'A different story:'

Narrative group therapy in a psychiatric day centre

By Ron Nasim

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This paper describes a narrative group therapy model applied in a psychiatric day centre. The group was conceived as a form of definitional ceremony, in which a participant is invited to share an account of a unique outcome that happened to them recently, while the other members serve as outsider witnesses to this development. A detailed example of a therapeutic conversation about depression, and the outsider witness group's responses, shows how these generative conversations can be held in a psychiatric setting. A second example of this work details how outsider witness group reflections can be used to form the basis of an alternative kind of 'discharge letter'. Finally, the paper discusses significant dilemmas arising from the work, including how to discern which subordinate story-lines to develop from the many entry points available.

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There are two jokes that regularly go around the psychiatric day centre in which I work as a psychologist, and where I have been conducting a group named 'A different story'. When sitting down for our weekly lunch together, some of the participants tease me: 'Try the cake (that they had baked that day) – it's a *different story*'. In Hebrew slang this means 'it's really special …' The other joke is about 'that question' I keep asking the members of the group at our weekly meetings: 'What caught your attention (in that story you just heard)?' In Hebrew these words sound a bit stilted, so members of the group ask me: 'Who talks like that?!! … "What caught your attention?"… nobody does!'

Nevertheless, at our group meetings, I keep urging group members to share 'different stories' and repeatedly ask 'what caught their attention' regarding the stories they have just heard. As I hope this paper will show, both these narrative practices have proven to produce very moving moments for myself and other group members during this past year. They've also produced moments of great laughter, which in themselves are so different from the weekly routine of the hospital ward.

WHAT CAUGHT MY ATTENTION WITHIN NARRATIVE PRACTICE?

It seems appropriate to begin this paper by asking 'what caught my attention' within narrative therapy, and why I insisted on building a group around narrative ideas in a psychiatric setting. In 2002, I was already sufficiently curious about narrative ideas to travel to Atlanta, Georgia, in the USA, for the fourth International Narrative Therapy and Community Work Conference, and there I heard Lorraine Hedtke speak about the work she had been doing with families in which one of their members was dead or dying (see Hedtke & Winslade, 2004). Lorraine asked these families all sorts of 'peculiar' or 'different' questions that really caught my attention, such as, 'How does the connection with (the late member) continue? Where is he or she present in your life today? How do you think that this relationship will develop? Is there a preferred part of your connection that you would like to express in your life today?', and so on.

I lost my father when I was thirteen, and my loving mother arranged for me to meet with various psychologists who unmistakably did a tremendous job with me. However, never had any of these professionals asked me those so different, yet crucial, questions. When I heard Lorraine, these questions really sparked my interest and made me think of new and different stories regarding the death of my father and our relationship since.

So, for my Master's degree, I interviewed people who had lost a parent at a young age and asked them about the parent's life story as well as about the story of their relationship – both before and after the parent's death. One of the most striking facts to emerge from the interviews was that, alongside the story of loss and bereavement, there existed another or *different* story – the story of a continuing bond or relationship (Nasim, in press). In order to talk about this continuing relationship, I used questions drawing on the 're-membering' conversations map (White, 2007, after Myerhoff, 1982).

Re-membering practices, which offer people the opportunity to re-connect to parts of their self/story that have not been available to them, have greatly informed the work described in this paper. People at the day centre repeatedly talk about abilities, wills, and aspirations, that they lost touch with prior to them seeking treatment. In our group meetings, I have tried to focus the conversations on these same abilities and aspirations and assist participants to re-connect to friends, family members, and loved ones in their lives who have identified and cherished these.

AIMS AND WORKING ASSUMPTION FOR THE GROUP

The aims of the group can be summed up as:

- to more richly describe the alternative stories in the lives of participants,
- to explore spheres and realms of life that might have been neglected in other therapeutic settings, and
- to more intimately get to know the knowledges and skills that participants possess which are relevant to the concerns and problems they are now facing.

The working assumption which I outline at the beginning of our hourly group meeting is that life is 'multi-storied' (White & Epston, 1990). To introduce this concept, I say something like: '*A person can be caught in a story that is monotonous, problem-*

saturated, and seemingly hopeless. In this story, the "problem" is like another character in your life story, a character who has a crucial effect on your emotions and your actions. As part of this group-work, we will try to find "thin" traces of other (non-problem-saturated) stories and then expand and enrich these alternative stories.'

BUILDING THE GROUP

When I started thinking how to achieve the above tasks with the group, I had to consider the special setting in which it would operate. Firstly, it would be a heterogeneous group**.** The participants, both women and men, are of various ages, and the sorts of problems that they are dealing with vary considerably. Some of them have been committed to the hospital after a dramatic life crisis which prevented them from functioning in their families or work. Some are facing the effects of terror or war. Yet others have been struggling with various psychiatric problems for many years. These problems have sometimes led to repeated hospitalisations and they may now be within the Day Centre because they are facing a temporary worsening in their condition.

Secondly, there is a rapid turnover of people in the unit. Our ward operates as an open-day-treatment centre. Given the strong emphasis on the need for rehabilitation to take place in the community rather than within institutions, people are committed for periods of two weeks at a time and for a maximum of three months. Thirdly, those within the group experience a wide range of treatment modalities. Besides our group meetings, each member has individual meetings with his/her psychologist and doctor. The rest of their activities include drama, art, cooking, and handicraft groups, all of which are led by professional therapists.

This last factor was actually helpful for me. I took the liberty of stressing to the group that there were many hours a week within the other treatment modalities to sense, feel, and discuss the 'problems' they were experiencing, and that therefore our group could enjoy the privilege, for one hour a week, to put the problems aside and focus on other things!

The first two factors, however, were more challenging. I had to structure a group in which the members kept changing, and to take into consideration that a group member may attend between two to twelve meetings. Narrative group therapy with people who experience mental illness has been conducted in a number of places but usually over a period of several months, for example 'Companions on a journey – an exploration of an alternative community mental health project' ('Companions on a journey', 1997) and, more recently, 'Reconstructing life journeys: Group work with young women who experience mental illness' (Siu-wai, 2004). In both inspiring projects, the group process was designed and conducted as a 'journey' and most group members were involved in all of it.

Other narrative group therapy work has been composed of more or less homogenous groups concentrating on one specific psychological problem, such as depression (Wirtz & Harari, 2000) or sexual abuse trauma (McPhie & Chaffey, 1998). In some narrative group therapy settings, the group has been made up of peers and has used White's (1995) reflecting team approach. For example, in Chris Behan's (1999) work, the group acted as outsider witnesses for gay men. Here again, there was a shared theme that concerned the entire group.

For the group I wanted to form in the Day Centre, however, there was no such shared theme that I could think of at the time. Hence, I decided to conceive of the group as a form of definitional ceremony, using outsider witnesses, and I applied this concept in a very loose way (these terms were proposed by Barbara Myerhoff, 1982, and taken up in narrative practice by Michael White, 1995, 2005). I interviewed one group member each week and the rest of the group members acted as outsider witnesses. The actual 'theme' changed from week to week, and was introduced by the member who chose to be at the centre of that meeting's 'ceremony'. Each group meeting was structured to be both a one-time-experience, as some members would not be there the next week, and part of a longer process, for those who could attend more regularly.

DEFINITIONAL CEREMONY AS REGRADING RATHER THAN DEGRADING

As Michael White describes, the definitional ceremony metaphor *'structures rituals that are acknowledging of and "regrading" of people's lives, in contrast to many of the common rituals of modern culture that are judging of and "degrading" of lives.*' (2005, p.15). Unfortunately, in the course of their stay

in hospital, the patients in this group were indeed facing 'judging and degrading' rituals. In order to be eligible for treatment or financial help, many of them had to appear before committees whose task it is to arrive at a 'diagnosis', that is, decide how 'sick' or 'crazy' they are. These committees are partly composed of the very same doctors and social workers charged with providing the economic and therapeutic aid the patients need. Many of these professionals resent the 'double hat' they are wearing and wish they could focus all their efforts on therapeutic work.

As for the patients, they have no choice but to go through those 'rituals', which often seem to them weakening or even humiliating, and in which they are sometimes actually encouraged to exacerbate their problems. The very procedures of applying for government help and going through official channels puts the applicant in an inferior position, and my impression is that a mentally-challenged patient might be even more prone to suffer from this inferior position. Even the daily routine or 'rituals', such as standing in line for pills or waiting for a note from a doctor, might seem to them degrading – reducing them to a common denominator of being patients with psychiatric problems. However kind and professional the doctors and other officials like myself may be, we represent authority – and sometimes 'the authorities' – and some patients may feel weakened in the face of this. In contrast, I wanted the group to provide a context in which their unique voices could be heard, and where their preferred claims about their identity and about their history could be acknowledged and regraded.

STRUCTURING THE GROUP AS A DEFINITIONAL CEREMONY

Structuring the group as a definitional ceremony opened the possibility for group members' stories to become linked around shared beliefs, commitments, and purposes. After a few words of welcome to the new members and a short explanation, I would ask one participant to share a story about a 'unique outcome' (see below) which happened to them recently. I would then interview this member about the unique outcome while the rest of the group would be listening. At the end of this interview (the first telling), I would then turn to each member of the group and ask them questions drawing on the four categories of enquiry for outsider witness responses:

- what particularly stood out to them in what they had just heard,
- what images of the person these words had evoked,
- what it was about their own life/work that accounted for why these particular words had caught their attention, and
- how they had been moved/transported on account of what they had heard (after White, 2005).

These responses from the group constituted the retellings. Finally, I would turn back to the member who had been at the centre of that group's meeting and interview them about what they had heard from the rest of the group (retelling of the retellings). I will now explain this process in more detail, and give an example from the group at the psychiatric day centre.

'DECISION & FAITH' AS A SUBORDINATE STORY-LINE TO 'DEPRESSION'

Unique outcomes (a term coined by Goffman, 1986), are experiences or events that cannot possibly be foreseen given the problem-saturated plot or narrative that has come to govern someone's life and identity. Unique outcomes include exceptions to the routine pattern which the problem (or its variations) usually displays (White & Epston, 1990). Defining what has happened to the person who is at the centre of the group as an 'outcome' also emphasises their active intervention and agency. In the example below, the unique outcome identified by Dicko related to his ability to lessen the influence of 'Depression' in his life.

It was the third and final month of Dicko's stay at the ward. At the beginning of our group meeting, he mentioned that he was feeling much better. I interviewed him about Depression as an externalised problem in his life (Hamkins, 2005), briefly mapping out the devastating effects that it had had on him and his life for the past twenty years. We then turned to talk about how Dicko had influenced Depression. A unique outcome was highlighted: a time when Dicko had decided to go out and meet up with friends after a long period in which he had been confined to his home.

In the course of this interview, we learnt that coming to the day centre was another unique outcome

in Dicko's life which had happened after a long period of suffering. The same friends he went to visit were the ones who had helped him become aware of Depression's strong influence on him and strengthened his decision to go and seek treatment. I became very curious to learn how the decision to get treatment related to Dicko's values and beliefs, and wondered if these values had a particular history in his life. Here is a snapshot from our interview, along with some notes about the kinds of things I was noticing at the time, and how this influenced my questions and the direction of the conversation.

Ron: The fact that you decided you wanted to feel good and wanted to get treatment – what does this say about your values and beliefs?

Dicko: By nature I am a man of faith. If I go ahead and do something it is only in total faith …

Ron: So, coming here had to do with your value of 'faith'?

Dicko: I have always been like that. Once I have made up my mind … I am not hasty, but once I decide, it's over – I go ahead with it and pull it off. (I noted that 'faith' indeed had a history in Dicko's life.)

Ron: So you had to make a decision and believe in it …

Dicko: Look, at the time of Depression, faith is down and out. You don't believe in anything. The brain is all upside-down – negative all the time. ('decision and faith' is starting to sound like an alternative story to the story of 'Depression'. Therefore I get curious about its history.)

Ron: Where does this ability come from – going with things to the end?

Dicko: I can't remember. What I do remember is that since I knew myself it's been like that. If I decided on something I would go with it to the end and there was almost nothing that I couldn't achieve. (I wish to trace a specific history of this ability/value, so I persist in seeking stories about events in Dicko's life that relate to this.)

Ron: Can you think of an example?

Dicko: I once had a good friend from childhood who lived in Haifa and who was in a bad mental and financial state. He was in a bad condition and I would go to Haifa once a week to sit with him, talk with him, go out a bit. He would tell me that 'this really helped but it did not solve the real problem of the financial debt' … I used to tell him: 'what's important is that you think that things are getting better – even if it is an illusion – as for the money – I'll think of something'.

I then talked with another friend who is wealthy … I met up with him in a coffee shop and told him about the situation … he didn't think much, got out a cheque, wrote down an amount of money. A few days later I called up my friend in Haifa, he was in a bad condition. We went out. I told him: 'If this amount of money that you owe would fall from the sky on you – what would happen?' He said: 'Why are you imagining things? What's the use?' … Like that we sat all evening. At the end of the evening I took him home. I told him: 'Here – I've got something for you'. After long persuasions he took the money, put it in the bank – problem solved. He later found a job and carved out a way in his life … until this day he hasn't forgotten it: my will to help.

Ron: (Before turning to the outsider witnesses, summing up):

The fact that Dicko lessened the influence of Depression on his life allowed him to do all sorts of things … including going out and meeting with friends. People and friends are important to Dicko, and that is one of the things that helped him get treatment. The other thing which is important for him is to make a decision and follow it through with great faith.

In this example, 'decision and faith' turned out to be a subordinate story-line to 'Depression' in Dicko's life. Establishing this subordinate story-line began by

connecting Dicko's actions (going out and meeting with friends, and seeking treatment) to the set of ideas and beliefs that he values (faith and making a decision and sticking with it). This subordinate story-line became further thickened when it became connected to stories of episodes from Dicko's history – including his story of taking persistent action to assist his friend. In the process, we learnt more about the ways in which Dicko values friendship and the will to help.

UNIQUE OUTCOMES – WHAT QUESTIONS DO I ASK?

Before I describe the outsider witness responses made by the group to Dicko's story, I wish to briefly sketch the questions I usually ask the person at the centre of the ceremony.

a) The problem: *Briefly introduce to us a problem that you have been dealing with in your life and how it affected different aspects of your life.*

During the first year of the group, among other problems, people talked about: loneliness, closeness, laziness, tiredness, lack of self-esteem, lack of persistence, lack of motivation, lack of joy, not doing anything, boredom, the feeling that things don't work out, and being unable to get help. As with Dicko, I usually tried to relate to these problems using externalising language.

b) Unique outcome: *Pick a moment from the last week in which this problem that you have just told us about didn't have the usual effect that it has had on you – a moment which you regard as positive.*

I usually stress that by saying 'positive', I mean that the person subjectively thinks of this act as a positive development in their life, but it doesn't mean that it has to be regarded as positive by the rest of the group. I also add that this does not have to be a 'big' thing that happened or a 'major' development, but rather a very small step or a short period of time in which he/she felt or acted differently. After the person speaks about this development, I ask a series of questions to unpack this unique outcome.

c) Unpacking the unique outcome: *How did you come to this? What sort of steps did you take that made it happen? What were the thoughts that led you to act in this way? What were your aims when you took this line of action? What was important for you? What does this say about some of your values and beliefs that are important for you and that motivated this action?*

These questions aim to establish the decision to act in that certain way and also connect the story to the values and beliefs that person holds. The next set of questions aim at 'rich descriptions' which would enable the listeners to imagine the events described in vivid detail.

d) *What else can you tell me in order for the group and myself to really see, hear, and feel this positive development? What would I have seen if I had been there when you experienced this breakthrough? What was the expression on the face of the person who witnessed these developments? What words were spoken?*

With these questions I try to generate evocative, richer descriptions. In this way, a short statement like '*I took a stroll along the beach*' becomes more richly described. Within this group work, I have found that asking about sensations or facial expressions can really help the outsider witnesses react and relate to the story. For example, when I asked the group member for more details about his 'stroll along the beach', he told us that it was during sunset, the wind was softly blowing, that there were a group of guys who were playing music and that he sat down and had a cold beer with them. These small details evoked spontaneous gestures from the rest of the group and, more importantly, when I later interviewed the outsider witnesses, they each related to something particular that had caught their attention: such as the sunset, wind, music, beer, and so on. Some of these impressions were later connected to shared values and experiences people admired in life.

e) *Is there anything in your past that supports this development or action? What were the things that were important for you in the past that could have led to this action? Which person in your past would be the least surprised to hear about this development?*

This last question usually sounded peculiar to the group members but it always elicited a significant

answer: usually a parent, grandfather, teacher, neighbour, or a good friend is named. For example, Dicko said: 'What do you mean? All my friends know me that way'. I think this question is important because the people at the day centre often describe their wish to '*go back*' to who they were or their determination to '*enjoy once again*' things they enjoyed in the past. Finding the historical roots for the line of action they have recently chosen can play a part in bringing aspects of their present and past into a preferred story-line.

f) *In what other fields in your life will this change anything? In what ways?*

This question encourages the person to speculate about their future. It was interesting for me to discover how much easier it is for the person to answer this question *after* the outsider witness responses. Nevertheless, I think it is important to ask this question at this stage in order to get the person to think about their future while the rest of the group offers reflections.

Until this stage of the definitional ceremony, the other group members have been solely functioning as an audience (only listening). I will now describe the way I brief and question the other group members, exemplify this with Dicko's story, and then describe Dicko's re-telling of the re-telling.

OUTSIDER WITNESS GUIDELINES

In order to shape the outsider witness responses of the group members, I use the following guidelines (from White, 2005):

- The outsider witnesses respond to the tellings with re-tellings of certain aspects of what has been heard.
- These re-tellings seek to authenticate people's preferred claims about their lives and their identities.
- They can have the effect of bringing out the subordinate story-lines of people's lives.
- These responses do not consist of applause, compliments, or exclamations of encouragement.
- They are neither expressions of opinion, whether negative or positive, or assertions about other people's lives.
- Rather, outsider witnesses engage each other in conversations about what was heard.

The crucial point is that the definitional ceremony should be moving of *all* participants. This occurs when it contributes to options for all group members to become other than who they were at the beginning of the group. When working with a group in a hospital setting, this contribution seems priceless.

OUTSIDER WITNESS QUESTIONS

When the first interview with Dicko was complete, I then turned to the outsider witnesses and re-stated the guidelines concerning their responses, particularly those in relation to applause and judgement. Then I asked each group member to respond to four sets of questions (White, 2005):

1. ***Identifying the expression***
   As you listened to Dicko's story, which expressions caught your attention or captured your imagination? Which one struck a chord in you? Was there a specific word or gesture that touched you in particular?

2. ***Describing the image***
   What images of Dicko did these words evoke? What did these words suggest to you about Dicko's purposes, values, beliefs, hopes, dreams, or commitments?

3. ***Embodying responses***
   What is it about your own life/work that accounts for why these words caught your attention or struck a chord in you? Do you have any idea which aspects of your own experiences of life resonated with these expressions and associations evoked by them?

4. ***Acknowledging transport***
   In what way have you been moved by being present to witness and listen to Dicko's story? Where has this experience taken you to, that you would not otherwise have arrived at, if you hadn't been present as an audience to this conversation?

I find it very helpful to let each member of the group respond to each of these four sets of questions,

and I take care to keep everyone listening to what each person has to say. Sometimes members initially do not choose to talk. In these circumstances, I gently urge them to do so. I assume that it is tiredness, distraction, or other things such as self-doubt that are preventing them from responding. My experience is that once a person starts answering the first set of questions, they then speak in a very sensitive and personal way.

Here is an example of an outsider witness interview in response to Dicko's story:

Ron: What caught your attention? Moved you? Stood out for you in Dicko's story?

Max: The fact that he himself decided that he was in a bad state and had to get treatment.

Ron: Did it give you an image about Dicko?

Max: I am amazed with the level of decision-making Dicko has displayed … When we are in an emotional turmoil we are like little baby birds, like a baby that is just out of his mother's womb … I did not decide – I was brought here … I am glad for him that he could decide and judge to come and get treatment.

Ron: In light of this development, what do you think Dicko highly values? What is important for him in this life?

Max: Self-control. Awareness of his problems.

Ron: And where is this resonant with your own story?

Max: I didn't know how to come here. I came because I tried to commit suicide … only at the beginning of the treatment did I start to understand … today I am on another level of thought.

Ron: What is different for you after listening to Dicko? What did you take from his story?

Max: The fact that he can regulate himself. It is very important for a person to regulate himself. His story reminds me how important this is in my life too.

Hence, Max emphasised the theme of 'awareness of the problem' in Dicko's story and also the importance of skills of self-control and self-regulation. From Max's tone we could see how deeply impressed he was with Dicko's skills in these areas, and how Dicko's story reminded Max of something that is of importance to him.

Another outsider witness in this same group, Lev, reacted to completely different aspects in Dicko's story. He said that what had caught his attention was the friendly/humane aspect of Dicko's story. Lev related to how Dicko treats him in the ward, and that it is always fun to sit next to him. He said: 'Dicko has this good thing, his attitude [to people]. The story about the two friends did not surprise me. I see how he nicely treats me in the ward.' Lev therefore responded to the 'value of friendship' and the 'will to help' and linked these to his own experiences with Dicko. Importantly, Lev also talked about what Dicko 'has', which stood in stark contrast to the pervasive accounts of what the depression had taken from him in the past. In this way, the definitional ceremony has provided a forum for a rich recognition of what Dicko 'has' as part of his preferred identity.

I think that the view of identity as a public and social achievement (White, 2005) is stressed here twice: first, by Dicko's reference to the 'value of friendship' through the story about his friend from his past. We may view this friend as part of Dicko's 'internalised community of others' (Tomm, Hoyt, & Madigan, 1998). Lev is a part of a second 'community of others' that is present in the room and in Dicko's current life at the ward, who also acknowledges this ability of Dicko's from his own personal experience. Dicko's identity or self-narrative is shaped and re-shaped within the larger 'community' that consists of both 'live' and 'internalised' others (Neimeyer, 2002). So, what started as a 're-membering conversation' (Hedtke, 2004) about the friend from Dicko's earlier life, connected with a sense of an 'internalised community of others' who remain a part of his life in the present (Tomm, Hoyt, & Madigan, 1998), and then to the live and present others in the group.

A RE-TELLING OF THE RE-TELLINGS

After allowing all the group members a chance to offer their reflections, I then turn back to the person

who was in the centre of that group's meeting and interview them about what stood out for them in the responses from the rest of the group.

In this part of the conversation, I ask the same set of questions mentioned above. In response, the person usually talks about a new realisation they have come to, about something that they 'have' (in contrast to what they have lost). They also routinely give a much fuller and more detailed description of their preferred story of their life.

Dicko: In general, everyone talked about the same idea: willpower, self-control, the awareness of the problem, and the inner strength to get out of it. I don't know if I put myself in a position that I am helping other people and not helping myself. Actually, when I felt that I was helping others, I was nonetheless also helping myself. I used to get satisfaction out of this and strength. It seems upside down, but I got more strength [from helping others] and in this way I would help myself.

Ron: What is different for you after listening to the members of the group?

Dicko: I am now more aware of the problem. In the past I wasn't aware that I knew how to treat myself, either psychologically or medically. Now I know that helping others helps me. I believe and hope that this will be the last time I need to come to this unit and that the problem won't come back. Even if it does come back, God forbid, it won't come back as strongly. It's a fact that I was here and I was committed to the treatment and medications and I pulled through to the end. Because of that, I believe and hope that this will be the last time. Listening to the group members has made me think this. I wish the same for the rest of the group.

In hearing his values and skills reflected back to him, Dicko described how he now knows these things about himself differently. As a consequence, he opened the possibility that 'next time' it would be different for him. As it happens, I have recently learned that Dicko has been offered and accepted a job as a tutor to other people who experience mental health problems. I was very happy and moved to learn this, and thought how the values of decisiveness, faith, friendship, and the will to help, will all come in handy in his new position!

A LETTER FROM THE GROUP TO DEBBY ABOUT HER 'SMALL' STEP

Although I used therapeutic letters only in few instances during the first year of the group, I view this narrative practice as a powerful tool by which to complete and strengthen the definitional ceremony. Usually, patients are discharged from the day centre accompanied only by a document written in psychiatric professional language. These letters usually emphasise the 'problems' or diagnoses experienced by the person and, when they read them, this can sometimes be a weakening experience.

We have developed an alternative sort of 'discharge letter', such as the one offered below, which sums up the responses of the group members while in their outsider witness roles, and in this way highlights the preferred identity of the person who was in the centre of the group. We hope this document serves as a reference for the person in the future, enabling them to re-connect to richer and more favourable descriptions of themselves.

In the letter below, I summarised how the group members had responded to the story of Debby. Debby is in her mid-thirties and had been struggling with the effects of schizophrenia for about ten years. She came to the day centre after a very marked deterioration of her condition, in which voices that she had been hearing came back to haunt her. She also had had trouble performing her daily activities, she had temporarily lost her job, had left her home in the south of the country, and her life had almost come to a complete standstill.

The letter was addressed to Debby and refers to her unique outcome – enrolling in the gym. The letter also includes responses from Laurie, Yean, Saul, Pricilla, and Harriet. In order to write it, I used notes taken by a student (Shiri) who was present at the group meeting. I omitted my questions and edited people's responses but stayed as close as I could to the original words that were used by the group members.

Dear Debby,

You told the members of the group how you enrolled in the gym and attended twice during the last week. This step took place after a few months in which you said you had not been able to bring yourself to go. You said you had decided to enroll in order to fill up the spare time in the afternoon and lose weight, even if it was only for a month, until you went back south.

You described how the gym is nice, how they developed a training program for you, and how you hope to stick to it. You said you also liked 'spinning lessons', that you liked the feeling of your pulse rising, feeling your endorphins being released, and feeling your mood improving. This is something that made you feel good in the past and you'd like to feel the same in the present.

When Ron asked what it says about you today that you have taken these steps, you said that you considered it as progress that you took an initiative regarding yourself. You said that in the past you were an active type of person with lots of initiative. You said that you hope the people at work, which you're hoping to return to, will remember that. You said you put your heart into work.

You also described how your family would have been happy to hear about the step you have taken and spoke about how they are very supportive.

Here are some of the responses from the group members:

Laurie: *What caught my attention was that Debby has shown much initiative by enrolling in the gym even if it is for a short while, in order to lose weight, so that time will go by, for her mood, and for the endorphins. She also showed initiative to get to know the city because she is from down south. To me, this means that Debby wants to make progress and is in a hurry to go back to work. This is also my ambition. We have this in common. I can connect with Debby's longing to go back to work, to where she was appreciated and loved and where she took a lot of initiative.*

Yean: *What caught my attention was that Debby wants to go back to her old life, to what she did in the past and made her feel good and safe. During a certain period of my life I was disconnected from my surroundings because I took painkillers that made me 'high' and I wasn't in the mood to see people because of the pain. After a certain period of complete paralysis, the first thing that had been important for me was to go out with friends, get out of the house, do interesting things, and go back to the life I had led before. Debby's story reminded me of this.*

Saul: *What caught my attention was what Debby said about sports and fitness. It seemed that what mattered to Debby in this story is that sport is reviving. It gives you endorphins that only sports can give a person and makes you feel good. I very strongly identify with this. When I succeeded in going to the gym in the past few weeks I felt very good. I didn't think about other things and I wasn't anxious. Debby's story has left me waiting for the opportunity to get back to the gym myself.*

Harriet: *What caught my attention was Debby's ability to focus on something like the gym and her determination to go back to the life she had. I think it's great that Debby has that ability. It's great that she felt good about something and the fact that she's being supported by her family is a real gift. It seems like Debby's family's support means a lot to her and that she doesn't want to let them down. They give to her and she gives to them and this clearly offers Debby a lot. I don't have that kind of support and, when I heard Debby talk about it, I realised its great value.*

Pricilla: *What caught my attention was Debby's will to persist. She enrolled, she had that motivation. In order to succeed you have to be persistent, especially if you want to get results from the gym. Debby's story has made me think about the importance of persistence.*

Good luck in your fitness program and in going back to your old job.

Yours,
Ron & the 'different story' group members.

Clearly, each group member connected to Debby's story in a different and very personal way, and their responses expanded and enriched her story. Debby started her story by talking about filling her afternoon and feeling good. The group members responded to her wish to make progress, her motivation, her ability to persist and concentrate, as well as to the important part played by her family in her life. It is noteworthy that all these group members struggle with a severely 'problem-saturated' story of life. And yet, this meeting demonstrates how they can step out of the position of 'patient', listen and connect to the stories of others, and articulate something about what they value in their lives and what they strive for. Debby was very moved by the letter and showed it to her individual therapists and family members. She later succeeded in going back to her old job and, as far as we know, has persisted in holding onto it – despite all difficulties.

THEMATIC SUMMARIES

In looking back over the conversations shared in the group in its first year, I realised that a number of key themes seem to evolve each week. I have tried to summarise these here. Firstly, here are some of the themes that emerged in relation to unique outcomes:

- **Going back to, or re-engaging with, something we once liked to do but have been separated from**: The process of re-engaging with a past practice was commonly described as 'breaking a barrier'. These practices that have been re-engaged with included going out of the house, engaging in recreation activities, seeing friends, going out to dance, taking a stroll at the beach, enrolling in the gym, taking a walk, taking care of the house/garden, and cooking.

- **Taking steps to take care of ourselves:** These steps included coming to get treatment, signing up for a rehabilitation program, and breaking out of a devastating relationship.

- **Doing something for someone else**: This included making someone happy, inviting guests, and giving a present.

- **Doing spontaneous or new things**: These new things included learning something new, enrolling in a social club, and going on a trip.

- **Showing creativeness**: Creativeness was described in many ways including: singing, dancing, writing, playing an instrument, and cooking.

In the group conversations, these categories of unique outcome were all connected to certain values or ideas that were important to group members. I have tried to thematically summarise these values and commitments. Here are some of the key themes that group members give value to in their lives:

- **Willpower**: fighting for what's important, taking initiative, ambition, following one's inspirations, succeeding as a result of persistence, stubbornness, faith, concentration.

- **Openness**: to new things or new people.

- **Development**: studying, showing curiosity, finding interest in what one is doing.

- **Family life**: fatherhood, motherhood, love for kids.

- **Giving and receiving:** accepting and being accepted by others, being a true friend, showing gratitude, helping each other, co-operation, mutuality, showing concern, being able to count on someone, communicating with people, togetherness.

- **Joy in life**.

- **Hope**.

DILEMMAS: REFLECTIONS ON ENVY AND MULTIPLE STORY-LINES

There were two significant dilemmas that arose within the group meetings that concern my role as the group facilitator that I think are worthy of further discussion. The first relates to expressions of envy. Sometimes, the progress one member achieved and shared with the group aroused the feeling of envy in other members. This was quite a common feeling in this group because of the vastly different stages of treatment that the group members were at. At times, 'envy' almost seemed like another group member, and a persistent one at that.

I like the definition of envy provided by Donna Orange (1995):

> *It is reasonable to understand envy in most instances as a relational expression of shame, that is, of a severe devaluing of the self. Sometimes it may involve deficits in the sense of self as continuous, times when there is a lapse in a person's ability to retain a sense of the reality of past successes*. (p.103)

In accordance with this definition, whenever envy was expressed by one of the group members, I tried to consider what was *'absent but implicit'* in its expression (White, 2000). Keeping in mind that expressions of envy are often related to experiences of shame, I interviewed those who had acknowledged feeling envious and concentrated on questions regarding their future, asking them about their plans and what they were striving for. In doing so, the person's expression of envy became an entry point to stories of hopes, wishes, and dreams. When this line of questioning worked, I felt that a lot could be gained from it, but it was not always easy. As far as I am concerned, the participation of 'envy' within the groups posed one of the biggest challenges for work in this context.

A second dilemma, which concerned the multiple story-lines I could seek out at different entry points, emerged as the groups went on. As mentioned earlier, at the start of our meetings I could see no theme or experience that was shared by all group members. As the year progressed, however, I found that, in one way or the other, all participants spoke about some sort of experience of 'personal failure' (White, 2002). These were personal failures in relation to certain cultural expectations about what is required in order to live a 'normal' or 'successful' life. The more I considered the influence of these cultural norms on the lives of group participants, the more I began to question what was happening in the group. Were people talking about 'preferred' developments because these were *culturally* preferred as opposed to *personally* preferred? I began to ask myself if the values they were espousing in the groups were personally cherished, or if I was in some way becoming a social agent trying to shape them back into individuals who would 'function' within 'appropriate' social norms. Sometimes, the line between personal and culturally conditioned choices was even more confusing, especially when people would talk about their alienation from their cultural surrounding and their fervent wish to return and be 'functioning' normally.

I addressed this dilemma by constantly checking with group members if they were really talking about something that they valued and not merely because it was in accordance with a social norm. I was curious to seek out why they personally valued and gave meaning to it, and trace the unique history of these values in their own personal stories. In this way, even if a member expressed a 'culturally preferred' story, I tried to help them connect to it in a more personal way by asking various questions.

As with 'envy', I think this dilemma shows how, in everyone's tellings in the group, there were multiple entry points to multiple story-lines. The role of the narrative group facilitator here involves making decisions about which entry points to follow and which to pay less attention too. While, at times, I decided to favour the more 'personal' stories over culturally-preferred stories, at other times, when people articulated a wish that would have very real negative consequences to themselves or to others, I did not develop this story-line any further. I especially recall one group member that talked about showing 'persistence' by waking up every day in order to smoke drugs. In another session, a group member said, 'After all the trouble I had with my family, all I wish is for my wife and kids to be burned'. These are, of course, extreme examples which did not pose a real dilemma for me as the group facilitator. I simply did not create room for these conversational directions to be pursued. It does seem relevant to recognise, however, that we do make decisions in the course of this work and that we should aim to be as transparent as we can when doing so, and share with the group why we are not carrying on asking about a certain story-line development.

REFLECTIONS FROM AN OBSERVER/PARTICIPANT

Shiri attended all the groups during the first year as a social work student, and played a key role in taking notes of the conversations and generating transcripts of these. In preparation for writing this paper, I asked Shiri to provide her own outsider witness response to all she had heard over the course of the year. I have included here an extract of her words:

LIKE A FRESH BREEZE OF OPTIMISM

This way of working is like a fresh breeze of optimism blowing into a stiflingly hot room. I particularly liked the conversations among the group members that allowed each participant to get a clearer view of their own character as seen through the eyes of the other. I felt the group gives new strength, but also poses the challenge to use this strength well. At the end of a group meeting, participants feel that they possess this strength because they have been connected to the healthy parts of their history through the stories they have told and listened to. And so, the problem becomes the background and the 'different story' takes the centre of the stage.

I was also moved by the letters that were given to participants as a summary of the members' responses. These are documents that contain encouragement and hope.

I found listening to the patients fascinating. The process made me understand what is important for them and what they valued. I felt their pain, I joined their laughter, and I was moved when they were moved.

The main 'take-home message' for me was the realisation that, behind every medical diagnosis, there is a human being with her pain and disappointments, with her aspirations and ideals. In these places (or spheres) we all resemble each other.

FINAL WORDS

I'd like the final words in this paper to be Max's. Max has recently been discharged from the ward. On the day of his departure, I told him that we would miss his unique voice in our group. In response, Max described that the group had been very significant for him:

[People] in our state … it's like one stream with many rivulets … when you hear a story of someone else, it always connects with one of the rivulets … When I would listen to a story in the group, I could go on and on talking about what it reminded me of and where it touched me … it has been a very special and powerful experience of sharing.

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