

# ***Stories from the Room of Many Colours:***

Ritual and reclamation with people wishing to make changes to drug and alcohol use

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# *Stories from the Room of Many Colours*

*Ritual and reclamation with people  
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drug and alcohol use*

**By Deidre Ikin**

Deidre Ikin is a narrative therapist with a particular interest in health and community work. For the past ten years, she has worked with people wishing to make changes to drug and alcohol use in rural and remote areas of Australia. She has a particular interest in the effects of cultural norms and how they shape conversations. Deidre is currently living in Oaxaca, Mexico.

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In this paper, Deidre Ikin describes her work in The Room of Many Colours, the location of group conversations with people migrating from a life dominated by alcohol and drugs. Drawing on some challenging therapeutic situations, Deidre first gives an account of using a definitional ceremony to respond to a particularly painful account of trauma near the end of one group meeting. She also describes the work of one woman in preparing the Rainbow document, an 'insider's' guide for mothers and child protection workers to use in determining when conditions are right for children to return home. These practice-based accounts are followed by a discussion of ethics and orientation when working in relation to substance misuse and child protection.

Keywords: definitional ceremony, outsider-witness practices, child protection, consulting your consultants, ritual, socio-cultural dramas, therapeutic documents, accountability, drug and alcohol counselling, substance misuse, narrative practice.

## INTRODUCTION

I am interested in the possibilities that a narrative orientation and practices can offer when working in a variety of settings. This paper describes an example of how two features of narrative practice as 'folk psychology' – a focus on people's personal agency and an attention to intentional states (rather than internal states) – have influenced my work.

The Room of Many Colours is located in a residential facility where people come to stay for five to ten days for assistance in the early stages of separating from the use of alcohol and other drugs. Men and women with extensive experience of separating from and rejoining with substance use, as well as those who are making their first separations, come together in this room for one or one-and-a-half hours. This is routinely our first and only meeting; the participants are unknown to each other, and I am also visiting from another service.

Some people come because their relationship to substances may be taking over other relationships in their life, and others are directed here because of problems with the law. We meet to talk about any concerns they may have, and their plans for when they leave.

The name, The Room of Many Colours, is invoked as a symbol for multi-storied accounts of identity. I find having a visual image helps me to engage in reflexive practice, and in communicating concepts of rich story description to others, especially colleagues. It can also help with resisting dominant individualising discourses relating to substance use (Winslade & Smith, 1997) and pathologising influences that can easily be created and re-created in the 'helping professions', in self-help community movements, and in families and society. For me, holding such an image in mind makes it more possible to move away from normalising ideas, language, and solutions so readily available in this area of work. The Room of Many Colours is a place that holds possibilities for a multitude of expressions, conversations, constructions and de-constructions (Lye, 1997); it's a place where multi-storied or many-dimensional accounts of identity are welcomed, and skills and knowledges can be displayed in what is often a context of chaos.

## LINKING ORIENTATION AND PRACTICE

There are significant challenges in meeting once with people that I usually have not met before and may not meet again. While the focus of the meeting is on sharing information, not therapy, I do not know what factors might be influencing their lives, what might happen in the group, how many will attend, what their histories might be, how their speaking might affect others, and so on. Most importantly, I never know what the effects of substances, or the recent lack of them, might have on the participants, individually and collectively for example, how awake or tired they might be, how 'strung out' or 'highly strung' they might be feeling, their heightened or diminished sensory experience, and much, much more. I'm also mindful that many of the participants might be wary of being in a context linked to their experience of the criminal justice system. All in all, this is the perfect situation for practicing skills of 'not knowing'.

A conference keynote address about folk psychology by Michael White (2001) questioned some of the certainties proposed by some of the popular and professional psychologies, by asking about the ways in which ideas or theories attain truth status. This idea of uncertainty resonated with me and appeared to be wonderfully aligned to the uncertainty of the groups I work with. I was curious how a group might operate subject to these conditions. Personal agency and intentional states are two features of folk psychology (White, 2004) that are significant influences in the shaping of my practice in various ways, and I decided to pay more attention to how these might be both noticed and brought more to the fore.

I will now describe two examples of narrative practice in work around issues of drugs and alcohol. Chloe's story took place in the last twenty minutes of a group meeting in The Room of Many Colours, while Kristina's story occurred over a period of several months after an initial meeting in the room and subsequent directive to attend our service.

### PART ONE: CHLOE'S STORY

Chloe's story occurred on a day when there were only five visitors to the room. She spoke of being nervous and restless, and wanting to keep busy because of this. Ben had also arrived that day, was

wearing dark glasses, and expressed concerns that the place reminded him of hospitals he had been admitted to on occasions when he became mentally 'unwell'. Ben had previously been described as 'difficult' to work with due to his 'flat affect' and unresponsiveness, and on one occasion had been requested to leave a counselling meeting on account of this. Ned was returning after several admissions and completions of drug rehabilitation programs. Ralph spoke of spending his days drinking sherry and watching TV with his younger sister from the age of thirteen. He began this lifestyle at a time when their dad worked away from home, and their mother went out one day and did not return for two-and-a-half years. Sue had plans to return home to her partner and children, after renegotiating the impact of alcohol and drugs in her life.

The day's meeting was almost finished. The participants had discussed plans for their lives, and I was anticipating soon being back at my own agency catching up on administration work. We were reading through health tips, talking about diet and breakfast, when Chloe said she drank two large bottles of Vodka every day, one for breakfast before work. This elicited other people's interest and, from past experience, I knew that I would need to take care that the group's conversation did not engage in heroic accounts of substance use.

However, Chloe then began to talk about how her drinking had taken off after being sexually assaulted. I found myself thinking, 'This is not what we do in these meetings; they're for information, not therapy!' But Chloe seemed unable to stop speaking, and was now talking rapidly as she poured out about the circumstances of the abuse. The others were silent. I was not sure how or whether to interrupt. As she spoke in more detail, she began to tremble so badly that I wondered if she was going to have a seizure. I was also concerned how it was for the others to be hearing this, and I wondered how I could interrupt.

I glanced at the others who seemed to be listening very respectfully and intently. Some made hesitant interjections; Ned commented on how she was able to speak up like this among a group of people she had only just met. Chloe continued, now crying, trembling more, and talking even faster. Ned joined in, speaking of an experience of drink-spiking by another man and not knowing what happened in

the subsequent hours between losing consciousness and waking up in hospital.

By this time I knew I had to interrupt as I was concerned about what other stories might come forward if I do not. I interjected and invoked an emergency calming exercise that those experiencing states of urgent intensity have reported as useful. It also allowed me time to reflect on what to do next. We sat, paying attention to our breathing, and focusing on awareness of our feet on the floor. This exercise is helpful during overwhelming times where there is a potential for crisis, and has recently been named by a user as the 'the mind in the feet' exercise.

However, Chloe was still trembling from head to foot, and said she could not do the exercise. I let her know this was okay, the room became quiet, and the atmosphere changed to silent attentiveness, and a sense of great care, as the others sat with their eyes lowered. It was a delicate time, and I was feeling acutely accountable for the future direction of the conversation. I wanted to continue in ways that would not contribute to re-traumatisation or 'catharsis' for Chloe or the others. Due to our time constraints, I was aware that it would not be appropriate to ask for a further account of the sexual assault, or to have a situation where Chloe became more distressed. I was also aware, however, that it would be important for Chloe to experience acknowledgement about having trusted the group with this story, and for the group to be able to respond in some way. I wondered if adopting an outsider-witness / definitional ceremony approach (White, 1997) might be a way to help facilitate this. I decided to ask the group about Chloe 'speaking up', because this had been acknowledged by Ned earlier in the conversation. The conversation would then not be about Chloe's experience of sexual assault as such, but about her intentions, hopes, and values in speaking out in this way.

I began by asking Sue, 'When you heard Chloe speak up in this way, what were you drawn to, and what does it suggest that might be important to her?' Sue spoke of courage and how she noticed this in her own life. Ned spoke of Chloe's ability to 'speak of things like this with people she has just met', and that this suggested 'trust'. Ralph was drawn to her 'strength to keep on, in spite of the circumstances', and Ben was drawn to the way she

could speak up about painful things, and added that he was 'really opposed to these kinds of things happening in the world'. I asked Ben what this suggested was important in his own life and he said 'empathy'; he had tears of empathy listening to Chloe speak, and his eyes were still wet. Part way through the meeting, he had taken his dark glasses off.

At this point, Chloe was crying and I asked what kind of tears these were. She said tears of rage, and began to speak about acts of retribution she would like to carry out. She was still trembling, but speaking with a stronger voice. I asked, 'How is it for you to be hearing what your speaking up suggests to others is important to you, things like strength to keep on, courage, ability to trust, and the way you found to speak of painful things?' She spoke of how these were not things she would usually think had anything to do with her; these were not conclusions she would have come to. I then asked her how it was for her to hear what the men in the room are saying, and to see Ben's tears of empathy. She said that it meant that 'not all men were bastards'.

She was still trembling, and, without comment, Ned left the room and returned with a blanket, and wrapped her in it. It was a quiet moment, like restfulness during a storm. Chloe was not speaking now, and the blanket seemed to help stop the trembling.

## REFLECTIONS

I am interested in the potential for definitional ceremony practices to be an alternative to popular notions of emotional catharsis (White, 1997, p.100; 2004, p.73), and a way to assist in avoiding potential re-traumatisation of the person or others. While Chloe's sharing of her story might have been considered 'not appropriate' in an information session such as this, in this situation it seemed important to me to consider the possible effects of engaging in silencing practices because of the potential to contribute to maintaining the power operations associated with her experience. The use of definitional ceremony provided a forum for acknowledgement of Chloe, which also made possible a revision of tactics of silencing as well as a significant revision of both the identities of Chloe

and Ben (Russell & Carey, 2004; White, 1995).

I am also interested in the history of ceremony, defined as 'any activity that is performed in an especially solemn, elaborate, or formal way', and ritual, 'a code of ceremonies in general' (Random House, 2005). Nadel describes rituals as behaviours that are formalised and made repetitive in that form, which Turner suggests offer protection and predictability that controls but does not eliminate danger (both cited in Myerhoff, 1974, p.239).

These ideas were in accord with my appraisal of the situation of 'therapeutic danger' I was concerned the conversation had got into. Victor Turner further describes socio-cultural dramas as 'public occasions wherein a significant crisis emerges and is resolved, usually occurring in an orderly sequence of four stages' (cited in Myerhoff, 1980). I will briefly use his framework here to explore the sequence of events relating to what occurred in this group:

1. A perceived threat to collective life, or someone in the group violates an important rule or custom. (Chloe speaks of sexual abuse in a context in which its reception may be hazardous.)
2. The mechanisms that operate to contain or dispel conflict fails and the difficulty spreads, drawing in more and more members until it constitutes a genuine crisis. (Ned speaks of drink spiking and possibilities of sexual abuse while unconscious; Chloe trembles badly and can't stop talking.)
3. Some mending or action that restores order and redresses the violation is called for. (The use of definitional ceremony allows Chloe's *action* of speaking to be acknowledged by the group, without revisiting its *content*.)
4. Equilibrium is achieved and often accompanied by a realignment of social relationships where dissident factions or individuals are reintegrated into the group. (Chloe achieves a revision of her identity, exposes operations of power, and reassesses totalising ideas of men. Ben sheds tears of empathy and contributes to Chloe's revision of men's ways of being in the world. Nick performs a symbolic act of care by wrapping

Chloe in a blanket. Sue and Ralph, with the others, notice things about Chloe that were not previously visible to her, and that she could not have achieved in isolation.

This story of ritual is an example of narrative practice in a setting other than a formal psychotherapeutic one. It shows an opportunistic utilisation of group members as participants in a ritual to contribute to an identity revision. The same room was the setting of my first meeting with Kristina, whose story now follows.

## **PART TWO: KRISTINA'S STORY**

Women are frequent visitors to The Room of Many Colours, and some of these women experience a loss to do with the care of their children who might be in the care of other family members, friends, or strangers assigned by child protection agencies. The next story is about one of these women.

Kristina did not speak of the loss of her children to strangers while in The Room of Many Colours, maybe because these things are not spoken of easily, if at all. (Occasionally, men and women sit with far-away looks when others speak about loved ones and children, or leave the room.) Two months later, Kristina was directed to attend our service by a local child protection agency. This wasn't appealing to Kristina, and she expressed some resistance.

## **CONSIDERATIONS OF POWER**

I have some experience of working with people who are unwilling to attend the service I work for and, during the first meeting with new clients, I usually invite discussion about operations of power, how problems contribute to shifts in the location of power, and whether they are interested in revising this (White, 1997). Usually the first step is in exploring options for choice. I hope that, by inviting the person to make some choice, no matter how small, this might be acknowledging of their skills in discernment and personal agency in a context which has often been disqualifying of these.

With these ethical considerations in mind, I asked Kristina to choose a counsellor of her preference, which is not a routine practice in our

service (unless when issues of gender or culture are considered relevant). Kristina was also introduced to a variety of reporting styles available to those mandated to attend our service and ways in which these reports are written and distributed, and she chose rights of veto and distribution. She began to meet with a worker with particular skills and knowledge about anxiety and, after some time, Kristina joined a regular weekly group of people separating from substances – in addition to meeting with an individual counsellor, a requirement of the child protection agency.

Kristina experienced a turnover of workers in several agencies, including ours, and eventually we met again. I wondered how might it be to start again with new workers and to have to tell problem stories over and over. I also wondered how we might have conversations that did not contribute to despair about the loss of her children. Furthermore, I had concerns about the effects of individual counselling with its attendant power relations – even when workers attempt to work transparently – and noticed that group meetings with peers appeared to contribute to a very different experience of therapeutic conversations for Kristina.

I was thinking about ways to initiate conversations (Epston, 1998, p.177), and wondering about the potential effects of lots of questions, because I guessed she had been exposed to many of these in recent months. I hoped we would not assume 'detective and fugitive' roles because she is subject to certain requirements of the child protection agency. Kristina expressed that her main concern was to regain the care of her children, and from the accounts of others, this could be fraught with problems and disappointments.

Given that narrative practices are concerned with making visible skills and knowledges that may be forgotten due to a dominant story, I proposed an idea: would she be interested in becoming a consultant (White & Epston, 1992) on identifying the right conditions for children to return home? I said I could consult her about this (see Mann, 2001) and take notes. She was interested, and we began the process of recording her knowledge and preparing the document *Ways to know when conditions are right for children to return home*.

Kristina provided a thorough account of these conditions in several categories – the Mother, the Environment (Home), and the Support People. She described how the document should look and why, including the colours and images to be used. This was based on her understanding of the potential effects of what she called ‘official documents’, as distinct from ‘friendly documents’, on those who might read them. During the writing of the document, Kristina began to speak differently about the loss of care of her children. For example, she decided that the document would have a rainbow starting on the front page, ending on the back page to represent full restoration with the children. Overall, she said the rainbow was to represent ‘how beautiful and healing self-discovery is’, and she began to speak of the loss of the care of the children as a journey of healing.

She also spoke of co-ordinating the useful skills she had learned, and wrote recommendations to others about this. She noticed that practicing and learning new skills invigorates her mind and helps her not fall back to old habits and patterns of thought.

I was interested about her history of learning new skills (White, 1995). Kristina spoke of a time when her children were babies, and she got books from the library to learn about Feng Shui and other ideas that were new to her. She said she always liked learning new things and had wanted to be a social worker or a solicitor, but people talked her out of it. She noticed it ‘fizzled her ideas out’ when there was no support for them. She wanted to help people, and she spoke of skills in listening without giving opinions or advice and that this suggests she values open-mindedness and not making judgements about people. She noticed this some six months ago when a friend was upset and Kristina’s ways of listening helped her friend to become calm. I asked what this friend might say Kristina had contributed to her life and she said ‘understanding and respect’.

We went on to talk about the history of these ways of knowing about understanding and respect and skills for discerning when these are operating in friendships or relationships. These were important conversations because Kristina had been involved in a series of relationships in which violence was a feature, and this had been one of the contributing

factors to the loss of care of her children. She also spoke about being in the school debating team in year ten and, as a member of a team of four, went to the Sydney Opera House to debate and people applauded her because she was so good. When asked what this might suggest about her, she said that she is confident and has the ability to stand in front of people and talk. She also noticed when debating she had to change her mind around and look at things from a different perspective, even on issues she might not agree with. She associated this with her skills in listening without giving opinions or advice.

I had hoped that the conversations we had would contribute to a different experience for Kristina at the forthcoming six-monthly review of the twelve month ‘restoration plan’ conducted by the child protection agency. Kristina was hoping she might gain some knowledge about how she was going with the plan. Some weeks later, four workers from child protection services, a social worker, and I attended the review meeting, and Kristina was invited in for the last twenty minutes. She had chosen to present the document, kept it as a surprise, and introduced it in a formal yet unrehearsed manner. As she began reading the introduction outlining the purposes, hopes, value, meaning, and uses for the document, I reflected on Barbara Myerhoff’s descriptions of visibility (Myerhoff, 1980) and how Kristina’s presence was becoming more visible in the room and how the workers listening contributed to this. As she spoke of ways in which this document is joining her with other mothers in similar situations and her hopes to contribute to the lives of others, workers began wiping their eyes, turning away, or wanting to go outside for a cigarette, and spoke of feeling overwhelmed, proud, astonished, and moved. Later, in summing up this encounter, Kristina said:

*I could feel it when I walked in, because they were all there and I thought, ‘This is all up to me now’. It just flowed, especially when I said, ‘The first thing I’d like to talk about is Matthew and Naomi’, and then presented the document to them. Nobody really said anything, I did all the talking and then I answered their questions before they could ask me and, when I had finished talking, there was nothing else to say, and everyone wanted to get up and leave.*

# THE RAINBOW DOCUMENT

## Ways to Know When Conditions are Right for Children to Return Home

Written by Kristina

This document is about ways to know when conditions are right for children to return home. The rainbow represents the journey that Mums can take to learn new ways, and how beautiful and healing self-discovery is. The rainbow starts on the front page and ends on the back page. The end of the rainbow is full restoration – togetherness.

The **purpose** of this document is to inspire and encourage other mothers and workers of community services that mothers can be dedicated to learning new life skills, and are able to apply and maintain them. This document also shows that, after difficult times, mothers are able to pick themselves up and learn new life skills for the wellbeing of the whole family, which in turn affects our communities.

The **hopes** for this document are that it may give other Mums new information in how to achieve their goals.

The **value** of this document might be insight into ways a mother can learn to use all resources and is prepared to learn to be able to take the best possible care of her children.

The **meaning** of this document for the writer is to show that people genuinely care for other people and would like to help them.

This document might contribute to the lives of others by giving other Mums confidence that their goals can be achieved, and by letting them know that they are not alone.

Who might use this document? Mothers who have been or find themselves in similar situations (with their kids in the care of others), and community service workers to help them understand that mothers can be committed to learning new life skills and maintaining them, and will do whatever it takes to have the care of their children returned to them.

## NEW STRATEGIES

This document is about ways for Mums and workers to know when conditions are right for children to return home. The document began with three sections: the mother, the environment or home, and support people.

As time went by, other sections have been added or expanded. These new sections include: tips for times when Mums are missing their kids, tips for meeting with authorities or workers, ways to recognise people who annoy or stress Mums out, and a self-assessment form that one Mum has used as a way of seeing what she had learnt.

You are invited to make your own forms and add to this document.

1. **THE MOTHER**
2. **ENVIRONMENT – WHERE THE HOME IS**
3. **SUPPORT PEOPLE**
4. **MISSING YOUR KIDS**
5. **MEETING WITH AUTHORITIES OR WORKERS**
6. **RECOGNISING PEOPLE WHO STRESS YOU OUT**
7. **SELF-ASSESSMENT FORMS**



## THE MOTHER

We know when conditions are right for children to return home when the mother:

- Attends all her appointments.
- Proves that she is not drinking any more, if she was being checked on for this. Kids should not be in the Mum's care when she is intoxicated, the Mum should not drink at home. Mums would have concerns that alcohol is not good for the children to be around, intoxication is not good, abstaining is okay. Abstaining lets you notice you can start to live again. Not drinking helps reinforce all the things you've learnt.
- Is doing social things – meeting different people with same interests, being in the right places. She could do small interest and self-help courses to reinforce what she has learnt.
- Is looking after her health and happiness. She should be looking after herself physically, and doing things that need doing, acting upon things, and having things structured.

It's important to know that:

- Mums are capable and alright and that they have the skills to cope and manage. It's important to know that Mums can do this without drinking to relieve the stress.
- Mums have learnt new tools, a whole new environment and ways of maintaining it. They are committed to this.
- Mums can learn and keep on practicing new skills until it becomes a habit. This sustains you more and more and keeps you grounded.

One Mum learned a variety of skills and noticed that, unless you try different skills, you can't know what works for you because everyone is different. Another Mum thought it was important to try a variety of self-help courses besides counselling because it keeps you thinking all the time and can invigorate your mind. This helps to prevent falling back to old ways of thought and patterns. She found doing a variety of things refreshed her about all the things she has learnt.

## HOME

People in the home: It should be a safe environment and nobody harmful is to enter that environment. The Mum should not let anyone who has been drinking into the house, or bring alcohol to the house.

The house should be clean and tidy and the Mum should have food and be caring for the home, taking pride in the house. She could be nurturing the home and the family and the children.

A place of fun – the Mum could have fun with the kids, something for them to look forward to – not just school, TV, and bed. She could have things planned out for them to do; something to look forward to.

Examples of this could be

- Going to the river or pool or skate park.
- Having pretend camp-out nights at home where everyone sleeps in the lounge room and pretends the electricity is off.
- Playing games together with the TV off, reading books together, or playing a new game or puzzle.

## SUPPORT PEOPLE

The support people would be genuinely caring and interested in seeing that the mother could handle looking after the children.

Support service workers could come to the home and see what the needs are.

Social workers could reinforce the belief that the mother is able to get on with life successfully.

Drug and alcohol workers could support the Mum by giving her confidence and sharing skills in ways that are not stressful (like counselling which can get repetitive if for a long period of time).

### **Things mums can do:**

Mums could find out all the information they can and act upon this and write letters. They could do some things themselves rather than expecting authorities to do it all. Mums can think about expecting help but then they can do things themselves too.

Mums can think about maintaining their mental thoughts and the ways they want to think. They can also find things to do that are intellectually stimulating, simple, and of substance.

Some Mums might not have learnt what other women have learnt, they might be uneducated about government people and how to deal with them. Mums could share their skills in this and help other Mums not to stress out. The effects of this might be that Mums have ways of knowing about self-control, taking life back into their own hands, and not just being flung about. They might notice they are taking back their own personality that can get lost when Mums are taking care of the kids or working.

Mums could also go to community support centres, or women's groups, or to church for spiritual reasons to meet and mix with different people. Sometimes a Mum can be just a Mum, just for the children – be on auto-pilot, maintain herself, be dressing well, etc, but all the psychological things are going on.

After some time, one Mum noticed that she feels more complete now; she is here for herself as well as being a Mum, and is more contented. Another Mum noticed that after doing a Parenting course she wants to keep the skills she learned, like having natural and logical consequences that help kids learn to deal with someone saying 'no'. The Mum can teach the children how they can work things out for themselves. The Mum doesn't have to always do it for them. The effects of this can be that Mums can have a little time for them selves, and can sit back and do something they really enjoy, like relaxing after they have organised the house.

## **MISSING YOUR KIDS**

Here are some tips for when Mums are missing their kids:

- Think positive and not get depressed.
- Look after yourself.
- Think about the future and when you get the children back.
- Take time out in a different environment – not surrounded by the memories in your home.
- Stay with a friend for a couple of days in a different environment.
- Good to have your own space and be in your own home, but a couple of days away can take your mind off things.
- Being on your own all the time builds up and can lead to sadness.
- Make it a regular thing – once a fortnight to stay with friends so anxiety doesn't keep building up. When you're relating with other people, anxiety gets less.
- Have a hobby, something you enjoy but never had time for – Mums push some things aside when they have kids.
- Producing something might make you feel better and keeps your mind occupied.
- Do something that you have wanted to do that you haven't had time for before.
- Look at this time without the children as a gift to yourself, look at it positively because Mums know how much time it takes to look after a family. Now they've finally got some time to do things that they wanted to do before.
- Go to groups and meet with people in similar situations. Discussing things is helpful. A lot of people think, 'I don't need help; I know what I'm doing'. Going to groups puts you in touch with people where you can sit around and talk to each other. People there are wanting to help themselves.

## MEETINGS WITH AUTHORITIES OR WORKERS

Here are some tips for when you are meeting with authorities of workers:

- If you are shaky or nervous at meetings, write things down.
- Have a full breakfast on the day of your meeting.

Mums could document everything and get it put into the children's file at DOCS.

Mums could ask at the DOCS (Welfare) meetings what the workers want the Mum to do and she could document it and then hand it in at the next meeting. She could get it copied and filed and she could keep the original. Mums can remember that they have a right to know about any information that has been written about them and can make a request to look at their file.

Mums can remember that if they are getting upset inside when they are talking with authorities, they could use some of the skills they might have had a long time ago to stay calm – e.g., breathing skills or other skills they might have used in the past.

Mums can remember not to let people upset them and to stay calm.

## RECOGNISING PEOPLE WHO STRESS MUMS OUT

Sometimes Mums haven't worked out which people annoy them and stress them out. Mums could learn and keep practicing this skill. Some Mums notice that they might not have too many friends now that they are making changes. One Mum began to use some skills to recognise the difference between people who are respectful and genuine, and those who are not. Some of the things she began to notice are:

- It takes time to build relationships.
- There are 'fair-or-foul-weather' friends or people who do care. These are people who are not pretending to be somebody else. They are saying, 'This is what I feel'. They are true in what they say. They remain the same, and can maintain equilibrium – not one way this week and another way the next.
- Where there is an equal relationship, people confer better, talking to each other is easier. And you don't have to watch what you say all the time, you can be yourself.
- In a healthy relationship people are relaxed and comfortable, and there would be friendship, happiness, and contentment. And if there were times of unhappiness, the other person would feel concern and they support each other through good and bad times.

## SELF-ASSESSMENT FORMS

One Mum was given a self-assessment form to fill out by a worker. She said it was hard at first, and her mind went blank, but she filled it out 'on the spot' as honestly as she could. She said it helped when the worker photocopied it and gave her a copy to take home and read. The Mum felt more confident about herself when she had put information in a form like that because she could see what she had learnt when it was written down. Mums could participate and make their own self-assessment forms. One Mum is now working on a form for others to look at.

## DEFINITIONAL CEREMONY

Six weeks later, six people, including Kristina's children, Matthew and Naomi, were invited as outsider witnesses (Disqueact, 2004) to a presentation of *Ways to know when conditions are right for children to return home*, now known as the *Rainbow document*, in the form of a definitional ceremony (Myerhoff, 1980; White, 1995). Kristina said the restoration plan was happening in a way that she had not anticipated, and I was hoping to catch up with this rapid pace of events.

## THE TELLING

Kristina spoke of the history of the *Rainbow document*, its purposes, and what she noticed when she presented it at the meeting of child protection workers. During this section of the conversation, she said:

*I noticed the other people in the room were really touched by it ... it meant a lot to other people which really made me feel good. I have noticed a lot of difference in the way the workers have responded to me over this document. My case worker said about her boss, 'I've been trying to chisel away at her for months and months and with that document it just melted her ... she was definitely touched by it'. I can see the respect she gives me now, of knowing a bit about myself, rather than just judging me on face value; she could really see what was inside, how people can pick themselves up.*

*It's made a lot of difference because now I'm even more aware of how well I can do and how well I can do in the future. It's very inspirational to feel that way, which inspires me in turn, to learn more.*

*Now that I have the children sleeping over night, it restores faith in myself too that I can do this and I'm quite able to do it, to show the workers that I'm quite capable of looking after my children.*

## THE RE-TELLING

During the re-telling, Jack, who was a participant in a group who met weekly to discuss their journeys of migration from substance use, noticed the 'difficulty in expressing and distilling into words a journey such as Kristina's and the emotions that go with that'. He noted that the *Rainbow document* shows a reaching out to other people to share that experience. This suggested to him an openness and willingness to be part of something larger; a giving and receiving. He thought that the document expressed wisdom that Kristina's journey was about a completion, as well as a recognition that the journey is something continuous.

Marianne, another member of the outsider-witness group, was drawn to 'Kristina's willingness to continue on the journey; to let other people know what is out there and how they can do good things for themselves and change their lives'. To her, this suggested that Kristina 'values a relationship with her children as well as looking after her own wellbeing'. Marianne said,

*I'm on a journey myself at the moment to change my life and the way I relate to my children. They're not living with me at the moment, and I'm certainly on a journey to change things and have a better relationship with them. Kristina's words have given me more hope and inspiration that I can do this and I can pick myself up and change my life for the better.*

Yolande was drawn to Kristina's 'desire for what she's wishing to be recognised by, and that she's doing it for her kids and for the future'. Yolande noticed something similar in her own life:

*We're both on a journey that is incredibly difficult for ourselves ... and no-one else can have the comprehension ... I can really relate to her struggle .... when I know people are going through hard things, I think 'I'm not the only one', and it makes me feel less alone ...'*

Yolande is a young woman who experiences the operations of 'the sensory explosion' that had her trying to jump off a tall building last year and, in the last month, take an overdose of pills with subsequent admissions to a psychiatric clinic. The conditions that precede these events are 'others not seeming to care enough'. The sensory explosion entered her life after a traumatic and near-fatal vehicle accident in 2005, and since then she had experienced daily thoughts of ending her life, and regular violent behaviour towards her boyfriend and destruction of belongings and property. Yolande was interested in being an audience to Kristina's story of her journey of losing and regaining care of her children because she was 'interested in anything to do with hope'.

When Naomi was asked what stood out for her when she heard her Mum speaking and saw the

*Rainbow document*, she simply said ‘I would really like to come home soon’.

## TELLING OF THE RE-TELLING

Kristina spoke of how all the responses ‘hit home’ and how ‘simple communication between people can help – just knowing you’re not the only one’. She noticed how good it is to know that others can understand what she has gone through and that ‘it is possible for people to improve and heal themselves and have a good life, take control of their lives, and be happy’. ‘It’s given me even more inspiration to do well, to keep going ... more inspiration.’

## AN UPDATE, AND FUTURE PLANS

Only a few months after her presentation of the document, Kristina’s children were returned to her, and have been in her care full-time since then. The *Rainbow document* is a work in progress; Kristina wants to add information based on her experiences of the children being home, and to develop her own self-assessment form to include with the document. Being talented at painting and drawing, she would also like to add some of her artwork to the document, in line with her preference to make it ‘friendly’ and not ‘official’.

When we last met, Kristina relayed to me:

*I am thinking I could get a position with DOCS [the Welfare Department] to help women in the same position as me, and provide them with someone to talk to. If the government could employ me, this might help in preventing kids being taken away from mothers, and it would help these interactions not be all one-sided.*

Following on from her idea, we talked about the concept of ‘experience consultants’ (Walnum, 2007), and she is keen to follow this up with the Department. As for her own life, Kristina said: ‘I focus on today, enjoying life day-by-day, watching the children growing up just in front of me, and

think, “Where I am now is where I am supposed to be”’.

Finally, as an outcome of being outsider witnesses to Kristina’s story, Yolande is now writing a document for young girls who have experienced trauma, and Marianne is finding ways to stay connected to her children even though they are living in another state. As Kurt Vonnegut Jr, who has been a significant influence on my thinking, would say, ‘and so it goes ...’ (Vonnegut, 1973).

## SOME THOUGHTS ABOUT COLLABORATION AND ACCOUNTABILITY

My first consideration for engaging in conversations with Kristina was the importance of a sense of personal agency (White, 2004) and ways this might be experienced more often. It was also important for me to find ways to reflect on the difference between assisting in the development of Kristina’s sense of personal agency and assuming an advocacy role which is so readily available in this kind of work.

Sue Mann’s writings (2001) on collaborative representation were a significant influence in my decision to ‘consult the consultant’ and invite Kristina to engage in collaborative document writing as a means to access the skills and knowledges available to her. Finding ways to make operations of power and professional privilege visible was also important because of incidences Kristina recounted of ‘professional’ contexts where she entertained doubts that she might ever be able to regain the care of her children. In light of this, finding ways that I could be accountable in order to safeguard the interests of all parties, including the children, was crucial (White, 1995).

The narrative metaphor, and use of post-structuralist ideas below, provided an orientation to these practices of facilitating a sense of personal agency (White, 2004), ‘consulting the consultant’ (Epston & White 1990), and adopting an ethic of accountability. Some of these post-structuralist ideas in a context of therapy include:

Moving from:	To:
Therapist as expert	Therapist as co-researcher
Settled certainties	Creating contexts for choice
Notions of dysfunction and pathology	Seeking out preferred stories
Gathering information	Generating information
Assessment	Detailed, context-specific narratives
Goal-setting	Possibilities, projects and directions in life that unfold
Problem-saturated accounts	Problems regarded as dominant plots; projects as counterplots or subordinated stories
Advocacy	Enabling personal agency
Internal-state descriptions	Curiosity about intentional states
Clients as passive recipients of (individual and individualising) therapy	Clients actively contributing to the lives of others

## FINAL THOUGHTS

Engaging in practices such as consulting the consultant, writing documents, and developing solution knowledges to be shared with others, has the potential to deconstruct the roles of 'helper' and 'helped'. Rather than a one-way flow of 'receiving professional help', within both Chloe and Kristina's stories there was a theme of giving and receiving, and this seemed to make all the difference.

## ACKNOWLEDGEMENTS

I wish to acknowledge those who contributed to this work: Chloe, Ben, Ned, Ralph, and Sue; Kristina and her children Naomi and Matthew; Jack, Marianne, and Yolande. Their willingness to participate has made this writing possible. My workplace provided encouragement, and those at the Dulwich Centre, fellow course participants, and the writers who share and continue to share their experiences of ways of working, have made for a rich learning experience.

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