New narratives for parents with mental health difficulties

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Every culture has its own stories about what it means to be a "good parent". In Canada, this includes a parent who has the resources to look after children in a consistently nurturing manner, who will put the needs of children before her or his own needs and who has the knowledge and skills to confidently and successfully meet the challenges of parenting (in a variety of different circumstances). The portrayal excludes parents who love their children, but have difficulties of their own that sometimes get in the way of meeting their children's needs. These parents are often judged harshly in our society and their different experiences of 'mother' or 'father' are misrepresented, diminished or dismissed. Included in this group are parents with mental health difficulties.

In 2006, the Dulwich Centre in Adelaide, Australia, invited narrative practitioners around the world to participate in a project intended to gather stories about families where a parent is experiencing mental health difficulties (Russell *et al.*, 2006). Specifically, the Dulwich Centre was seeking stories to counter the dominant problem-saturated accounts of lives in these families; in their words, they were looking for stories which 're-graded', not 'de-graded' parents.

We work at Oolagen Community Services, a children's mental health centre in Toronto. Our agency is committed to work with young people and families in ways that promote social justice, and we welcomed the opportunity to join the Dulwich Centre in an effort to present a more hopeful storyline for families where a parent has mental health difficulties. This article documents some of the narrative ideas and practices that guide our work, provides a platform for the voices of these parents and young people and offers a double-storied account of lives and relationships in these families.

An invitation to young people and parents

There are many ways to engage young people and parents in conversations about their lives. For this project, we chose to invite them to be consultants. We began with young people and mothers who were already involved in counselling at our centre[1]. We were transparent about our intentions:

- We wanted to develop **double-storied accounts** of lives and relationships, which acknowledged the difficulties they faced *and* also made visible the skills and knowledge that sustained them.
- We hoped to learn more about **life apart from the problem**, or what is possible in families despite the mental health difficulties. In particular, we were interested in the stories of love and care.
- We planned to circulate these stories amongst other parents and professionals because we believed a more balanced account of their lives might be influential in **reducing stigma**.

From 'client' to consultant

Inviting family members to be consultants privileges 'lived experiences'. In reflecting on their own experiences of living in families where a parent has mental health difficulties, young people and parents offer their wisdom and knowledge to others. This knowledge is captured in documents or video and made available to other families and professionals.

This direction is inspired by David Epston's (1999) concept of 'co-research'. It has particular relevance for this project, as so many of our parents have been subjected to other people's stories about them, particularly professional stories. For many, this is the first time their accounts of their lives and relationships are made visible and significant. An archive of stories is created, common themes emerge and a foundation for social action is constructed.

Enabling contribution

From the outset, we tried to create this project in a way that would enable participants to experience the telling of stories as a contribution to others (Denborough, 2008). This seemed particularly significant to participants who shared with us the hope that their stories might inform other professionals and influence agency programs and practices. As one parent told us, *"I hope I can contribute to change in the way we are seen and treated in schools and agencies"*. Everyone said they appreciated the opportunity to help other families. One of our young people told us, *"I grew up thinking the problems we were experiencing were unique; it would have been so helpful to hear about other families like ours and how they got through. Now I can do this for someone else"*.

Externalising the problem

The narrative practice of externalisation (White and Epston, 1990) is central to our work. This involves turning an adjective, "I'm a *depressed* mother" into a noun, "I am experiencing *depression*". It is a political act, as it separates the person from the problem. The person is not the problem; the problem is the problem (White & Epston, 1990). For example, instead of "a depressed mother who needs to try harder", we look at the ways that depression is interfering with the mother's hopes and dreams for herself and her family.

Externalising makes it possible for the family to 'research' together the impact of difficulties, without blame or shame. Externalising also creates space to explore and develop storylines about 'life outside the problem' (for example, the times when the problem doesn't exert as much influence over the life of the family and the parent is able to look after children in ways that are in harmony with her or his values, hopes and dreams, intentions, commitments). Some examples of externalising questions in our conversations with parents include:

Effects of the problem

- *What is the name you would give to your difficulties?*
- *What effect does it have on your relationships with friends and family?*
- *Does it ever have you saying or doing things you might not otherwise say or do?*
- *Does it ever come between you and the people who love you?*

Supports for the problem

- *Who and what make the problem bigger (or smaller)?*

- *Are there ideas in our society about parents, children, mental health difficulties, etc. that contribute to the troubles you are experiencing?*

Life apart from the problem

- *What do you most value about your relationship with your children?*
- *Do you have stories about the good or fun times with your children?*
- *Who supports you as a parent? What do they most appreciate about you as a mother/father?*

The effects of living with mental health difficulties

Narrative interviews can begin by enquiring into the effects of living with mental health difficulties. In our project, the young people were more likely to tell us the difficulties first, and then we found openings to stories of love and care. With the parents, perhaps because of the shame and blame associated with mental health difficulties, interviews often began by talking about the love and care for their children. When their skills and knowledge were acknowledged, it was easier to talk about the difficulties they faced as parents. Michael White calls this *"standing in a different territory"* with respect to our troubles (White, 2005).

Many of the parents expressed the belief that the difficulties they've experienced have, in fact, kept them from realising their own hopes and dreams for themselves as mothers or fathers. At the very least, there have been challenges to overcome as a result of these difficulties. We asked, *"What are some of the challenges?"*

The challenge of mental health difficulties

All of the parents expressed regret that mental health difficulties had interfered with their efforts to become the parent they wanted to be. For some parents, depression made its presence felt and brought apathy with it; during these times, it was difficult to get themselves going in the morning and get their kids to school on time, to look after the practical details of everyday life, to participate in activities with children. For others, anxiety kept them from participating in the children's lives in ways that were meaningful to them. For some, mood swings were a challenge to manage, and parents were aware this was also difficult for their children. Sometimes, alcohol and drugs seemed to help, but then became a source of conflict and troubles within families. There were times when the difficulties got parents to say and do things they would not have otherwise done, and they are aware this may have been hurtful or embarrassing for other family members. For others, memory itself is a problem, and events which were significant to friends or family go unacknowledged. At times, their own troubles fully occupied parents, and the needs of their children or partners were not easy to think about or respond to. Marital conflict or divorce was a reality for many. Most of the parents had times of unemployment or underemployment, and this contributed to financial hardship and sometimes a reliance on welfare.

The challenges of medication

Some parents objected strenuously to medication and their objections were overruled by physicians or family members. One of the young people in our project remembers her mom declaring she was 'done' with medication: *"my dad would have caved in, but mom's caretaker was not having any of it. She made sure mom took her medication"*. The same young woman remembers that her mom spent a lot of time on the couch, sleeping and she wonders if her mom might have been overmedicated. For this mother, and others, there have been side effects and also lingering problems with memory or motor skills. While some parents welcomed medication as a source of pain relief, reliance on meds had parents experiencing their difficulties as something 'within' them, not something they were facing. This sometimes robbed them of a sense of achievement in what they were able to do, attributing their success in getting back to life to their medication or physicians. In this way, it contributed to a diminishment of their sense of personal agency.

The challenges of stigma

Stigma has brought so many troubles to parents with mental health difficulties. It has got in the way of opportunities in life, impacted on relationships with significant others at home and in the community and invited parents and children to think that their differences from others meant they were 'less than'. In the words of one of the parents: *"I was diagnosed with depression. I'd never tell my children this, because I think they would think less of themselves or me."* Another parent added, *"If the schools know you are a parent with mental health difficulties, they relate differently to your children"*. Many spoke about stigma in the workplace and its effects on their ability to provide for their families: *"I'm not unwilling to work or earn a living, but experiencing mental health difficulties gets in the way of good jobs. When employers know you've had troubles, they don't want to hire you."*

A 'double-storied' account: Listening for openings to other stories

It was not our intention to minimise the difficulties experienced by parents yet, while they were speaking about their challenges, we were also listening for 'clues' to openings for other stories. We were helped in this regard by concepts familiar to narrative therapists: unique outcome, the 'absent, but implicit' and what parents know and can do, despite difficulties.

Unique outcomes

Problems never totally dominate lives and relationships. One mother's experience of depression dominated stories of herself as mother, yet she told us, *"the only reason I get up in the morning is that I have to make my kids breakfast and make sure they get off to school in time"*. In narrative practice, we are curious: *"Is 'getting up in the morning' something you do every day or once in a while? Is this something new or did you always get up in the morning for your children? What steps do you take to insure you'll get up, is there something you say or do to remind yourself of its importance? Who or what supports you in this commitment? How does this make a difference for your children or for you?"* and so on. A new story emerges about a simple event in life that has perhaps been taken for granted. Given a platform, it can provide clues to the hopes and dreams, purposes and intentions that have not been overtaken by troubles. Further questions, *"Are there other sorts of things you do for your children that you'd never give up on, despite difficulties?",* can bring richness to an alternative storyline.

The absent, but implicit

It is not uncommon for parents to express anger at professionals, particularly when the professionals occupy positions of power. As narrative therapists, the concept of 'absent, but implicit' guides us to be on the lookout for storylines which are suggested by complaints or expressions of anger, despair, regret, etc. By asking the question, *"What does the dissatisfaction suggest about how you would prefer*

things to be?" (White, 2007), an opportunity presents itself to learn what parents give value to. For example, V.'s children were taken into care during a difficult time in her life. When V. talks about her experiences with the child protection workers, her expressions of outrage dominate the conversation. Yet, when we ask V. if the outrage is a sign that something she holds precious has been violated (White, 2007), doors open to new conversations. V. says, *"I wanted my kids to grow up with happy memories"*. V. thinks that being in care has been hard on the boys and they constantly face embarrassment when asked, *"Why don't you live with your Mom?"* She also believes they've heard many unkind things said about her. V.'s distress deepens when she speaks of the inaccuracies in the reports written about her that resulted in the decision to remove the boys from the home. We ask, "*What do you know about yourself and your intentions and commitments as a parent that might have been misinterpreted or misrepresented by events or workers?"* A picture emerges of a mother who has taken great care to help her children succeed in life. Another line of enquiry presents itself when we learn that V.'s outrage is a response to injustice for herself and other mothers in similar circumstances. As V. tells us, *"If I didn't have arms and my children had to help me, they wouldn't be taken away from me. We'd be given helpers. It's different because my difficulties are mental health challenges"*. These stories, previously subordinated, are given a platform and provide a different focus for conversations with V.

Response to difficulties

We learned from the young people that life can be chaotic or disruptive and it is not unusual to feel 'victim to circumstance' (Pluznick & Kis-Sines, 2008). Yet, all of the young people and parents had found some ways to create comfort and safety, to move their lives forward, and to learn from their experiences in life. No one is a passive recipient of the difficulties they face in life; instead people respond in the ways that are available to them. (White, 2005). These responses reflect skills and knowledge of life. Discovering skills and knowledge of life invites a sense of personal agency – a sense that a person can make a difference in her or his own life and also, perhaps, in the lives of others (White, 2007; Yuen, 2007). For example, one of our parents tells us about a history of depression and the ways it's robbed her of meaningful engagement in life. *"What keeps you going in difficult times?"* we ask. *"My daughter"*, she says. She adds, *"Even during difficult times, I've held on to the hope that I can make a difference in my daughter's life. I tell myself, 'If I can't do much, I can at least do something'"*. A conversation then opens about the 'something' she is able to do for her daughter. Every parent has something they are able to do for their children, despite difficulties. Here are a few examples from the many we've collected in the project:

- *I believe I'm a mother who "might do anything to get help for my children" even if I am treated with disrespect from professionals. I've always kept all appointments with doctors, school personnel, social workers even when it was difficult to do this.*
- *I've recognised that, despite economic disadvantage, there were still lots of ways to contribute to the lives of my children. For example, I volunteer at my son's school and help to organise outings.*
- *I read parenting magazines and bought the toys and books that were recommended for children. I've made a point of noticing what my children are drawn to and tried to provide opportunities to develop these interests in life.*

Parents often take for granted what they know and can do to help their children succeed in life; they show surprise when we note and ask questions about the small acts of caring. Yet, collectively their acts of parenting suggest a 'world' of knowledge and skills. A different storyline emerges with respect to the love and care in these families. With this is mind, we introduced parents to the idea of writing up what they know and do for their children. We have individual lists (which parents tell us they refer to, when they need a reminder that they do contribute to their children's lives) and collective lists.

For most parents in the project, making visible (and giving significance to) what they are able to do for their children, despite challenges, provides a different focus for their relationship with their children. It also provides a foundation for the further development of stories of love and connection.

Stories of love and connection
(intentional states interviewing)

In our interviews, 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, 2007). Asking for stories provided a gateway to new storyline development, particularly questions designed to uncover 'intentional states': the hopes and dreams, purposes and intentions, principles and commitments of parents and families.

- *Can you tell me a story that illustrates what was important to you as a mother?*
- *Can you tell me about a time when you were there for your children in ways that were important to you, despite the difficulties?*
- *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 sorts of actions were possible because you held on to these principles?*

An alternative account of lives and relationships emerged; this provided a foundation for the expansion of the preferred sense of identity that was continuous through the past, present, and future, which was an anathema to conclusions about being "messed up" and damaged (White, 2007).

The following excerpt from an interview with a mother and daughter illustrates the further development of an alternative storyline for their relationship.

Kelly's mother Ellen had experienced mental health difficulties throughout the life of the family. When we interviewed Kelly she was 17 years of age, and her recollections of life with her mother included many absences, due to hospitalisation, as well as a sense of lost opportunities.

During our interviews with Kelly she would also 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 she 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, the events were 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 sorrow 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: *I always knew my mother 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 parent to champion them.*

Kelly: *My mother never let us down. Whenever we needed her, she did her best.*

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.*

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.

Conclusion

The young people and parents in our project know there are times when help is needed for the family. They also have other stories to tell, stories about the love and care that keeps them connected, and the many things parents do for children to help them to succeed in life despite difficulties. These stories offer the possibilities of new meaning and new identity. We close with an excerpt from an interview with Madeline, one of the young people in our project:

Interviewer: *Madeline, what did your mother say when you told her you were going to consult to this project?*

Madeline: *She said, "don't make me look bad!"*

Interviewer: *How do you think she'd like to be remembered?*

Madeline: *As a mother who did the best she could.*

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Note

1. We are mindful of the concerns that a relationship between gender and mental health difficulties might be implied when we speak only of mothers in our project (see Cheryl White, 2008). Recently, fathers with mental health difficulties have been referred to us, and we are interested in learning more about their experiences.

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