that first meeting, my mother had kept asking, "When is she coming back?" Chelsea had been the perfect person in the first meeting. It was like a listening ritual in our family home as Chelsea listened very carefully. She was making verbal and nonverbal communication. Her facial expression was telling that she is so sad as well, and she is very moved with the family. I think it was about a week later when she came back with an interpreter and this letter.

As Chelsea read back about how Ajmal contributed to his country, that was very significant for my mum. As she listened to the letter, her facial expression was telling something very different from what it was before. We had been unable to talk about Ajmal or even to share any story about back in Afghanistan. This time it was different, it was a very proud moment. When Chelsea finished and left the house, I remember my mum asking me, "Can you bring my phone?" And she immediately called her sister in Afghanistan and told her the whole story about a lady coming to visit and speaking of how Ajmal contributed to the Afghanistan reconstruction and the project he was doing. This was a completely different mother. We were seeing her like before she was hurt. Prior to this, even her sister could not talk with her about this issue.

Within Afghani culture, when a loved one has died, if you have background knowledge of the person who has died and you go to visit the family, and if you talk about his or her achievements and contribution to the community, this makes the family who is grieving feel a sense of pride. It also means that this person who is visiting and sharing these stories feels like a family member. It's a big honour. It's priceless and very meaningful in our culture to join with families in their time of grieving in this way. The letter that Chelsea read to my mother was more than a letter, it was a treatment for her.

David

These first two visits and the "treatment" letter made a significant difference to Ziba and her family. However, over months, Ziba would still slip into sorrows and would ask if Chelsea was going to visit again. For various reasons, it took far longer than it should have to arrange a third meeting. Prior to this third meeting, I wanted to arrange further messages or letters for Ziba that would provide a wider audience to the stories of Ajmal and the Stanikzai family.[14] Two opportunities arose. One of these involved participants in the Master of Narrative Therapy and Community Work course at The University of Melbourne, who expressed their willingness to act as outsider witnesses to these stories. These master's participants come from many different countries and cultures and their responses were richly textured. Letters were written by participants from Hong Kong, UK, Singapore, mainland China, USA and different parts of Australia including from a number of First Nations participants, one of whom was Jared Payne. Here is his letter:

> Dear Ziba, Abdul and Shamina,
>
> I am writing to you in honour of your son and brother Ajmal Stanikzai who I had the honour of learning about through Dr Abdul Ghaffar Stanikzai and his work with Dulwich Centre in Adelaide.
>
> My name is Jared. In my culture, it is commonplace to establish connections and explore relationships when meeting people. I would like to start by saying that I am a Barkindji Wimpatja from the Barka-Darling River Country. And that my grandfather was raised by a man from Afghanistan named Mohamet Sultan. We knew him as Lola. Many of the people in my family are descendants from the first wave of Afghani migrants who came to

Australia over a hundred years ago to support the development of major infrastructure such as highways and rail lines.[15] The house Mohamet built is now the home of my grandmother and uncle and has housed many of my family over the years. The fruit trees he planted over 60 years ago still grow and people from the community come to collect the fruit. These trees grow interwoven with the native quandong trees and Sturt peas, which are harvested by my family every year. I would like to extend to you this ongoing connection and solidarity from my family to yours.

I am deeply saddened to learn of Ajmal's passing. Despite this sadness, I am honoured to learn of him and his commitment and contribution to the reconstruction of Afghanistan. I wonder if this commitment comes from a deep love and belief in his people and his country, and if so, I wonder where he may have learnt this love and belief.

I heard of the photos you shared of Ajmal's infrastructure projects, including roads and dams. I heard of the risky highway between Kabul and Kandahar that Ajmal worked on. This draws me to consider Ajmal's bravery. I also heard of his studies in Rome and the love of learning he inspired in his sister, Shamina. As I work through my studies, I draw inspiration from Ajmal's and Shamina's love of learning.

I know that the grief and sadness of losing a family member can impact people in all kinds of ways. And talking to psychologists can feel a bit weird. However, I was amazed to hear of how you bravely shared these stories with Chelsea and shared photos of Ajmal's projects, and how you then shared that experience with Shamina. I believe that stories hold memories and culture, but they also hold power in how we tell them, so thank you for your strong stories in honour of Ajmal. I want to honour those feelings of grief and sadness but also joy in reflecting on Ajmal's work and his achievements and contributions. As I learnt about how he was an asset to his company and had friends and family from all over Afghanistan honour him through ceremonies and making posters, I wonder how his words and work impacted them and what lessons they carry from Ajmal throughout their lives. What seeds did Ajmal plant to grow throughout the reconstruction of Afghanistan?

I know when you visited Ajmal's workplace they thought you may be visiting for financial reasons, but you were only there to ask forgiveness if Ajmal had ever done anything wrong. You were there for his soul. I also learnt how you were determined to have a burial ceremony and to do it right even though it may have been risky. I heard Dr Abdul recite a prayer for his brother in your language. I did not understand the words, but I was moved by this act of faith and your family's connection to Islam. I wonder how you will carry Ajmal through your prayers during this Ramadan and into the future.

Yours sincerely,
Jared

A second opportunity to generate responses to Ziba occurred in Calgary, Canada, at the fiftieth anniversary conference of the Calgary Family Therapy Center when Dr Abdul shared the story of Ajmal and his mother and of Chelsea's visits. One of the participants in this conference, Sara Warkentin, shared her willingness to create a collective letter with the Afghan women she works with in Winnipeg to send back to Ziba. Here is an extract from the thoughtful letter they crafted:

Dear Ziba,

My name is Sara, and I am a therapist in Winnipeg, Canada. I heard your story from your son, Dr Abdul, and from David Denborough last August at a conference in Calgary. They also shared with us about your other son who died, Ajmal Stanikzai.

Over the last two years, I held space at work for a group of Afghan women who came to Winnipeg as refugees, most of them mothers or grandmothers. Many of them are separated from family members and community that they love. Some of them have experienced the death of a family member, friend, loved one or neighbour in Afghanistan. I hope it's okay that I shared your family's story and the story of Ajmal with them.

I wanted to share with you some of their words in response, about how they have faced their difficulties, some of which sounded to me like echoes of your own:

- Ziba raised a child like Ajmal, who was unique, so special, and always wanted to do something for his country. As a mom, it is my wish to have a child like that.
- Ajmal is the pride not just of his mother, but we are also proud of him as Afghans, to have him as part of our community. We feel sad and angry that people are killing good people like your son. We are thinking of all the young boys and girls, men and women who were killed and whose mothers grieve as you grieve.
- Ziba, we hope you can hold on to beautiful memories of your son that bring you happiness. Ajmal will always be remembered. We will remember him, and we hope your heart can relax.
- Ziba, I would like to tell my daughter your story. She was young when we left two years ago, and I tell her about Afghanistan and the brave people who worked hard to make it a better place and how much they accomplished.
- Many people take advantage of Afghanistan, and even other countries have interfered and hurt Afghanistan. Ziba, we hope you are proud of your son and what he did for the benefit of his country and his people.

Hearing your story opened up room for other stories to surface. Some of the women in the group told stories of people they would like to remember, who, like Ajmal, were killed.

I hope it is okay to share some of them below.

- I would like everyone to know the story of my friend Humera. She was in her second year studying law. I was preparing myself to go to university that day. There was an attack at Kabul University and her family had to search all day and night to find her body. I felt it could have so easily been me, if the timing was just slightly different. I would like to remember my friend.
- I would like to remember my father. He worked in rural areas building schools, mosques and other things that were useful to build up communities. When they found out what he was doing, they killed him in a terrible way. It was so difficult for us because we were young and grew up without a father. Later, my brother was also taken from us and killed. I remember my father and my brother.
- My neighbour was engaged and was about to graduate medical school. We would talk every day. He died in an explosion at the university.
- My neighbour was bombed and the whole family died except the baby. They asked me to watch the baby, and I did for a few hours. I held her and I breastfed her. I had six children, but I told them that I would keep her and raise her as a daughter if she had no family left. They later found her aunt and she went to live with her, but I always remember that baby who lived and her family who were taken from her.

One of the women said:

> In Afghanistan, people are killed at work, at school, in the hospital, walking home …
> We deserve to be safe.

The women shared some words about how they carry their losses, which can sometimes feel so heavy[16], and we talked about mothers and grandmothers and grief. One said, "Our country, Afghanistan, is like a mother. She must grieve all the children she has lost. We miss her like a mother".

The women wanted to share some of the things they love and miss about Afghanistan, to also honour the beautiful country that Ajmal and so many people died building up, in hope that one day you will all see it again.

- I miss the weather! It is not too hot or too cold like it can be in Canada, and we have all four seasons.
- There are delicious foods in every corner of the city. There are all the fruits and vegetables we love, and they taste much better there somehow!
- I love the Afghan bread, dried fruit and nuts.
- What I miss the most is how cheap everything is compared to other countries! We never knew there were so many taxes in other places …
- We love and miss all our friends and family still in Afghanistan.
- Shopping there is so fun! We do not think it is as much fun in Canada.
- I remember and miss the tasty smells of street food and it makes my mouth water.
- There are some special places in our country that our heart aches for. Sometimes we will look them up on YouTube just to see them.
- We miss the parties, Eid parties, and especially wedding parties where we do beautiful henna, make beautiful colourful dresses, and there is dancing and wonderful music. We miss the ritual and togetherness of holidays, which were much bigger there than here.
- What I remember the most is the hospitality. People will butcher sheep or lamb and share the meat with all their neighbours. Afghans are a generous people.
- Everybody likes their own country, but for us, we love it. Despite the long war and struggle, we were happy many times. Every day was different and every day we hoped for better.

Ziba, thank you for your story, and the story of Ajmal. There were tears in the room as we thought of your son and brave young people like him, and thought of you and brave mothers who endure unthinkable loss. We promised to remember him and you.

The women in the group asked also to extend an invitation to you if you would ever like to say hello! They think Australia is probably warmer than Canada, but they suspect there may be more snakes. I said I didn’t know, but you can tell us if you decide to join us via Zoom link. If you ever feel like getting up early in the morning to meet our group, just let me know, and I (Sara) will set it up.

The Afghan women’s group at Aurora Family Therapy Centre
Winnipeg, Manitoba, Canada

Transcribed by Sara Warkentin

Taking with her a whole collection of letters and messages for Ziba, and a world globe, Chelsea returned to the Stanikzai home.

Chelsea

When I arrived for this third meeting, Shamina told me that her mum was really excited to see me and had gone to put on some special eyeliner, but this had gone badly and she had to rub it all off. It was such a sweet story, and we had a big giggle about it together. The timing for this meeting was during Ramadan, and Dr Abdul had thought it would be very good for this to happen prior to Eid so that during the festivities, when other families would visit, this would provide opportunities for further retellings.

During this third meeting, we sat on the floor together and kind of huddled over the globe. With each letter, we scanned the globe to find the area from which the particular letter had come, and then I read out some of the messages.

*

There were many more letters than Chelsea could read out during her visit, so the remainder were left with Shamina to share with her mother at a later time. Ziba was so moved by these messages that over time, with help from Shamina and her younger son Matin, she wrote responses back to their authors. This meant that the "family therapy" process continued in a different form. As with many families who have immigrated, the younger Stanikzai children were more proficient than the parents in the language of the new land. Shamina and Matin could translate the letters for Ziba, and in turn translate her replies into English. We have included here some of these replies from Ziba as she evocatively conveys how receiving these letters was resonant with Afghan cultural ways of supporting those in grief.

Dear Teresa,

After my son died, I felt so down and broken heart and every moment became a silent killer for me as I was missing Ajmal so much. I couldn't find a name to tell someone my sorrow with and no person can fully understand what I am going through and what I am feeling and what I have in heart, until Chelsea come and talked to me like my daughter and a good friend. She sat with me, shared every tears coming from my eyes and then your letters stopped and dried those tears and changed those tears of sadness and sorrow to the tears of joy and pride.

In your letter you are saying "I will never forget Ajmal's story and if I ever visit Afghanistan sometime in the future, I will hold him in mind". When Shamina is reading this to me, I am feeling like you are just next to me and hugging me and comforting my heart. Traditionally we have to visit the graveyards each Eid mornings, but I am too far from Ajmal's graveyard. But every time Shamina is reading your letters, such sentence making me feel that I am next to Ajmal graveyard with much pride.

Dear Jean,

You mentioned about your dad passed away. In our tradition when someone connect theirselves and their situation and feelings with a grieving and tragic family, it means that they are the same family. I wish one day I can host you in my very house for a simple tea and a lunch.

Dear Steve,

Thanks so much for your kindness and I am so grateful, and of course Ajmal would also be, that our story and Ajmal's legacy in a way contribute to other people and families' healings … I am sure the way your letters helped me will help many more families and mothers. They are still grieving and there is no one to go and sit with her/them to explore what they have/hide in their hearts that are burning them from inside invisible.

Your letters and the time you spend on them have changed my and my kids' lives. In such a friendly, warmly and caring traditional environments: Chelsea, interpreter, me, my daughter, my son, our traditional room with cushions and red carpet, when I had tears in my eyes coming on my face with Chelsea squeezing my hands as an assurance and confidence next to me, and the tears in interpreter's eyes were all showing so many people caring for us and for my beloved martyred son Ajmal.

There were nights I had nightmares and never tell even to my kids about them. I was sometime hopeless that what should I do and what can be helpful for me as I am unable to speak a word of English to talk to someone in park or with our neighbours. We have a good Afghan community here, but nearly everyone has somehow similar issues and unfortunately the tradition we had is gradually changing here mean that most of the families are busy with work, study, appointments, etc. and I can't just go to their house and visit. Unlike Afghanistan, we have to call them first to see they are at home and then ask when would be a good time to visit. Whereas in Afghanistan, we don't have to make calls before visiting a family, we just knock on the door and visit the family very simple. But the letters and the way it was read to me in my house without so much formal process was so relieving and can't imagine how beautiful it is to sit in friendly traditional place where the discussion is about the person you missing him every moment and the discussion change your sorrow and sadness to a prouder moments.

When Chelsea and now Shamina reading me your letters, I can feel and sense that these letters are from the core of your hearts that cares so much for humanity. You mentioned about the Kabuli pulao rice. You all deserve a Kabuli pulao. Whenever you come to Adelaide, please let my son know so at least I can meet you and can see your kind faces and eyes that cared for me and for my martyred son Ajmal.

And finally, here is Ziba's response to Jared:

Dear Jared,

We have nearly the same cultural ways to establish connections when meeting people. In our tradition, those who share your sorrow and grief in such a way mean they are like one's family members and most trusted people.

When you named an Afghan man Mohamet Sultan, you called him Lola; we actually call it Lala. Lala is the person most senior, respectful and trusted, not only in his family but in all the village. That's a very beautiful connection through these letters. The house of Lala and tree fruits is what our culture and religion teach us to help people. We Afghans are very hospitable, but unfortunately the several decades' imposed war has demolished our beautiful culture, and show it to the world that Afghans' name is tied with war and conflict, which is not true. When Shamina explained your word "seeds" to me it is so much resonant and touched not only me but my whole family about Ajmal's legacy and his path. My grandsons each one is trying and telling me, "Bobo (what they call me at home), I look like Ajmal." And then I have to kiss them and reply them, "Yes you are". So these are the seeds he grow.

I wish one day I can meet your family too, or the other way round – you bring your family and meet us for an Afghan traditional lunch.

This exchange with Jared honoured elements of Afghan culture at the same time as honouring Ajmal. This was also true in the letter from the Afghan women living in Winnipeg. When that letter was shared, Ziba and Shamina and Dr Abdul all joined with Chelsea to talk about many of the beautiful things of Afghanistan. There was laughter as they shared stories and memories. In some ways, this linked back to the themes Shamina had spoken about in the initial meeting with Chelsea in which she had honoured aspects of Afghani culture. Storylines of grief and remembrance and honouring of Ajmal were interwoven with storylines of treasured aspects of Afghani cultural life. Significantly, the grieving and honouring practices that this process involved were resonant with, or somehow evoked, Afghani practices.[17] Throughout this process, spiritual cultural elements were also ever present.

Chelsea

Islam is very significant to the Stanikzai family and Christianity is very significant to me. I think this influenced how we were meeting with each other and receiving suffering. At particular times, I would mention that I would “pray for Afghanistan” or “pray for your family”, and these invocations were part of our shared meetings. So too was a sense that we are all joined in a longing for justice and a longing for peace. When so much is out of control, when much is unutterable or unfathomable, small rituals of being joined in prayer or hopes can be significant.

A nuanced form of narrative family therapy

This paper describes how a nuanced form of narrative family therapy was created for a specific circumstance. We learnt a lot along the way. Some of the things that worked well were:

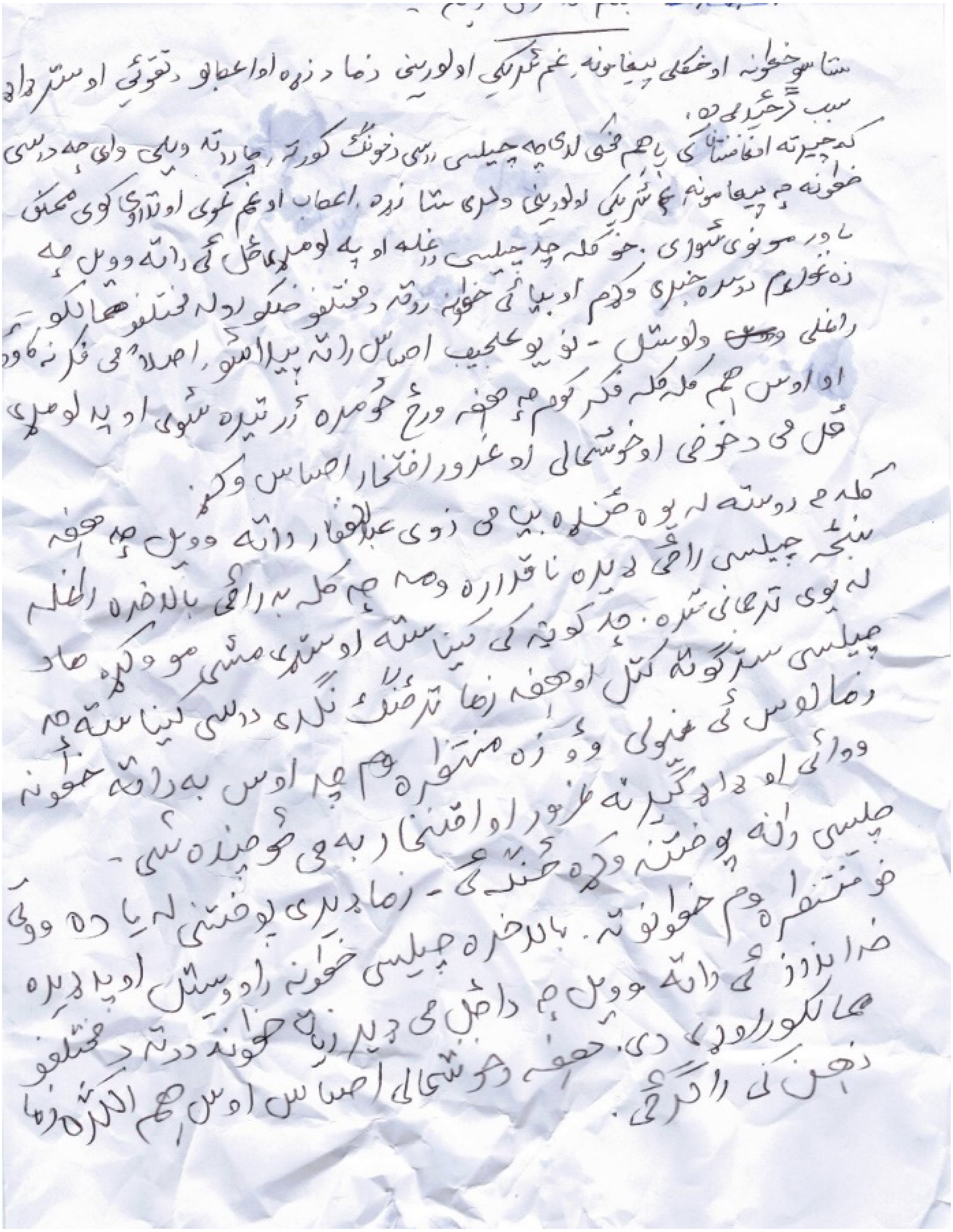
- carefully considering how existing relationships might be a pathway to a dignified first conversation – “We searched through our web of relationships and then Dr Abdul was in a position to invite someone to their home”
- meeting in the person’s home, which meant the family became a host in familiar surrounds and could include whomever and whatever they wished in the conversation (Ziba bringing photos of Ajmal to show to Chelsea)
- writing a letter for the family through a collective process that enabled women and men from the family to contribute but not need to be in direct conversation; this was particularly significant as within Afghan culture, separate spaces for women’s conversation and men’s conversations are very important; this process also enabled two narrative practitioners (Chelsea and David) to collaborate even though they were never in the same place
- writing the collective letter in a way that (with permission from the family) could then be shared with others from diverse cultural locations who sent messages back; this meant that storylines from across the globe could be linked with the stories of this family
- generating spiritual cultural ritual retellings in which these messages were read, translated and received
- the family having a chance to send responses back to those who had written so that the process was mutually dignifying
- in all conversations and interactions, honouring storylines of culture and spirituality as well as honouring the contributions of all family members (alive and no longer living) – “When that letter was shared, Ziba and Shamina and Dr Abdul all joined with Chelsea to talk about many of the beautiful things of Afghanistan”
- having a chance to reflect together on how these practices resonate with the cultural and spiritual beliefs of the family and the narrative practitioners.

We hope some of these learnings may also be relevant to you, the reader, and we would be very interested to hear about the diverse ways you might engage with families experiencing loss and hardship.

Now though, it seems appropriate to end this paper with the words of Ziba, Shamina and Dr Abdul.

Concluding words from Ziba, Shamina and Dr Abdul

Here is a letter that Ziba wrote addressed to all those who had sent her messages:



ستاسو خوږو او ښکلو پیغامونو، غم شریکۍ او لورینې زما د زړه او اعصابو د تقویې او ښه والي
سبب وګرځیدې.
کله چې په افغانستان کې یا هم څوک لري چې چیلسي ډېر ښه غوندې کوره، ما ته وېلې وای چې د ډیرو
خلکو چې پیغامونه، غم شریکي او لوریني دې کړي ستا زړه، اعصاب او غم کموي او تازه کوي ممکن
باور مې نه کېدای شوای. څو کله چې چیلسي راغله او په لومړي ځل یې راته وویل چې
زه غواړم د ډیرو خبرو وکړم او بیا یې خوږ او رونق د مختلفو خلکو له مختلفو هیوادونو
راغلي ~~[illegible]~~ ولوستل. نو یو عجیب احساس راته پیدا شو، اصلاً مې فکر نه کاوه
او اوس هم کله کله فکر کوم چې څنګه ورځ خوشحاله تیره شوې او په لومړي
ځل مې د خوښۍ او خوشحالۍ او غرور او افتخار احساس وکړ.
کله مې دوسته له یوه ځنله بیا مې زوی عبدالغفار راته وویل چې څنګه
سبا ته چیلسي راځي لیدو ته ناقراره وم چې کله به راځي بالاخره راغله
له یوې ترجمانې سره. چې کوټه کې کیناسته او ستړي مشي مو وکړه
چیلسي سترګو ته کتل او څنګه زما ترڅنګ نګرۍ د ډلې کیناسته چې
زما لاس یې ونیولو. زه منتظره وم چې اوس به راته څه وایي
وروسته له ډاډ ګیرنې غرور او افتخار به مې څه ویلی شي.
چیلسي راته پوښتنه وکړه څنګه یې. زما چې دې پوښتنې له پاره وي
خو منتظره وم خبرونو ته. بالاخره چیلسي خبرونه را ولوستل او بیا یې ډیره
خدای بزرګ دې راته وویل چې داخل مې چې ډیر زیات خوښه ده
هغه لکه راغلي دي. څنګه د خوشحالۍ احساس اوس هم الله زما
ذهن کې راګرځي.

Your beautiful letters and support messages sharing my sorrow and sad moments and encouraging words are a good treat, support and a secret of resilience to me and my kids.

Before Chelsea came into our house, if back in my home country or even here if someone told me that only letters from other people whom you never met and don't know will/can give you peace of mind, reduce your sorrow and reduce your stress to this level, no one would believe that. But when Chelsea came to our house and then next time retold my own family story and resilience, it was unbelievable, and no one have yet told us about how strong I am and how much my beloved son Ajmal contributed to our country reconstruction and how much he was friendly and much more. That whole day I felt happy and much energetic and that all night I was feeling prouder and remembering Ajmal with much proud and happiness.
I still remember I was telling myself that I am a prouder mother and shouldn't be sad all the time. Then next time Chelsea came to our house and told me for the first time that she brought some letters from people all around Australia and the world. It was something very new and I wasn't expecting this. When she was reading the letters to me through an interpreter, I still remember I had completely different feelings. When Chelsea, the interpreter and my kids had tears in their eyes, I was completely lost in different feelings. I felt so honoured and prouder. Even now sometimes, those feelings come in my mind and eyes and I am taking deep breaths and can feel that my chest is expanding more and taking more air into my lungs.

Then after a long pause in between that second session, my son told me that lady [Chelsea] is coming again soon. I was so happy and asking my son every day, when is she coming? Finally, Chelsea came with a different interpreter this time. Chelsea asked me, how are you? Chelsea sat next to me hold my hand to support me. I was anxiously waiting to listen to the new letters. I don't know whether Chelsea noticed that or not. I didn't interact much as I was waiting for new letters to listen to. Then Chelsea took the letters and asked me to read a few letters. That feelings and happiness will stay with me for very long time. And even now when I am alone trying to keep myself busy with something silently thinking about all those times and letters, giving me the feelings of happiness.

During all these times, whenever I was getting stressed or bored, I was asking Shamina, let's go to the park. Shamina prepare green tea we going to the park.
There is a spot in the park which is quiet and open area. Shamina put the mat, we sit on that, and Shamina put tea in the cups and start reading one letter. I am feeling much prouder and happier. I remember once I was coming to park it wasn't enjoyable at all, and I was sometimes scared of crowd and people, but now even I don't know how many people are in the park, what they doing, as Shamina reading letters to me and we both listen by our heart and making me so happy and my time passes with so much joy.

Now these letters are good friends with me. Every time I read these letters giving me peace and comfort and I feel prouder. Even I listen to some letters three or four times. And every time I listen, I feel more happier and joy.

At the end I can't express how grateful I and my kids are from you all.

Hope to see you whenever you come to Adelaide, and you will see how much your words mean to me and to my kids.

With best wishes,
Ziba Stanikzai

This whole process has also been very significant for Shamina, as she explains:

> There was not much difference in age between Ajmal and me, and he was my close friend since childhood. I would talk with him about problems at school and he would help me solve maths questions. The experience with Chelsea and the letters helped me personally a lot because I have had depression for almost three years, and I lost so much weight. I couldn't focus on my daily life. It was like I was away from my love. I've been to the doctor and to specialists several times, but this didn't help me. I could not find words for my feelings with them and the medications did not help. But when Chelsea came to our house, we shared our stories with her. And the third time she came, she brought stories with her from other people who shared their own experiences and sympathy words with us through letters and it helped us a lot. It helped me to get back to my life. Now I'm living in the moment and seeing my mum getting better day by day. Receiving letters from around the world gives us a relaxed feeling. People understand our pain. We are not alone, and in the sharing, they are with us. This all helped me to get rid of the depression. As I said, Ajmal helped me a lot, in school and in study. It was my hope, and also Ajmal's hope, that one day I might become a teacher. When he passed away, this hope stayed with me. It was my wish to fulfil his dream for me and to continue my education into something for the community. I am now teaching here in Australia.

And now, some final words from Dr Abdul:

> Thank you very much whoever is reading this story. My mother is not the only person who has experienced this sort of pain. Every household in Afghanistan has this same problem and every family has had multiple people who have died. I think about all those other Afghan families who no one has visited, who no one has sat with. The letters shared with us were like a bridge between my mother and other people. Now, hopefully this story can inspire people who work with other families that there are different ways to assist. How can we reach other families who won't come into professional services? We need to do things differently. So please, if any of you would like to try this sort of process with families in your communities, and especially with other new arrival communities, we would treasure that.

Notes

[1] To read more about how we first met and also about Dr Abdul Stanikzai's human rights work and community work in Australia, see the paper "Moral injury and moral repair: The possibilities of narrative practice: Inspired by an Australian–Afghan friendship" (Denborough, 2021). In addition, a recent social project led by Dr Stanikzai can be found here: How do you deal with sad memories that cannot be erased? (Sediqi, Stanikzai, & Denborough, 2022).

[2] Dr Abdul was also physically present, but he did not share his own perspectives during the meeting; he only assisted with interpretation.

[3] Afghan culture involves a significant degree of separation of spaces for women and men. The generation of women's spaces was therefore a very important part of the "family therapy" process we were constructing, but so too was finding ways that the men and women of the family could all be involved in grieving and honouring Ajmal together.

[4] The first theme that is richly explored in this letter is the multiple contributions that Ajmal made during his lifetime. These are described in ways that acknowledge Ajmal's many lasting tangible and intangible legacies.

[5] This letter provided vivid preferred imagery of Ajmal's life in the hope it might dislodge the power of distressing imagery related to Ajmal's death.

[6] A second theme explored here is the ways in which Ziba responded to her son's death. The letter makes visible the different actions Ziba took and imbues them with significance.

[7] A third theme involves the ways in which others also responded to Ajmal's death, especially responses that illustrate the significance of Ajmal's influence in their lives.

[8] This line of enquiry is linked to re-membering practice in narrative therapy (White, 2007, chapter 3) in which care is taken to make visible the contributions of the person who has died to the living and, crucially, the contributions that the living made to the person who has died and their sense of identity.

[9] This line of enquiry was used to make links across generations and to positively implicate members of older generations. As it turned out, it linked Shamina's love of learning to her father and to Ziba.

[10] Shamina's words, which trace the histories of the family and her parents' lives and also name the broader context of the struggle for Afghans to make new lives in Australia, were a crucial part of this letter. Her words place Ziba's suffering amidst broader collective storylines.

[11] Elevating some of the treasured aspects of Afghan culture within this letter was deliberate. In the midst of grief and in the midst of decades of war, the ways in which the beautiful aspects of Aghan culture continue to be treasured, practiced and re-made in a new land are highly significant. These forms of living heritage sustain the Stanikzai family, but just as importantly, the Stanikzai family sustain, protect and continually vitalize Afghan culture.

[12] These questions make visible the contributions Ziba and her husband have made across time and across generations in relation to preserving and carrying forth treasured values.

[13] Conveying tone and nuance and sentiment in the reading was also to give clues to the interpreter.

[14] These letters and messages were shaped as outsider witness responses (White, 2000). DD also asked people to describe who they were and where they were writing from. Those who described personal resonances in relation to Ziba's story were asked, where possible, to include resonances related to their own culture, people's history and language. This led to the generation of outsider witness responses that included personal and collective storylines.

[15] Jared's acknowledgement of his Afghan ancestors' contributions to infrastructure projects echoes with Ajmal's civil engineering contributions in Afghanistan. These unexpected storyline resonances occurred many times throughout this process. Significantly, this interlinking of personal stories between Jared and Ziba is a continuation of collective historical links between Afghan people and Aboriginal Australians (see Haider, 2019; Mohabbat, 2019).

[16] These "ways of carrying losses" were sent to Ziba but are not included here.

[17] We didn't know this in advance. It only became clear when Ziba wrote her careful responses to those who had corresponded with her; for instance, in her beautiful phrases such as "every time Shamina is reading your letters, such sentence making me feel that I am next to Ajmal graveyard with much pride".

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PRACTICE PAPER

Walking bravely in the face of uncertainty:

A narrative family therapy practice story

by Tamara Wilson

Tamara is a registered psychologist in Calgary, Alberta, and currently practices as a full-time family therapist at the Calgary Family Therapy Centre, where she also provides clinical supervision and training. Tamara has a passion for social constructionism, systemic therapy, narrative therapy, and nonviolent resistance practices. She is particularly interested in sociocultural discourses related to parenthood, race, ethnicity and gender and the ways in which they impact family relationships.
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Abstract

This paper shares a story of practice with a family who initially came to counselling because the 17-year-old son was suicidal. Our work came to focus on the family as a whole and their process of coming back together after being separated for some years in response to the father's drug use. We developed a new understanding of the mother's decision to ask the father to leave the family home as an act of bravery that had contributed to the wellbeing of all involved. Through identifying individual and collective wonderfulnesses, the family members developed a new shared identity in which bravery, resilience and calm could provide a foundation for responding to current and future life challenges.

Key words: family therapy; narrative family therapy; separation; youth; drug use; narrative practice

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Author pronouns: she/her

Jennifer contacted the Calgary Family Therapy Centre expressing concern for her 17-year-old son, Jessie. He had stopped going to school consistently, was expressing suicidal ideation and had made several suicide attempts that resulted in either police involvement or hospital visits. Jennifer further reported that she and her son had been having explosive fights that involved Jessie posturing and threatening her. Jennifer and her partner, Owen, also had a daughter, Sara (10 years old). Jennifer and Owen had recently got back together after years apart because of Owen's drug use. The family had been seeing one of our students with my help, and as the student completed her practicum at the centre, the family was transferred to me.

I met with the family to explore how they felt their work with the centre had been going. Jessie began sharing his reflections about how far he felt his family had come in overcoming some of their difficulties. He also reported that when his mom had asked Owen to leave their home, he had been quite young, and at the time felt quite angry and uncertain about why Owen had left their family. I asked questions about Jessie's understanding of his mom's decision to ask Owen to leave. Some of the questions I asked were:

- How did you make sense of what was happening at that time?
- Who supported you with understanding these things?
- How did the comfort your mom offered you help you with understanding the changes?
- What do you think she considered when making the decision to ask Owen to leave?
- What abilities and values did she most likely draw on when making this decision?

I asked these questions to assist Jessie to thicken his account of his mom and to also highlight her abilities and skills through his eyes. Jessie indicated that he later understood that Owen had been involved in drug use and was therefore not able to support his mom in taking care of him and his sister at the time. Jessie described his mom's decision as brave.

Jennifer appeared to disagree with this. Instead, she described her decision as selfish: "I hurt a lot of people, and it was a really hard time". I asked Jennifer if she shared Jessie's view of her decision as brave. She reiterated that her choice to disengage from her relationship with Owen was experienced as negative by many people in her life. Owen shared that through reflecting on his process of healing and recovery, he had also come to see Jennifer's actions as brave. I asked Owen to convey how Jen's brave decision had been a resource to him (in other words, an opportunity to discover his unique competencies related to recovery and healing). Owen reported that being on his own without Jen and the children allowed him to feel the loss of the comfort that Jen had provided. He further indicated that he used his experience of loss to learn new ways to "fight" his way back to sobriety or what he called "living". Owen described the journey toward sobriety as experiencing life in a new way that he was previously unable to access while under the influences of drugs. This led to a conversation in which we built up an alternative story centring on coming back together, collaborating, and tackling mental health as a team.

Tamara: What was the experience of leaving like for you, Owen?

Owen: I was devastated. Angry initially and blamed everyone else for a while.

Tamara: What stands out for you with respect to later seeing things differently?

Owen: I moved to another province and met a wonderful counsellor who helped me understand my addiction and some of the trauma I went through as a kid. She worked with me for two years as I got sober, and I learnt later that Jen taking the lead with our separation was probably the only way I was going to get clean. If I didn't have time alone, I wouldn't have been able to be the boyfriend and dad I am now.

Tamara: What does it mean to you, Jen, to hear Owen talk about his experience of the separation?

Jennifer: It's nice to hear that.

Tamara: What is it that you both learnt about the most from this experience that now helps you in your co-parenting relationship?

Jennifer: I think we learnt how to be more patient, not only with each other but with the kids. Jessie can attest to this!

Owen: Yes, I agree with patience, and we learnt that taking a break doesn't mean the end; it's just a pause to help with bringing back some calm.

Tamara: What values have you constructed together that help you embody calmness in your accountability holding?

My intention in this conversation was to address Jennifer's and Owen's tendency to focus on mistakes and regrets from the past, their sense of not working together, and their frustration about the "stuckness" they experienced in relation to the ups and downs of Jessie's mental health.

I asked Jen if her decision to ask Owen to leave could be seen as a resource for healing in her family and invited her to share her views on the healing effects that occurred following her response to Owen's drug use. I intentionally came back to this theme to thicken the narrative as it appeared that Jen was uncertain about whether or not her decision was an act of bravery. Although Jessie and Owen recognised this, I sensed that Jen had different ideas. By eliciting details about the healing effects of Jen's decision to ask Owen to leave, I hoped she might start to shift her focus from noticing the negative effects (being separated, not allowing Owen to see Sara or Jessie, shame from extended family) to seeing this decision as a significant (and healing) one.

We also explored a counter-story of Jen's request for Owen to leave as an act of protest against the drug abuse and its negative effects of the family. I began by asking whether Jen saw her boundary setting as a protest against Owen's continuing drug use.

Tamara: How possible is it that you were creating this boundary and making this decision as a way to protest Owen's continued use of drugs?

Jen and Owen reiterated that they did, indeed, see it this way.

Tamara: What was it exactly that you were protesting?

Jennifer: I was trying to stop the cycle of parents using drugs in front of their kids, and I was protesting the potential risk of this being passed on to my children. I also didn't want to put up with Owen being inconsistent and having my children be unclear if they could count on him or not. Even if this meant being out of their life, at least they would know for sure.

Jessie: Yah, that was hard at first, not knowing what happened to Owen, but I knew later why my mom did that.

Tamara: Owen, what would you add about what Jen might have been protesting?

Owen: She was protesting my abusive and dismissive words and actions toward her and my inability to hold myself accountable.

I later invited the family to reiterate and co-construct strengths they observed in one another as developed from their responses to the adversity in this story. I asked if it would be okay to name Jessie as "resilient", Jennifer as the "brave powerhouse" and Owen as a "calming force", as Jen had described him in past sessions and again today. At the Calgary Family Therapy Centre, when externalising, we often co-construct the naming of an externalised quality or relationship practice or pattern (whether it be problematic or healing) as part of our social constructionist posture (see Tomm et al., 2014). This approach recognises that if the family members themselves have a say in defining what it is that's present, and in defining preferred ways of being, this can bring forth further preferred actions and possibilities. I asked:

- Jen, I noticed you've used the term "calming force" to describe Owen. Would it be okay to continue to use that name to describe him in our work together?
- Owen, Jessie, what do you think?
- Who else would agree with this name, "calming force"?
- Say we were to name each of you, what names would you give yourselves, Jen and Jessie?

Owen: I see Jen as a symbol of bravery.

Tamara: I was wondering, given what you've described, if I could add the word "powerhouse" to brave, Jen? Something like "brave powerhouse". What do you all think?

Owen: I like it!

Jessie: Yah, me too.

Jennifer: I suppose so.

Tamara: Hmm, what might fit better for you, Jen?

Jennifer: No, that fits actually.

Tamara: What about for you, Jessie? I was wondering about something related to your resilience and your ability to be resourceful?

Jennifer: I like resilience for Jessie.

Jessie agreed.

This was an example of naming a "wonderfulness" (Marsten et al., 2016); however, we also co-constructed and named healing patterns with the assumption that having conversations (using reflexive questions) with the family about their preferred ways of being would invite greater uptake of these preferred patterns as they constructed them together and said them out loud (Tomm et al., 2014).

I was later able to invite the family members to draw on these "wonderfulnesses" when I invited them to write a letter to their past. I asked each family member to speak and write about some of their hardships and the ways they had drawn on their family values and principles during these times. My therapeutic intentions here were to orient them to seeing the abilities they employed as they faced life challenges. My hope was that writing about this might solidify and enrich their understandings of their abilities and achievements. Jennifer shared how her commitment to parenting and creating a safe space allowed her to move forward after asking Owen to leave. Jessie conveyed how he also had to practice bravery when he and his mom moved into a women's shelter temporarily. Jessie also added a memory of a time when he, his baby sister and his mom went to visit a family member out of town. The memory of this road trip became something his whole family held on to over the years. Jennifer recalled how Jessie had been able to help her navigate their way there and named him her co-pilot. We highlighted how they had worked as a team on that trip and how fear had taken a back seat as Jessie and Jennifer found their way to the cousin's home. I suggested that Jennifer's position as "the brave powerhouse" had been present here too.

As the family shared the road trip story, I was listening for any moments to amplify the preferred qualities reflected in their co-constructed names, and I was also on the lookout for any pieces of information that I could pull out to further thicken the counter-story of navigating uncertainty together and collaborating under unfavourable circumstances. I was hoping to intertwine both individual and collective competencies to deepen the family members' sense of agency over adversity (that they had some say in how things went) and to orient them in discovering meaning in both their <u>intra</u>personal and <u>inter</u>personal abilities – something we had already been working toward in the therapeutic process. I sought to re-establish a new identity as a family in which bravery, resilience and calm could become the foundation for current and future life challenges.

The family talked about moments of confusion and loneliness and the ways in which they continued to push forward using skills of resilience and bravery. Jen noted that they each had slightly different goals but similar principles, so we highlighted what I called "walking forward in the face of uncertainty" to amplify their abilities of perseverance. I suggested this phrase as the family appeared to be struggling to put names to qualities. I offered it tentatively and created space for them to take it or leave it. My therapeutic intention with naming it as I did was to reiterate the idea of working together even when <u>intra</u>personal goals may be slightly different. Highlighting that not all goals always need to be the same has been a theme in the work I have been supporting Jen in doing as she has had some trouble accepting that her and Jessie's goals and expectations weren't always aligned. I invited Jessie to speak and write about the different growing up practices that he engaged in during the years when his mom was parenting mostly on her own and how these growing up practices contributed to where he is now. I took care to do so in ways that didn't dishonour Jen's extraordinary parenting abilities or the significant care she provided to him.

Another theme in our work centred on the parents' strong (at times, impositional) desire for Jessie to become more independent and less reliant on Jen in particular for working through day-to-day stress (school pressures, household responsibilities, etc.). So, while I was orienting the family toward collaboration and working as a team, I was also looking for an opportunity to orient Jessie towards recognising his own inner competencies as he worked toward what he called "adulting".

The letter-writing exercise occurred in another session. The family was invited to write to "the past" as a way of becoming witnesses to the values and abilities that had been highlighted in our previous session. I invited them each to write a brief letter (about a paragraph long) to the part of the past that was brought forth in the previous interview – Jen's decision to ask Owen to leave their family home temporarily. I asked them to recapture the highlights from our previous session (co-constructed names, collective and individual abilities, values and preferences). Next, I invited them to write about a particular moment that stood out to them in relation to being brave, embodying a calming force and exercising resilience. I also asked them to add details about the wonderfulness they were able to draw on during that time and that they built up as a result of the adversity (as explored in our previous session). Further, I invited them to give themselves some encouragement or advice related to exercising kindness to themselves when it came to remembering what they might be prone to calling a mistake. Lastly, I asked the family if they thought it might be helpful to include some comments about gratitude for the journey, but reiterated that they should include this only if it fit. This idea was brought forth as a way to tentatively reinforce and orient the family towards noticing the healing developments that they contributed to while not negating the significant pain and adversity they had experienced. Later, they read their letters out loud to one another. I asked them to share any surprising details they hadn't yet talked about and anything that stood out to them as they heard each other's letter.

I asked the family to take these letters home and to consider sharing them with other family members who they were in contact with during that time (Jen's sisters for example) as a way of reinforcing and solidifying their competencies and achievements to outsiders who could potentially also strengthen the noticing of these abilities. I hope to offer a follow-up exercise of writing a letter to the future together. In hindsight, writing individually perhaps didn't reinforce the significance of collaboration that we had been working on but nonetheless was therapeutically generative as I noticed significant collaboration during the session.

Note

[1] In hindsight, perhaps I focused too narrowly on encouraging Jennifer to recognise her decision as brave and inadvertently missed an opportunity to amplify other potential values that might have been more significant to her. Inviting Jen to share her preferred ways of understanding this act could have brought additional competencies to the fore.

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PRACTICE PAPER

A narrative family therapy story:

Unearthing slugs for the benefit of family healing

by Shannon McIntosh

Shannon McIntosh, MSW, RCSW, is a social worker, family therapist, member of the Calgary Family Therapy Centre, and clinical associate director for Wood's Homes in Calgary, Canada. She is devoted to strengthening relationships, building resilience and applying advocacy, collaboration and creativity in her work. Shannon is inspired by systemic theory, narrative theory and social constructionism. She's passionate about upholding social justice and enjoys using metaphors, expressive arts and experiential learning to bring forth relational healing. Narrative therapy has been a cornerstone of Shannon's work that has allowed her to facilitate healing conversations that inspire stories of pride, empowerment and courage. Along with her clinical commitments, Shannon has been part of the Faculty of Social Work at the University of Calgary where she has taught therapeutic practices, clinical interviewing techniques and integrative theory-to-practice classes for graduate level students. shannon.mcintosh012@gmail.com.

Abstract

"The Terminator" was tricking 11-year-old Nathan into aggression, self-harm and suicidal thoughts. Nathan's parents wanted to find ways to support Nathan and to develop their own coping skills. This practice story shows how we drew on Nathan's particular interest in slugs to help him remember preferred ways of being and to keep everyone safe.

Key words: *family therapy; narrative family therapy; children; suicide; anger; self-harm; narrative practice*

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Author pronouns: she/her

Under the mentorship of Dr Karl Tomm and my colleagues at the Calgary Family Therapy Centre (CFTC), I have had the privilege of walking with many families along their healing journeys. One of the most rewarding of these experiences occurred when I joined with the Taylor family for family therapy sessions. The family expanded my understanding of persistence, kindness, how to stick together during difficult times, and as it happens, the world of slugs. What I found most significant in our work was their vulnerability and willingness to join me in creative whole-family interventions. What follows is an extract of my experience with this wonderful family. Pseudonyms are used in this story to protect the identity of the clients. The family offered permission to share this story, for which I am truly grateful.

Janet reached out to the CFTC for help in supporting her oldest son in managing his strong emotions. Nathan, who was 11 years old, had been taken to the Alberta Children's Hospital because he expressed suicidal thoughts and demonstrated an intense level of aggression in the family home. The hospital's medical team suggested that the family receive in-home support and family therapy through the Calgary Family Therapy Centre. During their clinical intake meeting at CFTC, Nathan's parents, Janet and Steve, reported that Nathan had been harming himself and his younger brother, Oliver (8 years old). The parents also shared that Nathan had been running away. I learnt from Steve and Janet that Nathan had diagnoses of ADHD and sensory processing disorder. Janet also reported that both she and Steve lived with mental health issues and were very much wanting to grow their own coping skills and gain further strategies for supporting Nathan. Due to the nature of the concerns presented by Nathan and his parents, the family was prioritised and I saw them a week after the intake meeting.

I had 10 meaningful and generative sessions with the Taylor family. Eight of these included the parents and Nathan, and I met with the whole family (including Oliver) twice. The family hoped that family therapy would help them find ways to lessen the bad thoughts Nathan was having about himself. They also hoped for Nathan and Oliver to get along better, for more structure to exist in their day-to-day home lives and for "emotional explosions" to occur less often. During our initial session, the family shared that there was a lot of anger in the home. It seemed to manifest through yelling, hitting, swearing, door slamming and malicious comments. I shared some calming strategies and co-regulation techniques. For example, we practiced ways to "tune in" to one another and pause before reacting. The family also created a safety plan that included attention to the ways in which overwhelm could lead to eruptions and then disconnection and disharmony. The family and I named the experience that Nathan was having "the volcano" since there were many factors contributing to the explosions.

In the subsequent session, we reviewed some of the skills that the family had historically used to respond to anger. They explained that they sometimes had difficulty pausing when angry and reacted aggressively. Together, we wondered if impulsiveness was getting in the way. The family agreed that it was, so we tapped into the family's existing skills of caring for one another and sensing one another's feelings. This led us to come up with a way to "tune in" to one another before anger could take a front-row seat. Given the family's value of honesty (which was cultivated by the parents), family members committed to "calling out anger" when they detected it was on its way. They planned to ask each other how they were feeling when they suspected anger was looming. Though they reported that this required practice and was difficult, they later showed me how they were demonstrating the skill of "tuning-in and calling out anger". This was quite magical to observe.

In our next session, Nathan announced that he had been thinking about the power that anger had over him. "I don't like it, Shannon. It reminds me of the movie *The Terminator* where the cyborg tries to hurt people … I don't want to hurt people." I assured Nathan (and his family) that they were not cyborgs, and instead, caring and loving humans who were deeply loyal to one another. However, "The Terminator" became a resonant way of externalising anger. Some of the questions I asked to thicken the family's commitment to taking a stand against anger included:

- In what ways have you stood up to The Terminator?
- Who in the family was the first to notice The Terminator's presence?
- Who was second, third, fourth?
- How will you know that you have ejected The Terminator into outer space?

In future sessions, we talked about The Terminator's influence as working against what the family held dear – family connection. Slowing down and becoming alert to The Terminator's influence became a tactic that kept family members on guard for dynamics that disrupted their family connection.

We investigated Nathan's interests and gifts through the "wonderfulness interview" (Marsten et al., 2016). Through this, I discovered that he was fascinated most of all by slugs. Nathan loved everything about slugs – their sliminess, their many teeth (2000–8000!), their blue blood. Above all, he loved the way slugs helped him to remember to slow down and to breathe. Coincidentally, I happened to like slugs too. I told Nathan that because I came from a damp and rainy small town where slugs were bountiful, the sight of a slug brought me joy and happy memories. I told Nathan I used to collect slugs as a child too. This common ground, which Nathan could feel was authentic, strengthened our therapeutic bond, giving us many chances to share language that was meaningful to us both. In subsequent sessions, Nathan brought in slug memorabilia and on one occasion … a real slug! Oh boy, I didn't expect that; however, this did bring a lot of excitement to the session! The whole CFTC family got on board with the slug fad too, and soon even some of our practicum students were bringing in stickers, colouring pages and fidgets – all with a slug theme. Since the Taylors were so open to students viewing our work, we invited students to retell some of the stories they heard in our sessions. This proved affirming for the family as the students shared how resonant the Taylor's experiences were for them. One of the students generously shared that she planned to take these ideas to her own family who had been having similar struggles.

Given Nathan's fascination with slugs, his family and I wove slugs into every aspect of our work together, which I believe brought a special relevance to Nathan and a sense that we were understanding what was important to him – slugs! When Nathan identified in one session that his dark thoughts were taking over his life, he, his parents and I worked earnestly to co-construct a safety plan we called "the SLUG Plan". It involved using the letters in "slug" to devise a plot to "bring Slug back to the soil – home". Each letter represented a strategy to keep Nathan's dark thoughts away:

S = slow down

L = listen

U = understand

G = get a hug, hold gratitude, guard oneself and think of the colour green.

Using the family's language, the SLUG Plan was written by hand and passed on to the family. It involved six steps:

1. Nathan to pay attention to tingly hands, legs and other somatic experiences that Nathan said he felt when he began to feel overwhelmed; we thought this might give him time to pause to remember his calming tools
2. Nathan to distract himself from feeling overwhelmed through communicating about stressful feelings he experienced then looking for slugs, going on a bike ride and running around in the backyard
3. Mom and Dad to watch Nathan more closely
4. Nathan to take space *with* someone or with the door open or … He could even invite a fur family member to join him; being alone was scary for Nathan
5. Parents to remove sharp items in the home
6. Nathan and parents to make their way to the hospital emergency room or another urgent care centre if dark thoughts persisted.

Throughout our work together, the Taylor family and I also discussed ways to navigate times when big feelings spilled over into meltdowns that left them feeling out of control and remorseful. The parents transparently shared some wisdoms that had shone through following their own emotional outbursts. I feel that this paved the way for Nathan to open up about his inner struggles. Nathan shared his experience of there being two parts of himself:

- Nathan 1: someone who holds emotions inside and tries to feel "in control"
- Nathan 2 (aka "The Terminator"): someone who struggles with getting along with others at school and focusing on his schoolwork.

Nathan described Nathan 2 as a "spirit inside me that kicks the real me out and takes over my body". He shared that this Nathan 2 made him feel "out of control" and "tricked". Nathan originally called this part of himself "Psycho-Nathan"; however, I encouraged him to name it something less derogatory to decrease the shame this name seemed carry for Nathan. He shared that his peers at school called him "psycho" and this hurt his feelings a lot. We agreed to keep calling this The Terminator. Throughout our work together, I wanted to ensure our namings were experience-near and suitable for Nathan, so I consistently checked in with Nathan: "does this name fit for you and why?" I also invited the parents to speak as witnesses and co-constructors about their feelings and understandings about the namings. Commonly, they would express how sad they felt for Nathan that he was under the influence of such troubles.

I sought to get a richer sense of these fighting parts inside of Nathan.

Shannon: Nathan, can you tell me about times when The Terminator is not present? What is that like for you?

Nathan: I feel peaceful inside and can think more clearly. That's a nice feeling.

Shannon: When you are feeling peaceful, what kind of things are you able to accomplish? What do you feel proud of in these moments?

Nathan: I can build really cool Lego structures and can create slug art that's really colourful.

Shannon: How do you think your family experiences you when The Terminator is not around?

Nathan: They see me laughing, cracking jokes and playing nicely with my brother.

We felt sad together to learn from Nathan that he felt his teacher didn't like him and made him feel like a burden. Janet and I did some advocacy work with his teacher, and we helped her to understand Nathan's special gifts and many other beautiful parts of him that did not seem obvious to her.

I sought to amplify compassion for the struggle Nathan was experiencing and to bring forth hope. A focus on landscape of identity questions (White, 2007) brought forth elements of Nathan's character that he liked and was proud of. Inspired by tales of legendary heroes and mighty warriors from his video games, Nathan envisioned a world where he could be brave and strong. However, beneath these aspirations was a heart filled with fear. He relayed to his parents and me that he was often haunted by shadows of doubt and whispers of insecurity. I learnt from Nathan that this caused him frustration as he really wanted to be a hero in the eyes of his family. During one of our sessions I asked Nathan, "What kind of reputation do you want to have?"

He responded, "I want to be known as a conqueror".

"A conqueror of what?" I asked.

And he answered, "A conqueror of worry".

With this metaphor of Nathan the Conqueror, we had lots of fun weaving together images of ancient scrolls and wayfinding maps and plans for great conquests. We also sought wisdom along the way from "village elders" (his grandparents), companions and talking animals (his family dog). The images we co-created really seemed to fortify Nathan's resilience and courage, and I believe his parents felt his growing strength and heroism. Nathan was learning to triumph over fear.

During my last few sessions with the Taylors, I noticed an emergence of several generative relational shifts within the family. The parents began to show faith in Nathan's abilities rather than anticipating failure. We called this "looking for bright spots and anticipating success". Once Nathan could feel his parents' doubt in him diminish, he began using his initiative to implement positive coping tools. These included keeping heartbeats calm by engaging in family yoga, meditation and reading together. Nathan also began looking for opportunities to use his strong "Nathan the Conqueror" voice. The parents were then fortifying these positive efforts through affirming words and reactions.

I acknowledged the parents' noticing of Nathan's efforts, and the effects of their noticing on Nathan. During our last sessions, Nathan shared that he was starting to speak up bravely with family and teachers by letting them know what he needed to stay calm and focused. For example, he asked for and received a standing desk in his classroom. The family noted that Nathan was able to manage his emotions more calmly, and with parents setting firmer boundaries, Nathan made an effort to respect these boundaries.

An unexpected and poignant theme emerged during a discussion with Janet and Steve. I learnt that both parents had experienced adversity in their childhoods, which they noted had lasting negative effects on their lives and the ways they parented. Steve's experiences had led him to experience relentless fear and anxiety; Janet's childhood experiences were fraught with abuse and abandonment leading her to doubt herself and others. It was heartbreaking to hear Janet's story of being shut out of her mother's home at the age of eight for hours in the middle of winter, and of being told she was no longer welcome in the home. It was also painful to hear her express stories of abuse and being seen as lesser than her sibling (who stayed with her mother). I appreciated Janet's candour about her adverse experiences and her fierce commitment to parenting in a significantly different way. She was transparent about the lifelong impact these experiences had caused her, resulting in hospitalisations and systemic challenges, stigma and cruel judgement by others. Janet's disclosure ignited a sparking moment in our work that reinforced the parents' strong values of positive and honest parenting. Both Janet and Steve declared their commitment to addressing historical traumas and adverse family patterns so that they could co-construct new, healthy ways of parenting to help their children to thrive and meet their potential.

Shannon: Janet, what significant events in your life led you to imagine an alternative life as a parent?

Janet: I knew I did not want my children to have the same experiences as I had, and I am digging deep to consciously do things differently.

Shannon: Steve, what is it like to witness Janet's commitment to parenting in a different way than how she was raised?

Steve: It's been really inspiring to me, and I've learnt a lot from her. It hasn't been easy as I also did not have a perfect childhood. We talk a lot and cry a lot together too.

Janet: Yes, and we argue when we notice each other slipping back into familiar old ways.

Shannon: What do you notice from each other that keeps you strong together?

Steve: We're both brutally honest with each other and this keeps us accountable to our big goal – being the best parents we can to Nathan and Oliver.

Our last session together was a celebration of the family's accomplishments. There were slug candies and streamers, and I presented a certificate of accomplishment to each family member. Nathan's certificate was titled "Nathan the Conqueror"; the parents' were "Pavers of a New Path"; and Oliver's was "Brother and Inventor Extraordinaire". The students who had been observing my sessions with the Taylors came to the final celebration as outsider witnesses. When they came into the therapy room after viewing our presentation from the observation room, they shared their reflections about the family's strong commitment to making positive changes. One particularly creative MSW student had thoughtfully and generously created a slug stickers board that formed the word "CONGRATULATIONS!" Another student shared a slug poem with such funny lyrics. This was truly a slug extravaganza. Near the end of the session, I read the family a therapeutic letter to highlight some of the positive shifts I had witnessed as well as the ways in which the family had moved me in numerous ways. These are the words I shared with the family.

Dear Janet, Steve, Nathan and Oliver,

I'm writing to you to share what an honour it has been to work with your family and to thank you for trusting me in guiding healing and finding preferred ways of relating to one another, to find lightening of the dark thoughts and to collectively make meaning of some family patterns that were passed on to you unfairly. During this final session together, I want to express to you some of the sparkling, inspiring moments I've had the privilege to witness in your family and to pass on some reflective questions that I hope will live on inside of you all. Through my eyes, your efforts have been extraordinary and will no doubt pave a path to promoting health and wellbeing for the generations to come. Our conversations have certainly left me feeling hopeful about the positive shifts your family has accomplished. Some of the strategies that you identified as helpful in enhancing peace and connection within your family as well as fitting for your family's culture included:

- co-constructing the SLUG safety plan
- exploring somatic sensations that indicate stress is coming on (in Nathan's case, tingling hands and legs is a sign of stress)
- reviewing the cycle of stress within the home
- practicing co-regulating techniques such as yoga, meditation and reading together

- co-constructing strategies to reduce dark thoughts and shutting down
- getting to know anger and anxiety on a personal level (this helped us to get to the root of the aggression that Nathan was experiencing and helped us to learn more about Nathan 2/The Terminator as well as gaining preferred ways to relate and manage adverse behaviours)
- using mantras to decrease worries; for example, sayings such as "there will always be more help" and "I am not my thoughts" really helped
- recognising Nathan's community of care so he did not feel so alone in his struggles (Nathan was able to identify several family members and natural supports, such as teachers, who were on "Team Nathan")
- co-constructing a Book of Lessons from Nathan including moving slowly – like a slug, using the word "stop" and moving away, not starting fights, not being sneaky, making your own mark in the world, taking a breath, and thinking of something else (distracting); Nathan offered permission for me to share these ideas with other 11 year olds
- empowering Nathan to push through The Terminator's influence ("hard work pays off")
- keeping a "first-aid kit" of craft supplies at Nathan's school desk to distract from blurting out
- empowering Janet and Steve in their dedication to and love for their children.

Nathan, thank you for teaching me so many things about slugs. I had no idea there were 2000 types and that they belong to the gastropod family and have so many teeth. You also reminded me of the magic of humour and how creativity and art can soothe worries and remind us of who we are. Will it be okay with you if I pass this on to other 11 year olds who are battling similar Terminators?

Oliver, I enjoyed hearing about your inventions, and seeing you wear your lab coat to sessions helped me to envision you as a famous scientist – which I believe you are already.

Steve, your dedication to pausing to respond was witnessed, and I was deeply moved by the patience and light in your eyes when you were speaking with your family.

Janet, I believe you are a remarkable trailblazer! You have taken the adverse experiences of your traumatic history and have used them to propel both yourself and your family towards increased faith and hope. One of the many ways you've done this is to study to become a psychologist. This is remarkable and I believe you will go on to help others in meaningful ways.

Your voices will go with me to inspire other families along the way.

With sincere warmth, care and gratitude,
Shannon

Following the reading of this therapeutic letter, there were tears from all, which I felt encapsulated gratitude for the rapport we shared, appreciation for the strong efforts made by the family, and celebration of this family's achievements. Janet asked if they could share the letter with other professionals working with Nathan now and in the future so that Nathan's care team could see him with the same strengths, struggles and potential as I do. Of course, I agreed.

I thoroughly enjoyed all my sessions with the Taylor family and was inspired by the values they held: generosity, honesty, kindness, humour, having fun together, hard work and sticking together through difficult times. I endeavoured to harness these values throughout our work together by naming them and inviting the family to use them every chance they had. I believe this made it possible for the family members to enact these values in order to escape the problems that were getting in the way of their preferred way of living. I was also very touched by Janet's and Steve's brave and strong efforts to carve out a life and future for their children that was different from their own and conducive to ongoing wellbeing, peace and harmony. Their commitment to showing up honestly and authentically was testament to their trailblazing ways and commitment to doing things differently. I'm certain that the Taylor family will remain in my heart and thoughts. They will continue to inspire my practice and remind me of the joy and honour I feel in helping to uncover and thicken stories that reflect a family's preferred ways of living.

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Interview

Researching delusions:

A search for epistemic justice
An interview with Hamilton Kennedy

Hamilton Kennedy interviewed by David Denborough

Hamilton Kennedy is a researcher, animal lover and ex-patient of psychiatry. They are completing their PhD at La Trobe University. Their PhD explores the concept of delusion and the truth contained with these beliefs. Hamilton completed the Master of Narrative Therapy and Community Work at The University of Melbourne in 2019. Hamilton.kennedy@latrobe.edu.au

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Abstract

In 2024, this journal published a paper by Hamilton Kennedy highlighting the dismissive responses often experienced by people who hold beliefs that have been labelled as delusional. Hamilton argued that this dismissal constitutes a form of epistemic injustice. We received a number of responses to this article, and decided to interview the author about the wider research project they are engaged in. Hamilton has developed innovative qualitative research methods to explore the history and meanings of beliefs that have been labelled as “delusions”, and to collaborate with research participants in non-pathologising ways. In this interview with David Denborough, Hamilton reflects on some of the practical and ethical considerations involved in conducting research with people whose beliefs have been labelled delusional. They set out how their approach differs from much research in psychiatric contexts, favouring a stance of solidarity, care and reciprocal trust.

Key words: qualitative research; epistemology; delusion; paranoia; schizophrenia; hallucination; narrative practice

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Author pronouns: Hamilton Kennedy, they/them; David Denborough, all pronouns welcome

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DD: I'm so pleased to have the chance to talk with you about your research with people who have been labelled as "delusional" in relation to their beliefs. Prior to conducting this research, you were working as a peer mental health worker. As an ex-patient of psychiatry, you've written influentially about how as a practitioner, you have brought together intentional peer support work and narrative therapy (Kennedy, 2019). Now you are researching beliefs labelled as delusional. Before I ask you more about this qualitative research, can you say a little about this movement between peer mental health worker–narrative practitioner and researcher?

Hamilton: My connection to delusion and mental health is not just academic. Many people I love and have loved experience or have experienced mental illness. It has also been asserted that I fit within this category! As a result, I have found little meaningful distinction in my practice between the compassion and care in professional relationships from that within personal relationships (Kennedy, 2019). In the past, when working within a psychiatric unit, I have unexpectedly encountered someone who was personally known to me. And in my friendship networks I sometimes cross paths with people who I first met when they were an in-patient and I was their peer worker. These sorts of experiences mean that distinctions between myself, those I know and others labelled by psychiatry feel genuinely semantic. Who is a patient admitted to the psychiatric hospital but a friend I haven't met yet? In both my practice and my research, I have attempted to resist drawing arbitrary distinctions between myself, those labelled mentally ill whom I know personally, and those I know professionally.

During 2023 and 2024, as part of my PhD research, I conducted a series of interviews aimed at understanding and documenting the experiences of individuals labelled as "delusional". This involved multiple conversations with people over several months in an attempt to explore the histories and origins of the experience that was labelled "delusional". Some participants were a similar in age to me and/or lived in the same area; some participants shared the same diagnosis as me; many shared what they considered to be traumatic experiences with psychiatry. I, too, have had such traumatic experiences. Participants had all had life-changing experiences which would be considered mental illnesses. I have also. There was a discordance between their own beliefs or experiences and the perceptions of others. I have also had this experience. There was also a similarity, at times, between our political or ideological perspectives outside of our perspectives about mental health.

DD: Your ethical approach to this research reminds me of the kind of solidarity that narrative therapist Michael White considered in the relationship between therapist and person consulting them:

> I am thinking of a solidarity that is constructed by therapists who refuse to draw a sharp distinction between their lives and the lives of others, who refuse to marginalize those persons who seek help, by therapists who are constantly confronting the fact that if faced with the circumstances such that provide the context of troubles of others, they just might not be doing nearly as well themselves. (1993, p. 132)

Hamilton: Yes, this concept of solidarity has been considerably influential in my approach. I need to think through how to create research relationships that do not marginalise but instead bring together the participant and myself to research the phenomenon of delusions.

DD: There is a broader context that is relevant here in that there is a pretty terrible history in relation to research in psychiatric contexts, including psychosurgery experiments and sleep experiments, and this wider history would surely influence the participants' reticence to be involved in any research project. I am really interested in the ways you went about negotiating what you call a “reciprocal trust”. Can you say more about this – in particular in the initial stages?

Hamilton: Given that the people I was hoping to involve in this research had all been told that they were delusional by psychiatrists and the mental health system, many were explicitly fearful of mental health services. My role as a researcher initially placed me within the realms of understandable suspicion and I was prepared for this. Participants posed numerous questions to establish whether I was a credible and safe person to speak with. This often took the form of direct and specific questioning during initial phone conversations. For example, they inquired about my academic background, the nature of my research, my intentions and my affiliations. These inquiries were crucial for them to feel assured of my authenticity and trustworthiness. This self-initiated vetting and research process was an essential step for participants to feel secure in sharing their personal experiences.

DD: I love this – that the first part of this research project actually involved participants researching you!

Hamilton: Yes, I could read some transcript about this to paint you the picture … Bill wanted to know what professional background I would be bringing to the research.

> Bill: Are you a psychiatrist?
>
> Hamilton: No.
>
> Bill: Are you a psychologist?
>
> Hamilton: Uh, no.
>
> Bill: Thank Christ, because if you were, I don’t know if I’d be talking to you.

This conversation was instructive as it highlighted the importance of transparency with participants in relation to my identity. Subsequently, during future phone conversations, I adopted a more thoughtful approach in response, like in this transcript:

> Michael: What is your professional background?
>
> Hamilton: Well, I did study social work and have worked in mental health services but always found myself questioning how they operate.
>
> Michael: Good, me too. I don’t like how they treat people.

DD: Didn’t some participants also go so far as to research your supervisor?

Hamilton: Participants conducted due diligence by researching my previous publications, inquiring about my contributions to journals like *International Journal of Narrative Therapy and Community Work* as well as mental health journals. Somehow, one participant discovered my past work with a government health service, which did not reflect well upon me. Others followed and viewed my Twitter feed and asked me questions. And yes, it wasn’t just myself under scrutiny, but humorously, my primary supervisor. Two participants researched his background and noted his prominence in Australian mental health discourse. They wanted to know: What is his role? Is he good for you to work with? One even commented, “I don’t know if I can trust him”. The normative credibility of both my supervisor and the university my PhD is associated with sometimes contributed to undermining my credibility with participants.

DD: Can you say more about why you refer to this as negotiating a “reciprocal trust”?

Hamilton: I was prepared for my role as a researcher initially placing me within the realms of suspicion, but I wasn’t aware that participants might feel I would not trust them. Participants’ comments like “Trust of the patient is so important because you're questioning the patient, but at the same time, you need to trust the patient" reminded me that people diagnosed as "delusional" have been treated with great cynicism.

DD: In order to create this reciprocal trust, they had to believe that you would believe them. It also seems to be that the stance you took as researcher was crucial, and this included you openly sharing your own sadness about what some of the participants had experienced. I found some of the stories from your research very moving. For instance, the story of Janelle, a Christian woman in her 30s who is married with children, who was initially diagnosed with depression with psychotic features, and later with schizophrenia, in the context of her belief that she was dead. She was living a relatively normal life with this belief until the psychiatric system forcibly intervened, and she described this intervention as worse than the initial belief itself. In your conversations you traced the history of this belief, which was linked to the deaths of her two children, including one in utero, and you also explored in skilful ways – by asking epistemological questions in relation to how she had "come to know" – how her understandings were shaped from within her Christian worldview. She spoke movingly about the concept of the "afterlife" and how her religious community "didn't have that barrier of death as permanent." I found the story in itself moving, and also a little devastating when contrasting the care you took in understanding her experiences compared to the brutality and what you call the "epistemic injustice" of the psychiatric system (Kennedy, 2024). Within your research interviews, you spoke quite often about your own sadness when you heard stories of suffering. Can you say something about that?

Hamilton: Yes, I took a particular stance in this research which involved explicitly caring about the marginalisations and harms that the people I was talking to had experienced. Whilst the experience of delusion itself does not necessarily lead to misery, it's quite common. The incredible sadness and fear and isolation that people who are labelled as delusional have experienced is the reason I am doing this research. When I first met with people, I wanted to make a big deal of how much I was thankful for them talking with me and how much I cared about it.

I heard about participants being admitted to hospital, relapsing or being placed on long-term involuntary treatment orders, which amount to monthly forced injections. These stories brought me enormous sadness and I was open with participants about this. I would take an explicit position towards the harm and suffering participants had experienced, either inherently from the experience of the unusual belief or due to responses to them from others, including mental health systems. I was not neutral in relation to their suffering. I took a stance to name that some of what they have endured was unconscionable, whether this occurred in their personal lives or within the psychiatric system which was intended to help. Saying so allowed for people to share honestly because they felt that I care, and I do.

The stories of suffering shared with me still impact me today, especially when considering they are a fraction of the hardship endured by these people. Not only had these people experienced such incredible sadness and fear but they'd often not had the opportunity to talk to people about their experiences. Many people said that they didn't share their experience with others for fear of being sectioned [involuntarily detained in psychiatric units] or having to go back into hospital. Suffering with friends and family is one thing, but suffering alone breaks my heart.

DD: It's a multi-layered suffering, isn't it? They may be quite tormented by some of these unusual beliefs, and this may also affect their relationships, but then to be treated with disrespect or coercion from psychiatric systems, and then to have nowhere to speak or try to make sense of their experiences—this leads to a further suffering. Can you say something about how you understand this as forms of epistemic injustice (Kennedy, 2024) and how your research is therefore a search for justice?

Hamilton: Within psychiatry, thoughts are labelled as delusional when sincere beliefs and expressions are deemed to be a combination of bizarre, fixed, irrational, resistant to counter-argument, and most notably, false. People's experience of these unusual thoughts can be jarring, confusing and extremely upsetting, but when individuals' sincere stories of suffering or excitement are labelled as delusional, it typically renders their belief false and not worthy of further inquiry. This I consider a form of injustice, despite its ostensibly benevolent intentions. I've found the concept of epistemic injustice helpful to understand this.

According to Fricker (2007), epistemic injustice consists of two forms: "testimonial injustice", where someone is discredited or not believed, and "hermeneutical injustice", where a person is unable to express or make sense of their experience due to a lack of support or shared perspective.

Labelling someone as delusional is a form of "testimonial injustice" as it creates an identity marker that leads them to be disbelieved on account of that label. It is not just a belief that comes to be labelled delusional but the person themselves. Earlier you mentioned Janelle. For Janelle, her belief "I am dead" was identified as delusional, and this also rendered Janelle herself as delusional. As a result, neither Janelle's belief nor Janelle as a person were seen as warranting substantive engagement. The delusional label meant that she was ignored by those around her and was unable to discuss the matters that were most significant to her. Janelle considered her belief that she had died to be related to significant loss in her life, which would suggest a need for compassionate inquiry, but once defined as delusional no such compassion was forthcoming.

This relates to the second concept Fricker (2007) offers – "hermeneutical injustice" – which refers to individuals lacking the support or opportunity to understand or express their own experiences. This form of injustice is also regularly experienced by people with unusual beliefs and those labelled as delusional.

Epistemic justice involves recognising individuals as knowers, ensuring they are heard fairly, and supporting them in making sense of their experiences. My research seeks to provide an opportunity and an environment for people to discuss and attempt to understand their own beliefs. Of the participants in my research, few, if any, had previously experienced this.

DD: Am I right that this is linked to the field of Mad Studies?

Hamilton: Yes, the field of Mad Studies is about seeing people who have mental illness or who have been considered mad as having knowledge to contribute about that experience. In my qualitative research, informed by Mad Studies and narrative therapy, I explore what knowledge those who have been labelled as delusional have to contribute in relation to the most unusual of beliefs.

DD: There were numerous research enquiries you used for this, including what's known as externalising conversations in narrative practice, so that participants could come up with their own namings of their experience. You'd ask questions such as "If it's not delusion, then what do you call it?" or "Do you have a name for this?" You didn't use any illness or psychiatric language unless endorsed by the participant. And as I mentioned earlier in relation to Janelle, you would explore the histories and wider contexts for how these beliefs had come to be believed. I think you understand these as pathways towards epistemic justice. But I want to ask you about your "co-investigations" – how you and your participants collaboratively researched these unusual beliefs. This seems particularly consonant with Mad Studies.

Hamilton: The research design was initially intended to centre around conducting interviews and allowing participants time between sessions to reflect on experiences, write some reflections, and if possible, research the background and histories of their beliefs. This approach aimed to supplement interview findings with participants' independent reflections and investigations, acknowledging that interviews alone might not fully capture the depth of their experiences.

However, I did not anticipate the enormity of opportunities that would emerge beyond the information collected through interviews. Participants wanted to share more, and I was open to receiving it. It was perhaps naïve to assume that people hadn't already spent significant amounts of time reflecting on or researching their own beliefs.

Participants shared with me hundreds of thousands of words of reflections, letters, timelines, medical records, countless media articles, photographs they had taken and comics they had created. They were not interested in being merely research participants but were keen to participate as co-researchers and co-authors, in spirit and in name, in potential upcoming publications. Recognising the limitations of my own capacity to uncover the histories of these beliefs, I relied on participants not only to share information but to act as investigators themselves. The process being conducted over several months, coupled with providing reimbursement for their time spent investigating, facilitated participants' sincere engagement and contributions.

This level of involvement transformed the research process. Participants' extensive contributions enriched the study with a depth and breadth of data that far exceeded initial expectations.

DD: I really appreciate these flourishing co-investigations as forms of epistemic justice! And how in your research you did find that people's unusual beliefs were connected in some way to true and meaningful events in their lives. Having talked earlier about the sadness that accompanied some of this research, I realise that there was a lot more than sadness …

Hamilton: Oh yes. The relationships with participants were consistently meaningful and often enjoyable. When I learnt of small victories such as a reduction of medication, a lessening of fear about alleged persecutors, or stories about their family and loved ones, it brought real joy, especially as this can be hard to find in their lives. And participants would ask about my mental health with care and thoughtfulness. They enquired about my personal life, and I enquired about theirs. I offered and at times did help in small ways in their personal lives. Significantly, with many of the participants our relationships continue in meaningful ways. I took care to write into the initial ethics application of the project that this might be the case, and it is proving to be so. These may continue as relationships of mutual solidarity, care, compassion, friendship and co-authorship on various future publications.

DD: These solidarity relations, friendship relations, will they also be relevant in your future practice? I'm really interested in how practice informs research that then informs practice again. Can you say something about that?

Hamilton: Oh yes. In a future work practice environment, if I am meeting with others who have unusual beliefs, I will now have people whom I might be able to consult, to draw upon their know-how and experience, to bounce ideas off.

When I think about my next steps, I want to acknowledge that I have substantially more privilege than many people who are most impacted by madness. In almost every possible realm, I have significantly more privilege based on where I was born, and the colour of my skin, and my class background, and even things like what medication I was put on when I was first admitted to hospital. If any of these things had been different, then the outcomes in my life could have been starkly worse. It is tremendously unfair the degree to which there are highly inequitable outcomes in relation to mental illness.

This means it's a sort of privilege for me to be in a position to be able to try to make an impact on other people's lives. And to be joined with some of the participants from this research, who have far less privilege, to then be able to assist others, well that is one of my hopes for the future.

DD: Finally, I really like how you draw on Howard Zinn's notion of a counterforce. Can you say something about that?

Hamilton: To conclude his influential book *A People's History of the United States*, Howard Zinn (2010, p. 593) stated that his book is "a biased account, one that leans in a certain direction. I am not troubled by that … we need some counterforce". The history of mainstream research on delusion leans in a certain direction, in which the researcher claims to be ambivalent, apolitical or amoral towards the experience and history of these beliefs and their impact, and in which the researcher is detached from the participants. My research is different in that it is biased towards understanding the experience of people's unusual beliefs, the histories of these beliefs, cares deeply about the effects of these, and values the participants as connected to (not different from) the researcher. In this way, I hope it acts as a "counterforce" and offers new perspectives.

DD: Thanks, Hamilton. It's certainly offered me new perspectives, and I find it really moving, thoughtful and invigorating research. Please pass on my respect to all the participants. I'll be interested in their thoughts on this interview if they read it.

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