

Rooftop dreams:

*Steps during a rite of passage
from a life dominated by the effects
of drugs and abuse to a
'safe and full of care' life*

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Told through the perspectives of his private practice work, and as a student in a graduate narrative therapy course, this article traces the author's incorporation of narrative ideas and practice in working with issues of drugs and abuse with a young man in Greece. By drawing on the narrative ideas of the migration of identity, and the absent but implicit, and employing the practices of outsider-witness conversations and therapeutic documents, the author assisted the young man to renegotiate his relationship not only with drugs and abuse, but also with his grandmother, and create a space for new directions in life.

Keywords: drugs, abuse, alcohol, outsider-witness conversations, absent but implicit, therapeutic documents, collective narrative practice, migration of identity

INTRODUCTION

In this project, I attempt to describe the influence of narrative therapy ideas and practices on my thinking and on my work with a young man and his grandmother. I had been somewhat familiar with some narrative therapy ideas and practices, mainly those related to externalisation and documentation, and I had been using them for a few years in my work with children adolescents and their families. However, this paper documents my broader engagement with them as part of completing a Graduate Certificate in Narrative Therapy.

Aristea¹, a woman in her late sixties, requested my assistance three years ago in relation to concerns she was having about Rafael, her then teenage grandson. Aristea had lived a quite deprived life as an orphan because her mother left the family when she was about three and her father died when she was seven. She grew up with relatives and in an orphanage. She later got married but had problems with her husband who drank heavily and did not help her care for her daughter Niki. She divorced him and three years later he died from liver damage. She raised Niki on her own and tried to provide everything she could for her. She wanted to be a good mother, but Niki started to use drugs in her teens. When Niki was 27, she gave birth to Rafael but could not look after him due to her drug use. With a social services intervention, Aristea took custody of Rafael and since then they lived together.

Rafael was a very quiet and rather introverted child, but from age 15, he became involved with drugs, alcohol, and stealing. Aristea had sought assistance from several people to help him get rid of the drug habit, stop the stealing, and find his way in his life. Niki had also been giving Aristea and Rafael a lot of grief, going to their home in a stoned state and demanding Aristea give her food, money, and shelter. Although Aristea loved and cared for Niki, she was trying to limit Niki's contact with Rafael and herself because she wanted to protect herself and Rafael from her stoned, hostile, and uncontrollable behaviour. Aristea was trying to show to her daughter and also to her grandson that she was not to be 'taken for granted'. She struggled with saying 'no' to their sometimes irrational demands and she was trying not to confuse Rafael's with Niki's difficulties. She often thought that both of them were walking the same path, but from our

work we found that Rafael was making some efforts to resist drugs.

Rafael had a lot of difficulty dealing with his 'temper', which made him unpopular in his peer group. His company consisted of a few people only and those were drug users (mainly marijuana, pills, and alcohol). He related the 'temper' to the many difficult experiences he was having with confrontations, arguments, and fights in his family and also at school. He was also involved in acts of stealing with his 'friends'. He had never had any contact with his father, a drug user too, and said he had a quite 'pale' idea of himself and his family, except for his grandmother who 'had always stood by' him. He had some occasional relationships with girls but they didn't last for long.

In the 20 first sessions with Aristea and Rafael, I externalised the collaboratively defined 'taken for granted' and 'temper' problems. As White (1988/89) proposed, I introduced questions that aimed at: a) 'mapping the influence of the problems' on their lives and relationships, b) 'mapping their influence, and the influence of their relationships, in the "life" of the problems', and c) identifying 'unique outcomes' of their resistance to these problems in order to assist them to develop non-problem-saturated accounts of their lives, and to perform new meanings.

Some examples of these externalising questions are:

- How does this 'taken for granted' invite you, Aristea, to give in to Niki's demands for money, despite knowing that she will use it to take drugs?
- How does this 'taken for granted' exploit your commitment to provide everything you can for Rafael and Niki?
- Rafael, were there times that you resisted the temper's demands to be involved in fights with peers or in quarrels with your grandmother?
- How do you manage to get up in the morning after a fight and resist the worry that is the outcome of the temper and which forces you to stay in bed?

Following that period of our meetings, there were some considerable changes in their life. The two of them started to get on better, there were less

arguments and Rafael stopped stealing and tried to work a couple of times. He did not manage to keep the jobs for long, because it was difficult for him to concentrate. Despite this, he started to make plans about going to school or about doing his military service. After six more sessions during the second year of our meetings, Rafael decided to join the army for his military service (obligatory for males in Greece) and we stopped our sessions.

DIVING DEEPER INTO NARRATIVE IDEAS

After about one year, Aristeia asked for more sessions, as she was quite concerned again about her grandson. She said that although he did his nine month military service without problems and with some successes, and some months ago stopped drinking and smoking marijuana, since then he 'feels lost' and he is afraid that he is 'going crazy' because he has strange ideas and he sees horrible images. He said he was in a 'transitional stage', and told her he needed support from her and me, and possibly some medication to help him calm down when he was very upset.

We had six more sessions with Aristeia and Rafael and then I wrote to my tutor for my first online supervision consultation. I said I was trying to help Aristeia:

- to resist this 'taken for granted' dominant story
- to distinguish between Niki's strange behaviour that is due to her drug use and Rafael's strange behaviour that is due to his efforts to get rid of the drugs
- to challenge the story that she is 'incompetent and a total failure as a mother because her daughter and also her grandson have taken the drug path in their lives'.

I was also trying to help Rafael:

- to resist the 'fear of going crazy' and its demands
- to continue his efforts for looking after himself and Aristeia
- to reconnect with his dreams to start working again and make new friends.

I asked his help to facilitate their efforts for a better life and future, and among other issues, we talked about the 'absent but implicit' (White, 2000)

in relation to Rafael's fear; about the possibility of using outsider-witness practices with the family; and about acknowledging that Aristeia had indeed been striving alone in her efforts to raise Rafael. While studying about the absent but implicit and the multi-storying of lives, these ideas were for me like 'lenses' (Hoffman, 1990) and assisted me to experiment in thinking and enquiring outside the dominant medical views about psychosis. I took up these ideas the next time we met.

Because, 'in a sense, what is being "defined" in narrative therapy sessions is a person's preferred identity' (Russell & Carey, 2004, p. 67), and because I wanted to assist Rafael to reconnect with his dreams to start working again and make new friends, I invited him to be positioned at the centre of the interview and Aristeia to act as an outsider-witness. When I enquired about which of his plans, wishes, or dreams that this 'fear of going crazy' might be sabotaging, we got acquainted with a different story about Rafael. During our discussion, he said he suspected that when he was using drugs, he might have been abused by other drug users. He explained that he talked on his own and poses questions to himself in an effort to remember what had happened to him. He recalled that on some occasions, he had sex without using a condom and he fears he may have been infected by AIDS. He said he wanted to be medically screened because he wanted to look after his health, himself, and his grandmother. He wanted to enter a 'new way of life', to get a job and to make friends who do not use drugs. He wanted to be more self-contained and to avoid resorting to drug use for temporary relief of worries and fears. He was very sure about what he wanted.

Aristeia said that she enjoyed her repositioning as an outsider-witness and that it helped her to appreciate the 'feelings of emptiness' and the fear of 'going crazy' that Rafael expressed, and to understand what he is going through. She recalled images of other parents describing the struggles of their children when they were trying to resist going back to drug use. She said that she was moved by a new understanding that her grandson wanted to free himself from the drugs and that he was struggling with the fear and emptiness when he recently asked her to hug him. She took it as 'a request to help him feel more secure' and that made her 'feel proud and a worthy person'.

Although this was one of my initial attempts to

experiment with outsider-witness and definitional ceremony practice, and the time we had was enough to only go through the 'telling' and 'retelling' stages (White, 2007, p. 185), the experience was positive for all three of us. I reflected that I was curious about what was next in Rafael's passage from 'a life full of risk' to 'a life of care and closeness'. We agreed to continue our sessions and explore the history of these dreams.

THE ABSENT BUT IMPLICIT

In my next written reflection for my graduate certificate course, I wrote that the writings on personal failure and the absent but implicit (White, 2002) offered me valuable opportunities for nourishing my relationship with hope and persistence in both my personal and professional life:

There are times that I feel I have failed fulfilling my potential as a doctor. Going through the financial crisis has affected my work and reduced my income, and is sharp contrast with images I had when I entered the medical school for a financially comfortable life. The context of the crisis and the sense of failure also sabotage my recent dreams about building a farm with a house for my family, an office for my practice, and a stall for our horses. The temptation to step into the 'expert' role and prescribe (either advice or medication) to my clients hangs around the corner. I thought I would not be affected by the context of the crisis and since I am, I am tempted to either try to find 'what went wrong with me' or to resort to shortcuts to deal with the situation ... At the end of the day, I don't have to do anything professionally unethical, just what most psychiatrists do. The normal thing ...

But that story is not mine. Another doctor saved my life when I was three years old and sick with a severe infection. He was a man who offered his services for free to poor families. He was a simple man and a helper with a lot of respect for people's efforts for survival. Long after he died, his

story inspired me to embark on a journey to find the meaning of what therapy and helping is about. In this exploration, I discovered that our ancestors regarded therapy as 'attentiveness and nurture' and therapists as 'servants, followers and attendants, but ones who differ from slaves in that they offer their services willingly and with dignity' (Stamatatos, 1972, p. 448). The failure conversations map helped me to re-engage with these notions of therapy and this is invigorating.

My tutor's feedback on these thoughts assisted me to pay attention to the possibility that even when one is invited into a sense of failure, 'Dignity' – mine, Aristeia's, and Rafael's – might be present and possibly investigated in therapeutic conversations. I was also helped to further engage with the idea that Rafael's fear may be an absent but implicit testament to preferences for 'a new way of life', to get a job, and to make friends who do not use drugs.

In noticing these shifts, I also started to play with the idea of 'turning the spotlight back on the normalising gaze' and, like Jim in Hutton's article (2008, p. 15), I started to depart from measuring up my achievements and expertise and move towards asking myself more often 'How can I be useful here?'

In the next two sessions, we continued to explore the effects of Rafael's fear and Aristeia's sense of failure on their lives and relationships, and also their resistance to these problems. The 'taken for granted' issue seemed to have lost its significance and power and was not mentioned any more. Maybe the repositioning of Aristeia as an outsider-witness freed her and her grandson from the narrow involvement and perspective of the day-to-day interaction between them, placed 'the knowledges, skills, preferences and commitments of the family at the centre of the work' (Morgan, 2006, p. 71) and opened possibilities for me to be de-centred and still hold my responsibility for the facilitation of their efforts by structuring our discussions with carefully-chosen questions.

TRAUMA, THE MIGRATION OF IDENTITY, AND COLLECTIVE PRACTICE

It took us a few weeks' time to meet again, as Aristeia had problems with her back. In the meantime, I was studying about responding to trauma and abuse. The writings on trauma and abuse assisted me to glimpse ways about how I may be of help to people without re-traumatising them. I have always found myself to be in a difficult and awkward position when it came to talking – especially with children – about their experiences of trauma or abuse. I was also disheartened by their hesitation to speak about the events around their traumatic experience. I had a sense that it was really difficult to find bridges of communication and that in my effort to be of help, I had to ask hard questions. For a long time, my approach was dominated by ideas like 'people must speak openly about the experience in order to overcome it', or 'an old and still-painful wound has to be re-opened and cleaned in order to heal'. These ideas led me to focus on the story of the traumatic experience and leave on the margins any other plot. While my intentions were good, I felt very uncomfortable with the ways that I was trying to help and what I read helped me to realise the source of my discomfort. I was feeling that I was re-traumatising the very people I wanted to help but at that time I couldn't express with words my gut feeling.

Narrative ideas offered me a way out, and a more gentle and yet powerful approach to assist people to recover, to get in touch with their efforts to resist the effects of trauma, and to connect these efforts with their values and commitments. I was very inspired by the idea of privileging the secondary story of their resistance and response to trauma and of their efforts for survival as a way of co-creating a 'safe space to talk about their experiences of trauma without reliving the experience' (Yuen, 2007, p. 6), or a 'riverbank' (White, 2006, p. 89) for people to stand on, outside the current of the dominant trauma-focused story.

The ideas offered by White about a 'migration of identity' (1995, p. 99) from an identity that had been defined by the effects and practices of abuse to an identity that is shaped, defined by, and connected to people's preferred values and ways of being –and also the image of the 'trough' (p. 98) that consists of confusion, disorientation, insecurity,

and sense of personal failure that exist in this journey – has helped me think differently about the process of recovery. I thought that this view of the identity migration journey and the relevant graph (White, 1995, p. 102) might be of help in my efforts to assist Rafael and Aristeia to move towards their preferred destinations of 'a safe and full of care for each other life'. It felt good to share with them the option that the fog and confusion is just part of this journey towards a new identity, rather than a confirmation of the so-far dominant story about damaged identities and personal failures.

I was also intrigued by the collective narrative therapy ideas that each person who consults us 'represents a social issue' and that by enabling them to 'join a collective by speaking through us (and not just to us) to help others' (Denborough, 2008, p. 16), we may contribute to bring about social change. I then thought about asking the family's permission to use some of their expressions about the skills and knowledges they used to resist the demands of 'abuse', 'fear', and 'life dominated by drugs' in my work with other people who face similar problems.

THERAPEUTIC LETTERS

My tutor, with whom I shared these thoughts, encouraged me to use the migration of identity metaphor with the family and also helped me to think about exploring what it was about them that had refused to let the 'dominated by a drugs life' story take away their preferred ways of living completely. When she wondered about what might support them to hold onto some of what occurred during the conversations, and about how these impacts might be best preserved, I started thinking about asking the family if they would be interested to receive a letter from me.

In the next four sessions, I met with Aristeia, Rafael, and Maria, Rafael's godmother and Aristeia's best friend and neighbour, at their home because the financial crisis in Greece was escalating and they were unable to afford to buy the bus ticket to come to my office. In these sessions, I invited Aristeia and Maria to be positioned as outsider-witnesses and Rafael to be at the centre of the interview. As there was considerable conflict between Rafael and Aristeia around his 'lack of motivation to get a job', I suggested that the witnesses try to distance themselves from their day-

to-day relationships with Rafael and we spent considerable time to try to assist them to reposition themselves. As White (2004b, p. 19) suggests in his work with couples in long-term conflict, I invited them to 'share stories about experiences of their life in which they have experienced significant acknowledgement, understanding, compassion or acceptance, and about the figures who extended this acknowledgement, understanding, compassion, or acceptance'. Aristeia identified a friend of hers, and Maria her deceased husband, and they described the ways those people stood by them in the hardships they went through in their lives.

They were also interested to receive a letter from me in which I would summarise the themes of our discussions and in which I would acknowledge both the influence of the problems on their lives and relationships and also their resistance. They agreed that it might be helpful to 'rescue the said from the saying of it' (Newman, 2008) as spoken words may be forgotten, but written ones may be available should they want to re-read or to reflect on or to share with others. Before handing them the letter, I emailed it to my tutor and then we discussed details and changes in my second online consultation. Before giving the letter to them, I discussed about how they may use it, when to read it, and with whom they may share it in order to keep in touch with the skills and knowledges (that they had used to resist to the effects of problems) and with their cherished values. I also asked them to think about giving me permission to include it in this project.

Dear Mrs Aristeia, Mrs Maria, and Rafael,

As we had discussed in our previous meeting, I write this letter in order to summarise the things we have discussed.

Rafael, you said that since a few months ago, when you stopped using substances and drinking alcohol, you are 'lost' and that you are pestered by the images of 'the freaks that haunted you', which remind you of the time when you used drugs and alcohol and also of the harassment and the marginalisation that you faced both at school and in the 'company of narcotics'. You said that sometimes you talk or laugh

alone, you keep a penknife in your pocket, you go up and sit on the rooftop, that you make strange movements, you wander alone in the town and you are afraid that you will suffer from schizophrenia and become crazy. You also said you suspected that you had been abused and that through monologues with yourself, you were trying to remember what had happened to you.

All of this worried you a lot, Mrs Aristeia and Mrs Maria, and lead you to believe that Rafael is by no means well and that he may have a psychiatric illness. However, from our discussions, it came up that Rafael has decided to change his way of life and that he is going through a phase of great transition. When, after months of effort, he recalled what had happened to him and spoke about the mockeries, the teasing, the intimidating gestures that he received from older children at school, and about the sexual abuse that he was subject to by other substance users, you said that what you heard was very painful for you and wondered 'where did he find the strength to talk about all these'.

Rafael, you said that the images and memories you recalled were very painful and led you to seek help from the adult psychiatrist, but that these memories were not able to get you admitted to the clinic. You preferred to use the medication and return home. When I asked if and how you responded to what had happened to you, you recounted:

a) the history of your resistance to your marginalisation and to the teasing of your schoolmates about your mother being a 'junkie' and a 'whore': you continued to attend school, you did not socialise with children that called her names, you spoke with the school headmaster, with your mother, and with your grandmother, and, furthermore, you socialised and gave support to another child who was a homosexual and had been marginalised because of his diversity

b) the history of your resistance to the sexual abuse: with kicks, punches, and swearing; by squeezing your teeth; and making up fairy tales in your mind in order to bear up.

I also wonder if the fact that you spoke to me at an earlier time, about the sexual exploitation or even abuse that you were then subject to by certain individuals during times that you used drugs or had drunk alcohol, was another action of energetic resistance.

Although the images did not let you concentrate and be able to keep up the jobs that you wanted, you managed to put the images aside, to join the marine force, to endure the hard training and get a distinction. I wonder if the efforts that you made to work and also the successful completion of your military service and your distinction in the marines are another piece of the history of your resistance to the effects of the abuse and marginalisation on your life. What do you think: would you want in a next meeting to show us your photographs from the army and to tell us some stories about your lived experiences? Would you like to share them? Do some of these stories fit with your 'dream to live like a human'?

When you explained that you are afraid that someone may harm you again, and that you carry a penknife in your pocket in order to protect yourself and not in order to hurt somebody, and that you go up on the rooftop in order to stare at the sky and to think of your 'dream about living like a human', we heard a different story.

Mrs Aristeia, you said that this story touched you as you 'could never have dreams', because you felt a failure as a mother, as you raised two children and both of them had been involved with drugs. When you said that now you also have a dream to see Rafael 'living like a human' and having what he wants – work, home, and real friends – Rafael then said 'I did not stay in

the psychiatric clinic because I have my grandmother outside' and he came and hugged you. I recall very vividly all four of us being in the room with teardrops in our eyes.

In our next meeting, we agreed for you, Mrs Aristeia, to be at the centre of our discussion as you felt very unwell. You said that after your mother's abandonment and the death of your father you grew up as an orphan child. You also brought up on your own your daughter Niki, and Rafael too, and still strive with problems alone. After you gave me permission, I discussed with a consultant from my narrative therapy training and we both recognised that you really pursued these endeavours on your own.

With great persistence and patience you searched, you found, and you used help from various professionals and acquaintances and friends who have witnessed and still see your efforts and acknowledge them and some of your friends have themselves received help from you.

You said, Mrs Aristeia, that when you recently saw Rafael drinking wine, you were 'conquered by a fear' that he will become an alcoholic like your husband and drug-dependant like your daughter. When this fear grows big, it makes you unable to calm down or sleep, and leads you to talk to him abruptly and keeps you from seeing that Rafael:

- makes efforts to look after himself, had a haircut, and showers more often
- does not quarrel and fuss
- stays away from the 'stand'
- tries to find a job
- plays with clay on his own and Monopoly with you
- has power since he did his military service
- he is polite.

In response to the above, you said, Rafael, that you recognised how afraid your grandmother is and explained that you drink a little wine for pleasure and not in order to get drunk. You said that, every now and then, you want to have this pleasure in the same way that you want to watch television and to listen to music. You said that you try to look after yourself because you want to be handsome and to find a girl. You said that you feel familial warmth when your grandmother strokes, hugs, and also tells you 'we are together' and that you have begun to participate in the house chores. You also said that you were helped by the discussion you had with your family friend Petro, who is a former drug user and who escorted you when you went to the psychiatric clinic. You thought of leaving for now the idea about suing those that abused you and that you do not like the possibility of media publicity on the issue. You said that Petro's words, 'Leave it all behind and move on', helped you to 'look up to the future'. You also said that you want to see your grandmother going more often outside the house and having a good time.

After listening to Rafael, you said, Mrs Aristeia, that you do not consider him 'insane' and you recalled that he went and applied for an unemployment card on his own and also went alone to the doctor for the medication that he takes. As soon as you said that you also want a hug 'when the fear is like a tsunami' inside you, he came and immediately gave it to you.

In our last meeting, you spoke about the difficulty to get on with this financial crisis and that the money from your pension does not suffice for the rent, the bills, and the food.

When I asked if you have ideas about how the people bear very difficult situations and if you have experienced any of these, you, Mrs Maria, recounted to us the history of the conquerors' invasion to Skyros, your island, during World War II. You said that

you were a seven-year-old child and, together with others, you sought a hiding place in a grave and 'made patience while hearing the sounds of the intruders' steps on the marbles'. You said that you did not give up; you persisted and 'ate raw dandelions in order to survive' and that by making prayers, you kept the dreams and the hopes alive.

Mrs Aristeia and Rafael, you said that these stories that speak about patience, persistence, and effort in the face of adversity inspire you in order to continue your own efforts. You are also inspired by watching your 83-year-old neighbour looking after her house, her flowers, and herself every day. In this way, the disappointment and the sense that you have failed as a mother were not capable to stop you, Mrs Aristeia, from looking after your own flowers and from abandoning the effort to assist Rafael.

As a response to the above, you said, Rafael, that you learned patience from your grandmother, Aristeia, and from your godmother, Maria, and you repeated once more, 'I always knew that I have been abused and that I am not a junkie' and 'I want to live as a human'. Then you said that despite the difficulties, on a previous day, you danced with your grandmother and you both enjoyed it a lot! When I asked you if the patience and the persistence open options for you in order to deal with the financial difficulties, you said that you thought of searching together with your grandmother for work in some island or in Pilion mountain, and that in the last few days, you had slept more quietly and felt revived, and that, 'It's about time to get out more often and look for work'.

Mrs Aristeia, Mrs Maria, and Rafael, I thank you for sharing with me the stories of your efforts for survival and I hope that this letter may be useful to you in order to keep in touch with the patience, the persistence, and the militancy. From the things you said,

I understood that these are cherished values of life for you.

Daniil

INTERGENERATIONAL HONOURING

The questions I asked during the sessions described in the letter were structured around the four categories of enquiry for the outsider-witness response, and focused as White (2007, pp. 190–192) suggested on ‘the expression’, ‘the image’, ‘personal resonance’, and ‘transport’. Examples of these questions are, ‘Which of Rafael’s words caught your attention?’; ‘What images of his life or of his identity did they provoke and what do they suggest to you about his purposes, beliefs, and values?’; ‘Which aspects of your own life resonated or fitted with these expressions and images?’; ‘How has this process changed the way you see yourself and your life?’.

I also had a sense that there was some degree of ‘two-way inter-generational contributions and inter-generational honouring’ (Denborough, 2008, p. 199) that may have resulted in a reduction of the tension between Rafael and Aristeia that I witnessed and that they acknowledged in the consequent sessions.

In one of these sessions, we saw photographs from Rafael’s military service and discussed about Aristeia and her friend John’s sense of pride during his exit ceremony. She recalled that John’s eyes had then filled with tears and that he said, ‘I had none of my people present when I exited the army; it’s an honour that I am here with you and Rafael’. They recalled that somewhere in the house is the certificate of distinction that Rafael was awarded for his performance during some exercises. They were keen to put in a frame and hang it on the wall to remind them of Rafael’s persistence.

In another session, Aristeia said, ‘I saw tears running from your eyes in one of our previous discussions. How can you manage to bear all the pain that people like us share with you?’. I thought that this might be a good opportunity to deconstruct my ‘expert’ image by sharing knowledge about my work. I thanked her for caring about me and explained to her that what helps me to stay close to people and be emotionally involved, and keep on

trying to be helpful, is that I have learned to listen and to enquire in two ways: to listen and enquire about the problems and their effects, and to also to listen and enquire about how they have *responded* to these. I then acknowledged that the skills and knowledges that they used to shape these responses and their cherished values that guided their responses are important learnings for me. I also suggested that if they were willing to document and share these with other people who face similar difficulties, then these people might be helped too and might offer their own responses. She was quite attracted to this idea and seemed to be relieved of a worry that she might be giving me a hard time by sharing her pain.

The act of inviting her and Rafael to share the knowledges and skills that they used to deal with problems, and the acknowledgement that these are precious learnings for both me and for other people who may face similar challenges, was a step towards addressing and dealing with the power inequality that exists in therapeutic relationships and towards assisting them to circulate the unique skills, knowledges, and values of their lives.

In a session with Mrs Aristeia, Rafael, and Mrs Maria, I re-read the letter to them and, as a response, they shared more stories about how persistence, patience, and dignity have been and are still present in their lives. Aristeia described that she learned these values and also about care and nurture from her own father, who, despite being a political refugee and very tortured, whenever he managed to be with her, would sit her on his lap and feed her ‘like a bird, bite by bite’. These conversations highlighted that ‘no-one is a passive recipient of trauma’ (White, 2006, p. 87), traced the histories of their responses to problems, and linked children to key figures of their lives as a step towards ‘developing rich accounts of this second-story’ (White, 2006, p. 88) for their lives. These conversations also traced the histories of their values in an attempt to ‘restore that valued sense of who they are, that preferred sense of identity or personhood’ that White (2004a, p. 46) refers to as the ‘sense of myself’ which is often lost as a result of the dominance of the first story, that of the traumatic experience.

In our most recent session, Rafael presented to us two clay constructions that he created, one titled ‘A raving rooster’, that reminded him of the times he was using drugs in rave parties, and another that

he named 'The fear', that he associated with the fear of going crazy. He also sang a hip-hop song that he wrote about the difficulties of life. He said that he hoped to manage to take sculpture lessons at some point and that he was interested to write more lyrics or poems about the challenges he faced. He was keen to share his writings with people who faced similar issues.

EPILOGUE

The kind of discussions described in this project and these ways of relating to the people who seek my assistance would have been impossible without my involvement with narrative therapy. Working with people who face complex problems is not simple and the outcome may be unpredictable, especially under the pressure of the current financial crisis. The narrative influence has been precious to me; it assists me to reconnect with values I have about being close to people and about being a simple man who is trying to help others.

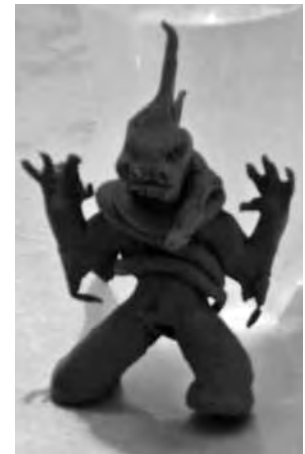
In a sense, I am becoming other from who I was, not so much of an 'expert' on problems and solutions but perhaps a little bit more informed about contributing to processes of healing by asking one question at a time and being on the lookout for threads of alternative stories.

NOTE

1. All names used in this article are pseudonyms.

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Rafael's sculptures of 'A raving rooster' and 'The fear'

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