

Growing up with parents with mental health difficulties

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This paper documents a project with young people who had grown up with a parent with mental health difficulties. The authors discuss how they were able to employ the narrative practice 'double-listening' to stories by the young people – listening not only to the challenges that this experience brought, but also asking about the skills, knowledges, and opportunities the young people used to respond to these. This and the other narrative principles that informed the project – such as co-research and 'enabling contribution' are demonstrated by the inclusion of a therapeutic document from work with a young man, and a transcript of a conversation with a young woman and her mother.

Keywords: children, parents, mental health, narrative therapy, narrative practice, 'double-listening', co-research

INTRODUCTION

Two years ago, we were invited to participate in a project initiated by the Dulwich Centre called 'Gathering stories about growing up with a parent with mental health difficulties'. The invitation from this project stated:

We aim to gather stories that relate to the experience of children whose parents or caregivers have/had serious mental health difficulties. The project is seeking stories that not only richly acknowledge the difficulties faced, but also the skills and knowledge of children in these situations and the many facets of the relationships between parents and child. We are interested in including examples of the ways in which parents with serious mental health concerns continue to love and cherish their children, and also ways in which other significant figures in children's lives play important caring roles during times of crises.

We are social workers and also daughters of mothers who experienced mental health difficulties. For both reasons, we were drawn to the possibilities of a 'second story' for families like ours. We read through the questions in the project outline and found they offered us a framework for a different kind of enquiry. We began to meet regularly together to share and record our responses to the questions, and found ourselves increasingly drawn into new relationships to our mothers' mental health difficulties and to our mothers. We also found ourselves remembering the significant people in our lives who had helped us through some of the difficult times. We both agree that we will not forget the power of the telling and re-tellings of these stories. (Some of these stories are included in Dulwich Centre, 2008.)

MEETING ZACK

During this time, we also had the opportunity to interview a young man, Zack, who had lived in one of the residential programs at our agency, Oolagen Community Services. Oolagen is a children's mental health centre in Toronto, a free public service for any adolescent and her/his family who experiences difficulties in life.

Three years earlier, Zack's life had been overtaken by anxiety. He hadn't been in school for almost a year and spent most of his time on the street. His mother was facing her own mental health difficulties and she felt she couldn't provide Zack with direction or safety. She called a local child protection agency for help, and with no other family members to look after him, Zack was taken into care. He was placed by the child protection workers in one of our residential programs.

During his stay in residence, Zack's mother was not as visible in his life as she might have been if he'd have been living at home. It's possible she didn't feel there was a role for her, and/or that she believed professionals knew more about how to help her son than she did. She was experiencing her own difficulties, and perhaps it was believed by others that due to these she wouldn't be helpful to Zack. Through the period Zack was in our residence, his child protection workers served as 'parents' for him, and they had many ideas about what was in his best interests (for example, going to school or to an anxiety clinic). Despite the professionals' best intentions, Zack often thwarted the most carefully thought-out plans. He had his own hopes and dreams.

When he left residence, none of the professionals involved with Zack were entirely optimistic about his future. However, Zack surprised everyone. Today he is holding down a job and working toward a career that has a lot of meaning for him. He is maintaining an apartment as well as relationships with treasured friends. Significantly, he is also re-connecting with his mother. He told us that she is needing more help now, and as he is an only child, he would like to look after her.

Zack invited four child protection workers to join us for the update of events in his life. They served as 'outsider-witnesses' (Myerhoff, 1978; White, 2007a) and when they were asked what stood out for them and the significance for them of what they'd heard, all of them agreed that they had underestimated what Zack could do for himself and his life. Specifically, they said they were surprised by Zack's good planning skills and the care he has taken (for example, his description of the importance of 'small steps') to ensure success in different areas of his life. Each in turn said there were lessons for them in their work with other young

people: listening to Zack speak, they were realising that young people have skills and knowledge for their own lives and it is important to acknowledge this and to listen to what it is they want for themselves.

At the end of the interview, Zack said that hearing what the child protection workers said about him made him realise that he had not appreciated enough his own skills. We asked him if his professional care providers might have inadvertently contributed to this lack of appreciation. And he said 'Yes, and I hope they would think differently about other youth now'.

The workers' reflections had significance for Zack. This had us wondering what difference it would have made in Zack's life and relationship with his mother if the child protection workers recognised not only his skills and knowledge, but also the importance of his connection to his mother which (we believed) was implicit in his desire to look after her. We also started to wonder about what might become possible if Zack's mother's contributions to his life, despite difficulties, could also be more richly acknowledged. Might this acknowledgement lead to opportunities for her to remain involved in his life in meaningful ways whether or not he lived at home? What difference might this make for Zack now and in the future?

Later, we were to learn that Zack's career choice had a long history: it was inspired by adventures with his mother earlier in his life. His interest was ignited and sustained by opportunities she had provided for him, and this was now giving his life its direction. It is possible, then, to imagine that his mom continued (and continues) to have influence and presence in his world, even though he lived apart from her for a long time.

Our conversation with Zack inspired us to bring the Dulwich Centre project (Russell et al, 2006; Dulwich Centre 2008) back to our agency and to introduce it to young people and families with whom we were already engaged. Our intentions were two-fold. Given our own experience with the project, we believed a 'double-storied account' (White, 2005, Denborough, Freedman & White, 2008) would have value for the participants themselves. We also thought that documenting skills and knowledge could be presented to child protection

workers and might prove to be influential in developing new ideas and practices for workers with respect to young people and families with a parent with mental health difficulties. On a more personal level, we believed the project offered the two of us a way to honour the experience of our own mothers, to ensure that their suffering was not for nothing.

ENABLING CONTRIBUTION AND 'CO-RESEARCH'

Our first step was to invite young people with parents with mental health challenges to become 'consultants' for us, and we told them that we hoped their insider-knowledge could inform any of our further initiatives with young people in these circumstances and/or with the agencies and institutions that would likely be involved with them. In this way, we tried from the outset to create this project in a way that would enable the young people with whom we were working to make a contribution to others (see Denborough, 2008). This collective narrative practice orientation of 'enabling contribution' seemed significant to those we were working with. All of the young people and parents/caregivers who have participated to date have particularly liked the idea that the interviews were both a platform for their stories and a resource for others in similar circumstances. As one of the young person, Kelly, said to us, 'It was lonely to grow up this way, and it would have been helpful if I had some other kids tell me: "This is what I did", so I am happy to do this.'

The second concept that guided our work involved 'co-research'. 'Co-research', as described by David Epston (1999), would provide us with a way to create documents that would capture 'knowledge-in-the-making'; to document alternative knowledge which might challenge some taken-for-granted ideas about families with a parent with mental health difficulties; to bring insider knowledge to the widest audience possible; and to initiate a collective response to what is often considered a private problem.

OTHER NARRATIVE IDEAS THAT INFORMED OUR WORK

A number of other narrative ideas (White, 2007a) were important in our understanding of families with a parent with mental health difficulties.

Stories are a framework for the meanings we give to our experiences:

The way in which we understand our world and make meaning is rooted in the stories we hear and the stories we tell. As one young woman told us, 'I heard the doctor praise my father as the "normal parent". Also the doctor called him a "saint" for looking after my mother, "with all her problems". These stories rendered invisible the significance of her mother's contributions, despite difficulties, to the family and to her daughters' lives.

In any culture, certain stories will come to be dominant over others and will shape the preferences and expectations for life and relationships:

In Canada, for example, a 'good mother' is a parent who has the resources to look after her child/children in a consistently nurturing manner, who will put the needs of her child/children before her own needs and who has the knowledge and skills to confidently and successfully meet the challenges of parenting in a variety of different circumstances. One of the youth we interviewed spoke to the power of these mainstream representations. He said, 'Mom should be someone who encourages you, hugs you when you are upset, doesn't verbally abuse you, and instead of telling you that you are wrong, tells you can learn from your mistakes. I just feel that is what "mom" is supposed to do ... that is what I see on the TV. My mom wanted to do fun stuff, not practical; she was more like a friend, older sister, not a parent ... '. Having a mother who was not a 'TV' Mom was contributing significantly to a minimization of what his mother was able to do.

No story can capture all of a person's experiences/there are always alternative stories:

It is not uncommon for children and parents with mental health difficulties to adopt 'problem-dominated stories' about themselves. These stories minimize or obscure the skills and knowledge, hopes and dreams, principles and commitments that are part of their lives despite their difficulties. As one young person eloquently described: 'What I learned from my mother's experience is that people totalize the experience. They don't see that people are more than their mental health difficulties.'

A parent in our project told us something similar: 'I believe I am a mother who will do anything to get help for my children, even if I am

treated with disrespect, or blamed, by professionals. I have always kept appointments with doctors, school personnel, social workers even when it was difficult to do this. Not many people know this about me'. These alternative stories offer the possibilities of new meaning and new identity. 'My mother had problems and had to be admitted to hospital, yes, but she was also my mother who I could sit around and talk with, who I could tell all about my day, who I could rely on when things got harder for me at school. There were many fun times in between the hard times. So I've always just known that everyone has their bad days and they have their good days as well ... '.

The stories people tell about themselves and others also have implications for actions:

This idea was clearly illustrated by the words of one of the parents we spoke with: 'It was important to me to hear that my daughter valued our conversations. It encourages me to go on talking with her'. Similarly, a young person described: 'If I hadn't been placed in care, I wouldn't have landed in hospital for depression. But, if I hadn't been placed in care, I might never have found my direction in life. I can use my experiences to make things better for others. Now I know that I am going to be an advocate for young people'.

PROGRAM PARTICIPANTS AND INTENTIONS

In this project, as with the one initiated by Dulwich Centre, we were hoping to focus on the following aspects of the stories of young people with parents with mental health difficulties:

- a double-storied account, which acknowledged the difficulties they faced and also made visible the skills and knowledge that sustained them.
- an account of life apart from the problem, or what is possible in families despite the mental health difficulties. In particular, we were interested in the love and care of parents or significant others.

Initially, there were five young people in the project, one grandmother, and one mother. Five more parents have since been interviewed and their stories will appear in a future article. All the parents in this project so far are mothers who have been

involved in medical or psychiatric systems. They are aware that their stories are being presented, and have allowed us to share their documents, segments of interviews, and photographs, in hopes that their experiences will be helpful to us in all of the work we do with young people and families in similar circumstance.

THE EFFECTS OF LIVING WITH MENTAL HEALTH DIFFICULTIES

We began the interviews with young people and parents and caretakers by enquiring into the effects of living with mental health difficulties. For some, it was their first chance to really tell someone what it was like for them when things were at their worst. A number of key themes emerged:

We heard about the stigma that was experienced by most and the silence that accompanied attempts to gain understanding:

- There were a number of times when Kelly's mother tried to take her own life. No matter how hard people tried, no one could explain this to her in a way that she understood. There was no-one else to ask because there was no-one else in the neighbourhood like her mother. She knew not to talk about these sorts of experiences.

We heard about the shame and blame that is part of life when a parent has mental health difficulties:

- Kelly told us, 'The blame was always put on my Mom for everything that went wrong. And my mother's doctor would call my father a "saint" for looking after a depressed wife and his daughters'.

We heard about the challenges of managing mood swings or other difficult behaviour of parents:

- Rachel told us that her mother was so much fun when she was in a good mood. But other times, her mother was completely different. Rachel didn't understand what was happening for her mom and didn't feel prepared for the changes which were so unpredictable.

For some young people, troubles began when their parents used alcohol or drugs to cope:

- 'As a child, I witnessed my mother's suffering and pain. The way that she coped (as I understand much later) with pain and depression was through use of alcohol and sedatives. At the time when I was growing up, my life, as well as the life of my sister and other family members, was often marked by violence and abuse.'

Some young people thought it was a good solution that their relationship to their mothers was more like siblings than parents and characterised by mutual caretaking, while a few complained that their mothers 'had never grown up, just wanted to have fun with them but not do the practical parts of mothering'.

There was sadness and loneliness when a parent goes to hospital:

- Many of the young people had found the disruptions of life, particularly the hospitalisations, had got in the way of their school careers and friendships. We also heard that sometimes during parents' hospitalisations, young people experienced their own concerns or needs as marginalised, because the problems of their parent was so compelling of everyone's attention. One young person spoke of having to be extra careful around her mom when she would come home from hospital when what she really wanted was for her to be a mom again.

Some of the young people ended up in the care of child protection agencies, leading them to believe that perhaps the problem was about them because they were the ones who were removed from the home.

'SENDING A MESSAGE BACK TO YOURSELF'

We asked the question 'If you could send a message back to yourself as a child or as a young person, what would it be? Why would this be your message?'

Many of the young people in the study said they would tell themselves 'It is not your fault'. When we asked why this was important, we learned 'then they would not blame themselves for everything that was going wrong'. In this way, we began to understand how the experiences had also influenced identity conclusions for these young people.

Here is segment of a conversation with Arthur, as he talked about how he understood his seven years in a child protection system.

I ended up in care because we didn't have a lot of money and Mom felt she wasn't capable of taking care of me the way she wanted me to be taken care of. She knew there were resources out there for me that she didn't have and she wanted me to have the best opportunities in life. But no nine-year-old can understand why his mother would put him in care. So I thought, 'I am a misbehaved kid. It's all my fault. What did I do so wrong? And when you feel everything is your fault, sometimes just keeping on living can be difficult.

DOUBLE-LISTENING

It was not our intention to minimize the difficulties experienced by young people, yet while they were speaking about their experiences, we were also listening for openings to other stories. In particular, we were interested in what these young people were able to do or what they knew to get through difficult times. Three questions (Dulwich Centre, 2008) were particularly helpful:

- *During some of the more difficult or complex times, where there certain things or people who sustained you? People or pets or toys you turned to? Were there certain things you did that brought you comfort or safety?*
- *Were there any particular skills you developed to care for other members of your family? Or skills trying to lessen or minimise harm from difficult times? If so, how do you think that you learned these skills? Where did this knowledge come from?*
- *Do you think you have gained particular understandings or learnings about life through your experience of having a family member with mental health issue? Could you describe some of these learnings or understandings?*

All of the participants in our project named people (grandmothers, aunts and uncles, siblings, neighbors, teachers) who helped them in troubled times. Many also had pets, and these pets brought

them great comfort. All of the young people told stories of times when their actions had made life better for themselves or others; this was particularly true for young people who had looked after their siblings. Each valued their role as caretaker and felt it had contributed meaningfully to the lives of significant others. They acknowledged the many skills they had developed in response to difficult times. We made a list for one young person of what he knew and could do (reproduced later in this paper), and when we read it back to him, he said, 'Wow, that's a person who can do anything in life'. We also discovered that all young people felt there were learnings from their experiences that they believed would be helpful to others. One young woman said, 'I've learned that people totalise mothers with mental health problems. My mother had her difficulties, but she also contributed a lot to our lives. It's important to recognise that parents are more than their problems'.

DOCUMENTING SKILLS AND KNOWLEDGE FOR GETTING THROUGH DIFFICULT TIMES

We learned from the young people in this project that life with parents with mental health difficulties can be chaotic or disruptive. It is not unusual for young people to begin to experience themselves as a 'victim to circumstances'. However, we also discovered many ways in which they were able to create comfort and safety, to move their lives forward, and to learn from their experiences in life.

These discoveries reminded us of Michael White's statement, 'no one is a passive recipient of the difficulties they face in life; instead, people respond in ways that are available to them' (White, 2007b). Sometimes the response is simply a thought ('this is not right', 'this is not the way things should be'); sometimes it is an action ('when we woke up and my mother had gone, I dressed my brother and took him to my grandmother's apartment because he was afraid'). These responses reflect skills and knowledge of life. Discovering skills and knowledge invites a sense of personal agency – a sense that a person can make a difference in her/his own life, and also, perhaps, in the lives of others.

With this in mind, we introduced to the young people and families the idea of creating documents

of their skills and knowledge of living with mental health difficulties. The idea that their documents might also be useful in promoting an alternative account of what is possible in their lives and relationships seemed to really make a difference to them. Here is a sample document of a participant in our program.

GROWING UP WITH A PARENT WITH MENTAL HEALTH DIFFICULTIES: ARTHUR'S SKILLS AND KNOWLEDGE TO SUSTAIN HIM IN DIFFICULT TIMES

1. Skills of re-membering

If I am having a hard time, I think of my grandmother. She is whispering in my ear. And then I know what to do. I have found a lot of ways to keep her alive. For example, I am always talking about her. If she could come back for one day, she wouldn't be surprised at all to know that me and my Mom are keeping alive the love for her. Remembering my grandmother helps me and Mom in difficult times. 'What would she do?', we ask each other.

2. Thinking about the future

I want a new start. I want to go to school and eventually to college. I want to be a broadcaster, or a court reporter ... or some career that puts me in the public eye. Knowing that I was a smart kid helps me to believe that I will be successful. In fact, earlier this year I was in driving school and I was able to answer every question during class because I have a lot of knowledge and learn easily. I have learned this about myself.

3. Skills of living with his Mom again

For seven years, we were not living together while I was in the care of child protection agency. But my Mom and I have been living together now for one year and we have discovered that we have skills of (1) planning together, (2) looking ahead, (3) setting goals for ourselves, and (4) taking small steps toward a better future (first living together week by week, then month by month). We want a new start for ourselves: just me and my Mom looking after each other without child welfare making decisions about our lives.

4. Skills of connecting with other family members

My Aunt Mary and Uncle Bill have been part of

our lives for all of our lives. They are second in importance to my grandparents in my life. Uncle Bill taught me how to take care of myself and others, how to be a man. He is still teaching me how to handle situations. Uncle Bill always has a story to tell and I am always learning from these stories. I am like another grandchild for Aunt Mary and Uncle Bill.

5. Skills of caretaking

My grandmother took care of me and my mother. When my grandmother got sick, I was only five years old. I took over responsibilities for our household and I looked after my Mom. I made mistakes. I also missed a lot of school. Eventually I was taken into care, but now I am living with my mother again. We have been living together for a year now. My mother knows that I will do whatever I can for her. When I am 18 years old, I will get an inheritance from my grandmother and I will treat my mother even better. We are planning a road trip together.

6. Skills of learning from life experiences

Living with a diverse group of people in group homes, living through hard times, hospitalisations, and medications ... every situation has been a learning opportunity for me. I would find a different piece of the puzzle. Then I would have a more 'complete' picture of myself and my life. There are still more puzzle pieces.

I am proud of the way I grew up. I'm not happy with some of my experiences. But I am happy with what has become of me and my outlook on life.

When we read Arthur's document of skills and knowledge back to him, we asked, 'Is this an accurate description of what you know and do to get through difficult times?' and he said, 'yes'. Then we asked, 'What do you think of a person who has these skills and knowledge of life?' and Arthur said, 'He'd be my hero!'. When we asked why this person might be his hero, Arthur said, 'That's a person who can do anything in life!'

STORIES OF LOVE AND CONNECTION

When we began the interviews with young people (or with mothers), the storylines with respect to family life or relationships often seemed to be

shaped by the times when troubles were prominent in everyday life. For example, there might be a storyline of loss: 'my mother was not there to help me with my homework, or to go to school events, or host birthday parties'. These events were given meanings: 'She is not like other mothers'. These declarations generally implied 'less than' status in the world of parenting and rendered invisible the many positive ways the mothers were engaged with their children. Anger or sadness, shame, or blame replaced pride.

Yet, in our experience, these families had many other storylines. Young people consistently stated, 'I know my mother loves me', or mothers said to us, 'I always wanted to be there for my children'. We recognised this as an opening to a different kind of storyline, one that might be more influential if it could be 'brought out of the shadows'(White, 2007b).

Asking for stories ('Can you tell me a story that illustrates your mother's love for you?' or 'Can you tell me about a time when you were there for your children in ways that were important to you, despite the difficulties?') provided a gateway to new storyline development, particularly when we asked questions designed to uncover 'intentional states': the hopes and dreams, purposes and intentions, principles and commitments of young people and families (see White, 2007a). Accordingly, when listening to stories of love and concern, we asked 'why was this (idea, action, relationship) important to you?', 'where or from whom did you learn to do or to value this?', 'what principles of life is this connected to?', 'what sort of actions were possible because you held on to these principles', and so on. An alternative account of lives and relationships emerged, including storylines that might have been previously 'subordinated in the context of the politics of disqualification, diminishment, ridicule and marginalisation' (White, 2005, p. 21).

A CONVERSATION WITH A MOTHER AND DAUGHTER

We include here part of a transcript from an interview with a mother and daughter which illustrates the further development of a 'double-storied' account of life with a parent with mental

health difficulties. At the time of the interview, we had richly acknowledged with Kelly the problems related to her life with a mother with mental health difficulties. We had also explored and documented her skills and knowledge for getting through those times. Kelly had also said on numerous occasions, 'I know my mother loves me', and she had shared some stories of loving and caring times. We asked her if she would like to bring her mother for a meeting with us to speak more about these times.

The interview with Kelly and her mother Ellen is representative of the work with other families in the project : all of the young people said, 'I know my mother loves me ... '. This led us to be curious about many things, such as:

- How do they know this? Is there a story they can tell us about this?
- How do stories of love and connection provide gateways to the intentions, hopes and dreams, principles and commitments of parents that survive despite the mental health difficulties?
- How do these stories of love and care then provide a foundation for storying acts of love and care in the past, present, and future?

First, a brief introduction to Kelly and Ellen: Kelly was an adolescent in our program at Oolagen, whose mother Ellen had experienced mental health difficulties throughout the life of the family. Kelly's mother was given two diagnoses: 'borderline personality' and 'bi-polar'. When we interviewed Kelly, her recollections of life with her mother included many absences, due to hospitalizations, as well as a sense of lost opportunities (for example, Mom was not there to help her with her homework, 'so other kids did better at school than me'). Kelly remembers sitting on the top of the stairs when the ambulance arrived to take her mom to hospital after a suicide attempt. She was eight years old at the time. She was fortunate to have another parent who could look after her, and she and her sisters were not removed from the home.

Kelly accommodated her mother's absences by assuming responsibility to look after her sisters and her father in the ways she could. She helped with meal planning, set the table and did dishes, and

'checked up' on her sisters to ensure they completed their school assignments. While this responsibility for her sisters and father might have been judged by others as inappropriate or onerous for a young girl, Kelly actually enjoyed helping out. When we asked her from whom she learned these skills of caretaking, she said, 'my mother' and this alerted us to the possibility that the relationship with her mother also included times when Kelly had received good care from Ellen.

One of the more troublesome aspects of her mother's difficulties is that no-one spoke with Kelly about it. To make matters worse, her father's relatives appeared to blame her mother for the troubles she was experiencing and her 'shortcomings' as wife and mother. Kelly was aware of these perspectives about her mother and her mother's difficulties. Kelly told us that she felt her family was 'different' from other families, and, for this reason, she didn't have anyone else in the neighbourhood she could speak to about her family's struggles.

During our interviews with Kelly, she would refer to loving times with her mother. She told us that her mother talked to her a lot, played with her and listened to everything Kelly had to tell her. Yet the description of these times, while numerous, did not initially 'add up' to a story of 'dedicated motherhood, despite difficulties'. Instead, these events were somehow minimised, lost in a bigger story about her mother's absence and/or being captured by her own difficulties in life, or the story of 'girls without a mother'. With no intention of undermining the experience of trouble for Kelly, we got curious about the loving times between Kelly and Ellen and wondered what difference it might make in their lives and their relationship if these times were to be given more visibility and meaning. When we met with Kelly and Ellen together later in the week, it was immediately apparent that being a mother was not something Ellen took lightly.

Kelly: When I was in seventh grade, I was badly bullied. My dad didn't understand what this meant to me. My mom was in hospital and I called her to tell her. My mom called the school and said, 'Get the girls who are bullying Kelly

suspended'. This brought us closer, it was important to me.

Interviewer: Kelly, what did this mean to you?

Kelly: She put up a fight for me. It meant a lot to me that my mother got the teachers involved.

Interviewer: Why was it important that your mother put up a fight for you?

Kelly: I always knew that she loved me. I always felt that she was my mom. When she went into hospital, I thought she was there to 'have her meds changed'. So I still thought it was okay to call her and ask for help.

Interviewer: Ellen, how were you able to convey to the girls that despite your stay in the hospital they could still come to you for help?

Ellen: While I was in hospital, I made a conscious effort to phone the girls daily, and to speak to each one in turn so that they had time to tell me about their day and vent any problems they were having. I told them directly that they were free to call me whenever they needed me. I needed them to know that despite my illness, our relationship was not changed, my love for them was not diminished and they could count on me for support.

Interviewer: Why was this important to you?

Ellen: I wanted to be the best mom in my kid's eyes because, notwithstanding the less pleasant ages and stages, I genuinely liked them. I loved to sit and talk with them, to hear about their days and experiences, and I wanted very much to protect them from pain and sadness. When I was most ill, I could not really think clearly about the impact everything was having on them, but I still needed to be a part of their lives

while I was in the hospital. I believed they still needed me and I still wanted to be their mother.

Interviewer: *Ellen, what does this say about your intentions as a mother?*

Ellen: *Kids need their parents to champion them.*

Kelly: *My mother never let us down. Whenever we needed her, she did her best. I believed this even as a young child.*

Ellen: *I believe, if your kids need you, you've got to be there.*

Interviewer: *Would you call 'if your kids need you, you've got to be there' a principle for life?*

Ellen: *Yes, and it's important to me that my kids can count on me.*

Interviewer: *Ellen, we are wondering how it is that you were able to sustain what is important to you despite mental health difficulties.*

Ellen: *I really don't know. There was always a division, somehow, between the things I believed to be important vs. feeling like I couldn't go on living anymore. Both existed concurrently. The kids were a constant throughout, even though there were times when I just couldn't see what impact everything was having on them. Once the crisis passed for me, they were the commitment I returned to. I doubt that I understood it this way at the time, but I see it now.*

Interviewer: *What does this commitment make possible for your relationship with Kelly?*

Ellen: *I was left utterly to my own devices at a very early age, left alone when I was physically ill or hurt, and told there was nothing wrong with me*

when I asked for help with my depression. I will be different for Kelly. It is the most important thing now for me to be there for her, not to make up for what I didn't have, but for giving Kelly something every child deserves. Kelly deserves every moment I have ever given her, and more yet.

Interviewer: *Kelly, do you think you have gained particular understandings or learnings about life through your experience of having a parent with mental health difficulties?*

Kelly: *What I've learned from my mother's experience is that people totalize the experience of illness. They don't see that people are more than their mental health difficulties. My mom has difficulties, but she has also been a 'safe refuge' for me. I realize now that she has always been available to me and my sisters when we needed her. I don't know what I'd do without her.*

Ellen and Kelly then recalled other times Ellen had been there for her daughters despite difficulties. Through these stories, we concluded that 'being there for her daughters' was not happenstance. Instead, it reflected a commitment that was guided by intentions to be a good mother and her principle of life, 'If your kids need you, you've got to be there for them'. This commitment provided the foundation for loving and caring actions through the years and served as a unifying theme for an alternate storyline of their lives together in the past, present, and future.

THE FUTURE OF THIS PROJECT

The two of us work in a public agency, and there is no fee for service. For this reason, we see many marginalised young people and families. We are learning that low-income mothers appear to be at greater risk for having children taken into care when they (the parents) are experiencing mental health

difficulties. Perhaps this is because low-income families have fewer resources (money, housing, etc.) to get them through the tough times. In Toronto, a city of immigrants, there is also the problem of isolation, as many families live far away from friends or family who might otherwise be invited to help look after children. There are times when parents themselves call child protection agencies and ask for help. We have been told their intention is to get support, not to have children taken into care. Sometimes, child protection workers become significant allies for these parents and children. Mothers have told us that when they feel valued as parents, and are not fearful their children will be taken from them, they will work cooperatively and happily with workers to insure the best care. Other times, and we'd say too often, parents feel diminished by the experience of seeking help and, in fact, they are relegated to a secondary position with respect to professionals and what they know and can do for children.

Our hope is that we will be able to influence the practices of child protection workers as well as school personnel and other professionals engaged with these families. Through documenting the skills and knowledge of young people and families with parents with mental health difficulties and developing alternate storylines, we believe we can challenge the ideas and practices which deliberately or inadvertently minimise the role these parents can continue to play in lives of their children (whether their children live with them or apart). As a foundation for this social action, we believe collective narrative practice (Denborough, 2008; Denborough & White, 2007, White, 2007b) offer many possibilities for young people and parents to link their lives and experiences to others and to contribute to a 'second story' for families with parents with mental health difficulties.

POSTSCRIPT

Loretta, a grandmother in our project tells us, "I have been thinking about my family a lot... because we all in a way don't fit in. It seems to me that there are people who just can't function in the world in the way it is set up. They can not find their place in this world. They get called odd,

eccentric or mentally ill. But I think they just need to find other ways of living their lives, that fit better with who they are."

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Our thanks to...

Many people have helped breathe life into this project:

We remember Michael White at this moment and the power and poetry of the narrative ideas and practices he introduced to us. He is in the room with us, helping us to find ways to make visible and give value to 'other ways of living a life, one that fits better with who the person is'. His influence in our work and life is immeasurable.

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We want to thank the young people and their parents and grandparents in our project for their generosity in sharing what they have experienced and what they know and can do to get through difficult times. Their commitment to make a contribution to the lives of others energizes the project.

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FURTHER RECOMMENDED READING:

- Hutton, Jane (2008). "Turning the spotlight back on the normalising gaze", *The International Journal of Narrative Therapy and Community Work*, 1: 3 – 15.