

**Neighborly Ways of Being and Paradises in Hell:
Communal Practices That Support Naturally Occurring Communities**

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Abstract

Richly engaging in a web of connection can help someone fortify the will to live, contribute to experiences of personal worth, and strengthen a sense of belonging, place and community. This article explores “neighborly ways of being” in the lives of two people –Joan and Suzanne– each of whom survived personal catastrophes, thanks to their social interdependence with friends, family and community. The women vividly describe unique “Paradises in hell” - a restored sense of meaning and purpose to their lives when they are able to transform their painful experiences to become useful to others. The author identifies “communal practices” that actively strengthen naturally occurring communities of support, augment and extend friendship circles, build community-mindedness, engage communal creative expression, and shape identity as being of value. Drawing from professional, scholarly and experience knowledge, the paper addresses relational ethics and unique translation challenges for therapists, coaches and consultants in efforts to build into our work a sense of connectedness to others, a life that has a sense of meaning, solidarity and belonging.

Keywords: Communal Practices, de-colonizing translation, ethic of circulation, narrative therapy, neighborly ways of being, relational ethics, paradise in hell.

INTRODUCTION

Therapeutic conversations can strengthen social connectedness not only within the family, but in naturally occurring communities. I aspire to show how therapeutic work that restores a person's sense of community-mindedness, solidarity and connection is highly ethical yet beyond traditional understandings of psychotherapy. My intent is to open space to discuss considerations concerning relational ethics and dilemmas in our work as practitioners operating within postmodern sensibilities (McNamee 2009).

In sharp contrast to the tradition of professional distancing that customarily typify case presentations, I offer firsthand stories in the hopes that readers can enter directly into the lives of two women – Joan and Suzanne¹. Both women survived psychological catastrophes, thanks to the peer-to-peer support, friendship circles, supportive actions of the community around them, and their own giving-back practices. Each vividly describes a restored sense of meaning and purpose to her life when she is able to transform painful experiences to become useful to others.² After presenting these two stories, I introduce the term “neighborly ways of being,” and discuss some interesting challenges honoring local meanings and cultural heritage, with the neighborliness assumption of good neighbors as more adaptable to the North American culture of neighborhoods than to the French culture.

I invite readers to resist the so-called professionalism that draws sharp distinctions between practitioners' lives and the lives of people who seek help (Madsen 2009); rather to position ourselves as earnestly learning from the experience knowledge of people who seek our services about life-shaping events that inform the lives of everyone involved (Sax 2008). Often, I act as a conduit to foster *giving-back* opportunities to build on an ethic of circulation (Lobovits, Maisel et

al. 1995) while simultaneously honoring professional ethics - protecting confidentiality, avoiding exploitation, and safeguarding the unique value of the professional relationship.

Working in this way, I carry a strong sense of responsibility to safeguard confidences and protect privacy; I offer opportunities as a possibility, with the option to say no. When chosen, I do my best to continuously check in to align with what works best for persons placing their trust in me, and my ethical stance. I strive to never presume or take liberties based on earlier choices – rather to continually include clients in decisions in whether or how our work might strengthen their social supports outside of the therapeutic relationship.

Influence of Narrative Practice

For the past 20 years, my practice has been highly influenced by the ideas and practices of Narrative Therapy (White and Epston 1990; White 2007; Epston 2008). A narrative approach views identity as a public and social achievement, supported by communities of people, shaped by historical and cultural forces as well as by ethics, beliefs and values (Thomas 2002).

Therapeutic conversations seek to engage individuals' experiences of identity beyond fixed notions to reconnect with intentional understandings of identity (Foucault 1988).

What kind of social worlds does narrative therapy make possible? Most of all, narrative therapy's respectful commitment to an ethic of collaboration, attention to power relations, and influential yet decentered therapeutic posture continually provide inspiration and guidance (White 1997). My practices build upon a belief in encouraging people to move beyond dependency on expert knowledge, "to negotiate the passage from novice to veteran, from client to consultant (Epston and White 1992)." I believe these women's stories demonstrate how therapeutic practices can strengthen communities of support that include – but do not center on – therapists, coaches and social workers.

Shifting Metaphors

Lynn Hoffman has been a significant figure within the field of family therapy from its early beginnings, with a gift for capturing the significance of developments such as the shift in central metaphor from systems to stories (Hoffman 1993; Hoffman 2002). Inspired by the writings of French philosophers Gilles Deleuze and Felix Guattari (Deleuze and Guattari 1994), Hoffman joins her colleague, Chris Kinman to propose the "rhizome" as a central metaphor for a collaborative framework in the 21st century (Hoffman 2009). "Unlike the 'System,' which derives from engineering and technology, rhizomes are tied to the natural world. This link with nature privileges a kind of communication that Bateson called "the grammar of the Creatura," a language which is based on gestures, images, embodiment, and similitude. " (Hoffman 2008).

Borrowing catchy phrases by John Shotter (Shotter 1998; Shotter 2010), Hoffman refers to the shift from "aboutness thinking" to "withness" thinking (Hoffman 2007). She attributes Tom Andersen for saying he was tired of speaking about therapies, and preferred to talk about human art, "the art to participate in bonds with others." Hoffman also proposes the term "communal practices" (Hoffman 2011) as an alternative to "clinical practices" to legitimize therapeutic work that strengthens naturally occurring communities of support, augment and extend friendship circles, build community-mindedness, engage communal creative expression and shape identity as being of value. She uses the term "Webwork" to capture the spirit of our own relational community as we "reject unitary forms like Individual, Family, System, along with the usual hierarchical templates. "Our rebellion has been shaped by a belief in the bubble-up processes of the arts and a respect for communal imagination "

Relational Ethics

The field of psychotherapy (as most professional fields) has been fraught with a concern for ethical action where ‘ethical action’ generally infers “doing the right thing.” Yet, when we operate within a postmodern sensibility – a world that embraces uncertainty as opposed to certainty, continual change as opposed to stability, and local/historical/cultural contingencies rather than universal laws – answering the question of what counts as ethical practice requires an entirely different focus of attention. (McNamee 2009), p 57.

Relational ethics signify a shift from centering individuals and their actions to centering processes of relating. Therapeutic practices that support social interdependency and diminished hierarchy illustrate *relational responsibility* in action- different ways of engaging with others and constructing meaning (McNamee and Gergen 1992). More than technique, this stance suggests a radically different approach wherein we 1) no longer assess ethical action based on one uniform set of criteria; 2) shift from centering individuals and their actions to centering processes of relating. What are the ethical postmodern alternatives to the traditions of problem-talk, rigid rules and individual diagnosis? In becoming relationally engaged, McNamee describes a growing attentiveness to and curiosity about what it might mean within a locally and historically situated life - to live an interconnected life with a sense of purpose and meaning.

Therapeutic practices based on relational ethics also take seriously the ethics of confidentiality, cognizant of the egregious violations that can occur and the very real litigious concerns for licensed professional regulated by professional licensing boards. As McNamee reflects, “When our focus is placed *only* on the de-contextualized actions of de-contextualized individuals, the opportunity to act ethically is diminished – although the opportunity to act legally might be enhanced” (p 68).

Combining relational ethics with an ethic of circulation challenges our traditional assumptions about the need for absolute privacy in psychotherapy. Lobovits, Maisel and Freeman (1995) propose “the need for privacy increases when people’s experience of problems is viewed in terms of illness/pathology or other problem-saturated descriptions.” p. 224.). I hope to demonstrate how *relationally engaged practice* offers opportunities to provide audiences for preferred accounts of self and identity, spread clients’ knowledge, strengthen circle of support, link lives across shared themes, letter-write and build communities of concern (Epston and White 1992; Epston and Fay 2004).

PARADISES IN HELL

Our world news is filled with accounts of climatic extremes and weather events linked to global warming such as floods, tornadoes, droughts, wildfires, Tsunamis, hurricanes, earthquakes and volcano eruptions. These conversations took place in Vermont, USA in September, 2011 shortly after Tropical Storm Irene devastated a number of local communities. As one columnist reflected,

I think we will all be haunted for a very long time by the cows dead and alive we saw floating downriver, and the caskets that were raised from the ground and left upended amidst the sediment and silt. By the covered bridges we saw smashed into kindling. By the towns, stranded like islands, that had to have food airlifted into them. We will recover, because we are a hardy bunch. (Bohjalian, 2011).

Whereas movies, media and authorities highlight social deterioration and chaos during disaster, the book *A Paradise Built in Hell* (Solnit 2009) offers alternative accounts of the solidarity, joy, friendship, love, generosity, spontaneous acts of courage, resourcefulness and resiliency. Following the aftermath of five major North American disasters, Solnit traces unseen patterns and meanings within the broader cultural histories of disaster. “In the doorway of the ruins” (p 305), ordinary people improvise newfound society connecting them with yearnings for community, purposefulness

and meaningful work.” Solnit asserts that what happens in disaster is relevant to ordinary and other extraordinary times. “Disasters provide an extraordinary window into social desire and possibility.”(Solnit, 2009, p 6).

I believe we can all learn from the newfound societies that ordinary people create in the doorway of the ruins. No matter how directly impacted by the storm, these two women facing personal catastrophe echoes Solnit’s remarks: “Disasters are, most basically, terrible, tragic, grievous, and no matter what positive side effects and possibilities they produce, they are not to be desired. But by the same measure, those side effects should not be ignored because they arise amid devastation. The desires and possibilities awakened are so powerful they shine even from wreckage, carnage and ashes.”(Solnit 2009) p.6. Reclaiming community out of catastrophe is also the purposeful work of the therapist.

WHATEVER IT TAKES

Joan first traveled to consult with me less than a month after her husband, Joseph, took dramatic action to end his life. Devastated by his suicide, she tearfully reflected, “I am usually a very upbeat person.” Our initial conversations centered on Joan’s anguish – the profound grief, guilt and suicidal thoughts. I was relieved to learn that Joan’s mother and stepfather, her extended family, stepdaughter, brothers, friends and neighbors – were all rallying to envelope her with support in facing this major crisis of her life. “I really didn’t feel like I deserved to live and luckily my community felt otherwise.”

Joan felt uncomfortable sharing the acuteness of her own suicidal thoughts with her naturally occurring community. Together we made phone calls to discover emergency counseling services through her local community mental health center; we talked about joining an online community of support for suicide survivors. Joan also embraced my offer to arrange for her to meet another

woman who had lived through a very similar experience, and had rebuilt her life. Sally joined our third counseling session. Later Joan reflected, “It’s never the same, but definitely, she was forging ahead and finding her way. This experience of losing someone to suicide is so powerful. People who’ve had a similar experience - hers was so similar, her heart opened up to me. She was a complete stranger and I would do anything for her. I felt that from her also.”

Our therapeutic conversations provided the foundation from which Joan further explored other community resources, thereby extending her naturally occurring community. Joan continues to meet and connect with others in her community: “There are surprisingly, amazingly, so many people who have been touched by suicide - whether it’s the loss of a husband, a brother, a father, a fiancée, a first wife.” Joan says it’s been hard to realize how many people have struggled with depression - alarming to find out the numbers of people who take their life, and how many people then are impacted. “I’ve connected with other people in my community who I never knew before but now we have this shared experience and we are trying to help each other.”

After searching the Internet for support groups for survivors of suicide, Joan became an active participant in “Alliance for Hope,” the online forum that most appealed to her. She also traveled once to a small “Survivors” support group in a town about an hour from her home, led by the local hospice organization, “a small group of wonderful people, banding together for this very sad common experience, helping each other.” Due to the recent storm it’s been a struggle for Joan to make the trip, but she hopes soon to return. “But even if I don’t, it’s good to know that it’s there if I need it.” Joan also mentioned the library. “If you don’t want to meet with people, you can just read books. For some people, that’s what they need. They don’t want to be sharing and talking about it in an open way. But for others it’s essential.

Joan's community was also profoundly impacted by Tropical Storm Irene - with homes, roads, bridges severely damaged. Her community has held her through the really rough times. Now she is actively involved in community building efforts – delivering supplies, making meals, planning events, and tending to neighbors' needs. In a strange way, the storm has been therapeutic for her. "They had given me so much support when I was devastated, I was able to help them in a way that I was happy to do."

Yet Joan's clarity that she really wants to live came before the storm. Giving back - being there for others and feeling part of the flow of her community - has further built on her foundation of choosing life. She is moving so gracefully from novice to veteran, sharing her story in the hope that it will help someone else: "If I can make it through this loss, this awful loss, I also have an example for people. I'm a totally changed person now. I can never go back to what I was before. But you have to go on and you have to do whatever it takes." Joan now focuses on making her way through her day and cheering others on. "I don't worry anymore about what I don't have; I worry now about what I do have. I just think I'm lucky for what I have - and the community has rebounded for me too. They have said, "Okay, we are here for you too. While Joan wouldn't have sought out this unusual opportunity to tell her story, Joan now reflects "Maybe someone (reading) this will say, 'Okay she's been through the wringer, and she was totally wrung out. And somehow she is able to climb up and get dressed and do something positive in the world and maybe that's what it's all about.'"

Joan's stories captivate me, and provide ongoing inspiration in my work and daily life. We cry and laugh together. In a recent session, Joan recounted a tale of reclaiming her love for dancing - five nights in a row! Our sessions are now more than a month apart. When we stop scheduling appointments, I trust Joan will find me if she ever wants to meet again in the future.

SHARING OUR HEARTSONGS

Suzanne first came to consult with me soon after her son Jamie had relapsed, after a two-year period of recovery from his opiate addiction. “That’s when I started going to counseling, because my life was taken over by this massive grief. There was no room for anything else. I fell into the blackness.” Suzanne says that talking at that time was very powerful. The following year, Jamie died of a heroin overdose. Suzanne came to counseling a couple times, but soon realized she didn’t need it anymore, because her fear was gone that her son was going to die. Suzanne thought, “Okay, I can figure this out now, because he’s not suffering anymore. You know, the day he died, not only did he get saved that day, I too was saved that day from watching that spiral that he was in. And I believe that he just didn’t have the tools in his toolbox for this lifetime to really have changed the course. And I knew that. I know that.” Since then, we have stayed in touch as fellow community members. I am certain I learn far more from Suzanne than she ever learned from me.

Jamie is Suzanne’s “sole/soul” child; they are – and always will be - very close, both in life and since his death. Jamie is with Suzanne every step of the way. Suzanne put together a book she calls “Jamie’s Book” where she has brought together favorite photos, quotes, sayings and readings that have touched her heart and helped her survive this profound loss. Knowing that she would probably get to know other people in her community who will face loss in their life, Suzanne gathered together these inspired writings so that she may share them with others. “Sure enough, I’ve had many opportunities to use it, and some with other parents that have lost children.”

Suzanne continues to make “Jamie Heart-art” - collages with favorite pictures, places and saying - and sends cards on special dates to Jamie’s loved ones. She made candles for everybody in the family with his name, his birth and his angel date (the anniversary of his death) written on glass candle holders; “We burn them every year on those anniversaries; none of us want (the candle) to

ever burn out but we have realized that we can put a tea-light in it once it burns down, so we are safe. We will always have Jamie's candle."

Soon after Jamie's death, Suzanne read every book she could get in her hands on death and dying. "I needed to learn everything I could about death because my son had gone there. So I needed to learn." I lent her books from my office bookshelves. She found others in her town library. Suzanne then found books online that she ordered through her local book store. When she heard that the local hospice office had a lending library, "I walked in the door of Hospice and all these books that I hadn't been able to find were sitting there on the shelf." Soon she became the Hospice's librarian. Suzanne was so taken with the whole Hospice experience that she wanted to take the training to become a Hospice volunteer. Patty, the Director of Hospice, said, "It might be a little soon. Maybe wait till you're a year out of the loss." And that is what she did.

Suzanne believed it crucial for her to meet other moms who had survived the loss of a child. "They kind of held the light for me." Soon she discovered a local branch of a national support group for bereaved parents. Yet that particular model was very structured and not comfortable for her. "So I went to Patty and said, "I want to do it in a different way, because I think the need is out there. " With the help of the Hospice organization, Suzanne started a bereavement parent group "to hold the light for others." At first, she worked as a facilitator in training with David, an experienced bereavement counselor. After about six months, Patty and Suzanne started working together. Rather than being directed by a national organization, they let the parents direct the group. They call their group, "Sharing Our Heart Songs." Suzanne's favorite part of the group is when people bring photos and talk about their children. She loves the way group members are so open with each other. "Whether they know it or not, when they walk into that room, they're going to be getting a hug from the group"

When Suzanne walks through the Hospice door, because of the comfort it gives her, she feels like it's her home away from home. She says she feel so grateful to live in her community with three places where she can give of herself. "I love my house. I love Hospice. And I love going to the Humane Society, which is the other place I spend lots of time because it's just pure love over there. Those animals need that love and they make no judgments." Soon after Jamie's death, Suzanne experienced freedom visiting the animals where nobody knew her as a bereaved Mom. "I would just go in with my homemade feathers on sticks and play with the cats; slowly I started telling one of the cats and the kittens that I was a bereaved mom. One of the first cats I worked with had lost all her babies. She was like a kindred Mom spirit."

Suzanne says, "A broken heart is an open heart. I just take in so much more now." When with another mom who has lost a child, "I can't say I know how you feel, but I can say, 'I know how it feels to lose a child.' There's just some connection that we have with each other because nobody else can even imagine." People say all the time. "I couldn't bear it. I would never be able to survive." In response, Suzanne says, "Well, I truly hope you never have to know what it's like. But I would have said that too. And you know what? I found ways to live it."

Recently – when Patty couldn't attend –Suzanne led an evening group by herself. There were two new moms and none of her comfy familiar people were present. Suzanne says she decided, "Okay, I'm going to be empowered to lead this group. We'll start on time., and after brief introductions, we'll make sure everybody has equal time to talk. And do a check-in." Suzanne especially enjoys having new Moms in the group "finding some hope and encouragement for themselves that they may not have yet discovered."

Last spring, Suzanne and Patty organized a conference for bereaved parents, 'Transforming Loss Into Hope.' "That day at the conference, to be in that environment with all of these others

Moms who had lost children was one of the most powerful days of my life. I was so filled up with love. My feet didn't hit the floor all day. It was an amazing experience. And that night, I went home and I just crashed. I cried and I cried and I couldn't stop." Her husband asked, "Why are you crying?" Upon reflection, Suzanne responded, "I had taken in all that pain and I had kept it together all day long and, but it was so much, because there was so much of it there. My heart just broke for all of those parents."

Yesterday, I bumped into Suzanne in the local Food Co-op where she works. We stood in the aisle talking for several minutes. She glowed telling me about the beautiful baby that she takes care of every Monday, her great-nephew. Suzanne further enthused about some new developments from this week's Heartsongs' meeting. I reminded her of the time four years ago, shortly after her son's death, when she had trouble imagining ever going back her old job. Just look at her now! No longer clients, we are now *Anam Cara* - the Gaelic phrase for "Soul Friend" (O'Donohue 1998) - and co-conspirators on behalf of our local community.

NEIGHBORLY WAYS OF BEING

Based on my experiences as an American living in Vermont, I chose "Neighborly Ways of Being" as a metaphor for the social healing I witnessed through my conversations with Joan and Suzanne. The Farlex online dictionary defines neighborly or neighbourly as "exhibiting the qualities expected in a friendly neighbor. "Friendly" refers to characteristic of or befitting a friend such as in "friendly advice" or "a friendly host and hostess. As a North American, neighborliness conjures images of Mister Rogers' Neighborhood, an American children's television series aimed primarily at preschool children. Fred Rogers - the creator and host - would enter his television studio house, singing the song "Won't You Be My Neighbor?" as the

camera pans slowly over a model of Mister Rogers' Neighborhood, traveled by the "Neighborhood Trolley."

I first came across the term "ways of being" in the 1992 Dulwich Newsletter, "Some thoughts on men's ways of being." By exploring the cultural-historical ideas contributing to our cultural notions of masculinity, this special issue provided a cultural-historical context for different ideas contributing to our cultural notions of masculinity, explored dichotomies in the making of men, and proposed alternative ways of being that invite men to challenge problematic aspects of dominant men's culture, while connecting to hopes and intentions for equality and justice. Describing something as "ways of being," externalizes patterns, traditions, values and behaviors so that one can question, choose or reject them in one's own life. Aspects of the "ways of being" can then be named, described, pulled apart or built upon. Similarly, I wish to illustrate how approaching neighborly ways of being can rejuvenate hope, solidarity, community-mindedness, mutuality and joint actions.

Vermont is a uniquely rural state in USA whose longstanding tradition of community mindedness, resourcefulness, and utilitarianism makes *Neighborliness* an apt metaphor. Many people aspire to live by what Jeree Pawl has called "the platinum rule: Do unto others as you would have others do unto others" (Pawl 1996). As one resident described: "A value in Vermont is that people are really working for the good of the community. I get the sense in a lot of other places that people are working only for themselves. ...It's like, 'me first!' And that is not the way it is in Vermont. This is because you see your neighbors in small town life" (Sax 2000).

People often tell me stories about Alcoholics Anonymous – and Alanon- that remind me of neighborly ways of being and communal practices. Recently, a client described how participating

in a 12 step program has become a place to stand with vulnerability, knowing that she is not alone. “There, they hold the space that what you have to say matters.”

Honoring Local Culture and Context

Attempting to translate “neighborly ways” into French for a workshop in Bordeaux, France, we discovered challenges analogous to the process of acculturation that Marcela Polanco experienced in the “re-authoring of narrative therapy” into *her* Colombian Spanish (Polanco 2011; Polanco 2011a). Polanco proposes “a therapy of solidarity” (Polanco 2011a) as her Latin American version of narrative therapy that aspires to honor local linguistic contexts and resists the longstanding cultural and intellectual colonization of English as a “lingua franca.”

My online translator, Charlotte Crettenand, discovered additional unique challenges when attempting to translate particular words from English to French³. “In English, it's so easy to “invent” new words. It's like a living language. In contrast, French has rules that are difficult to zigzag through,” she reported. References that seemed to go without saying for French-speakers from a European culture, were new to Americans. For example, translating references to Eric-Emmanuel Schmidt or the Algerian War required clarification in order to be understood by a person from another culture; the “basic” translation isn't enough. “I'm fascinated to get aware, once again, of the deep cultural imprint of language, words, expressions, turn of phrase that we use daily.” Charlotte stated. As a result, she created footnotes for French cultural-historical references.

Despite cultural differences and translation challenges, French colleagues enthusiastically expressed value in the social healing akin to metaphor of creating “neighborhoods” where lives are connected through counseling and narrative coaching. Coming from a recent immigrant family, Pierre could readily relate to the importance of community relationships to materially and psychologically survive. Pierre's relatives all left their country at the same time, leaving behind

their parents and families, their homes and friends. The only way to feel linked to their identity was to share their stories again and again with those who've experienced the same journey from the same place. "That's probably why I'm deeply touched by narrative practices in general and neighborly ways of being practices in particular." Pierre further reflected on the French blog "Errances Narratives" (Blanc-Sahnoun 2011), "If problems are created in a social context, there is no sense in trying to resolve them individually (Madigan 2011)."

CONCLUDING REFLECTIONS

As I worked on this paper, additional voices kept me company. I kept close to me the wise words of Prudence, a veteran consumer of human services with a wealth of experience, who responded to the question of how therapists can best be of use, "They can strengthen communities of concern and help link people to their circle of support. (Sax, 2000)." I also remembered something Chava – a woman I work with who has now emerged from a very difficult battle with depression - once wrote in email correspondence, "This way of working widens the circle of healing beyond two people talking in an office, as deeply valuable as that is. You demonstrate in your work something that I know you deeply believe in – that too much emphasis on pre-existing theories about therapy and on how the therapist-client relationship "should" be can actually interfere with healing."

Online conversation in *The Narrative Practice & Collaborative Inquiry (NPCI) Study Group* (Epston and Sax 2011) will continue to further this conversation, as we explore "neighborly ways of being" and the relevance to our work and lives. Some stories – such as from Margaret in Brisbane, Australia and Regina in Rio de Janeiro, Brazil - portray similar acts of courage, resilience and community-building in the aftermath of extreme weather events. Other study group members offer exemplary accounts from work contexts untouched by major weather

events. The questions raised by NPCI members continue to reverberate: Who gets left out and how might we better include groups, families and individuals in the community that might fall through these neighborly ways? Do we need a disaster to bring people together? What 'influential discourses' shape local experiences of neighborliness? Are there particular ways of being neighbourly that are given value to over other ways? What are some of the effects of busyness on neighbourly ways of being without tragedy in communities? Is it a coincidence that illustrations of "neighborly ways" are most commonly from women's lives? What might be different if we were interviewing men? What can men – and women who work with men- learn from these stories?

I continue to wonder how our therapeutic practices can effectively and respectfully build on our clients' yearnings for community, purposefulness and meaningful work. I do not assume that the therapeutic relationship is intrinsically healing. Often two people in the room is simply not enough. Yet neighborly ways of being and communal practices are not a one-size fits all solution for everyone. I do not attempt to engage everyone who consults with me in net-building or giving-back experiences. Some people – at particular times of their lives – wish for their work to be entirely private. For example, I am currently meeting with two mothers each experiencing the anguish of parenting a young adult son in trouble. When I asked about arranging to meet another mother, one woman responded "I am not ready yet." She may never wish to meet another mother in a therapy session. I will never forget the challenges of engaging a community of friends with a woman who was acutely suicidal and refusing hospitalization. No friend should have to bear that kind of responsibility alone. Looking back, I still don't have any clear answers.

My therapeutic work with Joan and Suzanne builds on the ethic of circulation and innovative public practices that narrative therapists use to incorporate audiences into the therapy process.

Their stories highlight different ways of engaging with others and constructing meaning based on social interdependency and diminished hierarchy. Together, we demonstrate relationally engaged practices that support such activities as giving and receiving peer support; engaging with online support groups, Facebook and other social media; making and sharing music; volunteering for community suppers, homeless shelters, Hospice and other community services; participating in community building (and re-building) projects; sharing resources, and giving back to others in need. Joan adds to this list, “Whatever it takes.” I join Lynn Hoffman in looking toward collaborative, reflective, and narrative approaches to take the lead in experimenting with the mutual creation of these life-sustaining webs. These “communal practices” are at least as integral to healing as the clinical practices that are part of every professional training program.

Ethics of Care

With neighborly ways of being in mind, I re-visited the debate about the feminist ethics of care at the heart of moral and political thinking of social work and constructionist professional practice (Parton and O'Byrne 2000; Parton 2003). Other authors use the term “an ethic of care” to describe practices by people in a range of circumstances that evoke a sense of solidarity, extending and expressing care into wider communities (Sevenhuijsen 1998; Crocket, Kotzé et al. 2007). Frances Hancock and David Epston refer to an ethic of hospitality - “older and somewhat ‘wiser’ traditions of the ‘care’ of and ‘respect’ for others, especially those in some sort of need or vulnerability” (Hancock and Epston 2005).

All of these characteristics are available to both women and men. The relational stance that we are all proposing for practitioners is based on ethical but not institutional relationships.

Characteristics of mutual interdependence, and shared respect cited by Davies include:

“reflectively using expertise and experience; creating an active community in which a solution

can be negotiated; recognizing interdependence with others; collectively being accountable for practice; an engaged and committed stance towards client or service user; and accept use of self as part of the therapeutic or professional encounter” (Davies 2000) (p 350).

Continued Ripple Effects

In two-way accounts of therapy, the therapist takes responsibility to identify, acknowledge and describe specific ways a conversation contributes to his or her life (White 1997). Often people comment on the power of knowing the influence of their stories on each other. This article ends with a letter from a workshop participant I received shortly after I shared Suzanne’s story in Bordeaux:

Dear Suzanne,

The image that particularly stays with me is when you shared about the candle and not wanting it to burn down, and then realizing you could put a new tea candle in when it burned down.

For me this is a wonderful image that reflects what I see in you of wonderful resiliency and creativity, showing that there is always some way to transform things.

How you can smile and laugh when you tell the story of the crying chair and spending hours and days and months just crying there.

What you shared touched me on many levels. Today in my life I am facing some difficult challenges and although they are not at all so devastating as losing a loved one to death from drugs, they are causing me much confusion and anguish. The transformations you have made through creating- spaces, gardens, and heart art, help remind me of hope and transformation, of having to get through the darkness. To another place, where the pain won’t necessarily be gone, but at least I will believe there is some meaning, even if I don’t know it; the belief that I will be able to find another candle when the first one burns out.

Thank you of reminding me of hope and light even in the darkest hour and of the power of creativity.

I passed on the note Suzanne, and she quickly wrote back her appreciation. “It touches me deeply to know that my story has touched someone else and perhaps helped them to see something within themselves while learning to bear life.”

REFERENCES

- Blanc-Sahnoun, P. (2011). "Bons Voisins" (Good Neighbors)
<http://www.cooprh.com/pratiques-narratives/la-fabrique-narrative/bons-voisins.html#comments>. *Errances Narratives: Le blog de la Fabrique*. P. Blanc-Sahnoun. Bordeaux.
- Crocket, K., E. Kotzé, et al. (2007). "Reflections on shaping the ethics of or teaching practices." *Journal of Systemic Therapies* 26(3): 29-42.
- Davies, C. (2000). Care and transformation of professionalism. *Changing Practice in Health and Social Care*. C. Davies, L. Finlay and A. Bullman. London, Sage.
- Deleuze, G. and F. Guattari (1994). *What is philosophy?* New York, Columbia University Press.
- Epston, D. (2008). *Down under and up over: Travels with narrative therapy*. Warrington, England, AFT Publishing.
- Epston, D. and J. Fay (2004). "Joel, can you help me train Amber to be a guard dog?"
<http://www.narrativeapproaches.com/narrative%20papers%20folder/papers.htm>
Journal of Brief Therapy 3-2(Special Issue): 97-106.
- Epston, D. and P. Sax (2011). "Re-authoring teaching: New developments in creating a collaboratory." *Journal of Systemic Therapies* 30(2): 98-104.
- Epston, D. and M. White (1992). Consulting your consultants: The documentation of alternative knowledge. *Experience, contradiction, narrative & imagination*. D. Epston and M. White. S. Adelaide, S. Australia, Dulwich Centre Pub: 11-26.
- Foucault, M., Ed. (1988). *The political technology of individuals*. Technologies of the self. Amherst, The University of Massachusetts Press.
- Hancock, F. and D. Epston (2005). Personal email communication.
- Hoffman, L. (1993). *Exchanging voices: A collaborative approach to family therapy*. London, Karnac Books.
- Hoffman, L. (2002). *Family therapy: An intimate history*. New York, NY, W.W. Norton.
- Hoffman, L. (2007). The art of witness. *Collaborative therapies: Relationships and conversations that make a difference*. H. Anderson and D. Gehart. New York, Taylor & Francis Group (Routledge): 63-79.
- Hoffman, L. (2008). Lynn Hoffman and the Rhizome Century *Territories of the Alive: Explorations in the rhizome way*. C. Kinman.

Hoffman, L. (2009) Notes on a Starfish Federation

<http://www.rhizomeway.com/rhizomenetwork/?p=1682>

Hoffman, L. (2011). Communal Practices. P. Sax, Personal communication.

Lobovits, D. H., R. L. Maisel, et al. (1995). Public practices: An ethic of circulation. The Reflecting Team in Action: Collaborative practice in family therapy. S. Friedman. New York, Guilford Press: 223-256.

Madigan, S. (2011). Narrative Therapy theory and practiced is explored, examined and discussed. Arcachon, France, Fabrique Narrative, September 7-9, 2011.

Madsen, W. C. (2009). "Collaborative Helping: A practice framework for family centered services." Family Process **48**: 103-116.

McNamee, S. (2009). "Postmodern psychotherapeutic ethics: Relational responsibility in practice." Human Systems: The Journal of Therapy, Consultation & Training **20**(1): 57-71.

McNamee, S. and K. Gergen, Eds. (1992). Therapy as social construction. London, Sage.

O'Donohue, J. (1998). Anam Cara: A book of Celtic wisdom. New York, HarperCollins.

Parton, N. (2003). "Rethinking professional practice: The contributions of social constructionism and the feminist ethic of care." British Journal of Social Work **33**(1): 1-16.

Parton, N. and P. O'Byrne (2000). Constructive social work: Towards a new practice. New York, St. Martin's Press.

Pawl, J. H. (1996). On Supervision. Reflective supervision: A relationship for learning: 41-61.

polanco, m. (2011). Autoethnographic means to the ends of translating/decolonizing narrative therapy: The birth of terapia solidaria or a therapy of solidarity. . Unpublished dissertation, Nova Southeastern University.

polanco, m. (2011a). Colouring Narrative Therapy's Solidarity Friday afternoons at Dulwich Centre. Adelaide, S. Australia, Dulwich Centre.

Sax, P. (2000). Finding common ground between human service seekers, providers and planners: a reauthoring conversations approach. Human & Organizational Systems. Santa Barbara, CA, The Fielding Institute.

Sax, P. (2008). Re-authoring teaching: Creating a collaboratory. Rotterdam/Taipei, Sense Publishers.

Sevenhuijsen, S. (1998). Citizenship and the ethics of care. Feminist consideration on justice, morality and politics. London, Routledge.

Shotter, J. (1998). "'Living moments' in dialogical exchanges." Human Systems 9(2): 81-94.

Shotter, J. (2010). Social Construction on the Edge: 'Witness'-Thinking and Embodiment, Taos Institute Publications.

Solnit, R. (2009). A paradise built in hell: The extraordinary communities that arise in disaster. New York, Viking.

Thomas, L. (2002). "Poststructuralism and therapy-- what's it all about?" Dulwich Centre Newsletter 2: 76-84.

White, M. (1997). The ethic of collaboration and decentred practice. Narratives of therapists' lives. M. White. Adelaide, S. Australia, Dulwich Centre 193-216.

White, M. (2007). Maps of narrative practice. New York, NY, Norton.

White, M. and D. Epston (1990). Narrative means to therapeutic ends. New York, NY, W.W. Norton.

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