Narrative Ideas for Consulting with Communities and Organizations: Ripples from the Gatherings

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This paper reviews Michael White's early work with communities and extends ideas and practices from that work into the realm of consulting with organizations. We draw on Michael's writing and the records of two specific projects, as well as the recollections of team members in those projects, to describe how ideas and practices that were originally developed in working with individuals and families came to be applied in community settings. Specifically, we show how the central intention of the work is to use narrative ideas and practices in ways that allow communities to articulate, appreciate, document, utilize, and share their own knowledges of life and skills of living. We discuss the basic narrative ideas of stories, double listening, telling and retelling, making documents, and linking lives through shared purposes. For these projects, the teams developed structures that made it possible to use the basic idea with whole communities. We show how this work with communities has offered inspiration and ideas for our work in consulting to organizations. Finally, we describe and illustrate a particular way of working with organizations that carries the spirit of Michael's community work into situations requiring shorter blocks of time and more limited commitments than the original community contexts.

Keywords: Narrative Therapy; Community Work; Organizational Consulting; Linking Lives; Community Assignments; Gatherings

Michael White influenced our lives in more ways than we could ever describe. For us, and for many other family therapists of our generation, he showed the way into a conceptual universe where we could extend our hard-won skills and knowledge of how to work with couples and families into the realm of culture and politics. He

worked tirelessly to take ideas from other social sciences—anthropology, philosophy, ethnology, and sociology—and use them to develop practices for therapy. He is probably best known for his writing and teaching about externalization (White, 1998/1999) and using the narrative metaphor (White & Epston, 1990) in therapy, but these influential notions are only a small part of his broad and complex body of work.

A vibrant strand of Michael's work, one that was extremely important to him, is less well documented and disseminated in the United States than his work with individuals and families. This is his work with communities. We continue to be inspired by this work, and we do not think it is as widely known as it should be. It is beyond the scope of this paper to cover what could have been an entire career, but we will draw on two papers documenting early Dulwich Centre community projects (Aboriginal Health Council of South Australia, 1995; Dulwich Centre, 1997) and Michael's one major paper (White, 2003) on the subject to describe basic ideas and practices that are used in Michael's team approach to narrative community work.[1] We will then describe how these ideas and practices have inspired and influenced our own work in consulting with organizations.

Beginning in the 1990s, Michael's therapy workshops were sprinkled with references to his work with communities. When he brought up these groups and communities, it was to speak the words and share the knowledge of community members, not to highlight his role. The ideas and practices that constitute narrative community work arose in collaboration and consultation with many people in many communities. Michael brought the skills and practices of narrative therapy, a commitment to collaboration, and a conviction that each community had its own particular knowledge and skills. But even more than in other areas of his work, the impetus and the structure for community work were developed in partnership with colleagues and with community members. It is difficult to attribute any single idea or practice solely to any one participant.

DECENTERED COLLABORATION

Michael's strong, careful emphasis on collaboration in narrative work presents us with a conundrum when we try to properly, academically, cite two of the publications we are drawing on most heavily for the first half of this paper. Neither publication is conventionally attributed to an author or even to a group of authors. ''Companions on a journey: An exploration of an alternative community mental health project'' (Dulwich Centre, 1997) lists no author. It does have this note on the inside front cover:

> This newsletter has been created through a collaborative process involving many different people, including:
>
> *Sue, Brigitte, Veronika, Mem, Janne Barton, Leanne Black, Laurie Lever, Ralf Matters, Michael White, Jussey Harbord, Shona Russell, Cheryl White, Jenny, Claire Ralfs, Chris McLean, Carol Molenaar, Linda Higgins, Helen O'Grady (copy editing), Jane Hales (layout), Barbara Stott (cover design), and David Denborough (co-ordination and writing).*

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[1] At least one more recent project (Six Nations and Caledonia Communities, 2007) in which Michael was involved has been published, but in this paper we are restricting ourselves to describing those projects that directly influenced our own work.

''Reclaiming our stories, reclaiming our lives'' (Aboriginal Health Council of South Australia, 1995) states on its front cover that it is ''an initiative of the Aboriginal Health Council of South Australia.'' Each of its two parts ends with a long, long list of acknowledgements divided into ''Aboriginal people'' and ''Non-Aboriginal people'' who contributed to the project, but no *authors* are conventionally listed. This very inclusive and bothersome-to-editors-of-academic-journals style of attribution comes from a strong ethical commitment to collaboration. Narrative community workers and consultants do not see themselves as in possession of pre-existing solutions or expert schemata for communities or organizations. We do believe that narrative therapy offers skills and experience in how to cooperate and collaborate with the members of communities and organizations in useful ways, but we believe that we are most useful when we are ''de-centered but influential'' (White, 2000) in our approach.

The narrative community work projects with which we are familiar have all arisen in response to requests from individuals or groups within given communities. They have come about through already-established relationships of care and respect among people in the community and people in the consulting group. This makes for a different set of starting relationships than those that arise when a consultant or group of professionals proposes a project without an invitation. Michael (White, 2003) called work with communities ''community assignments'' because he believed that it was vital to understand that narrative consultants were ''being assigned a task by these communities, one with clear terms of reference, and one with clear limits in regard to what it is appropriate for us to be undertaking'' (p. 20).

The first major community project that Michael was engaged with involved being ''assigned a task'' by the Aboriginal Health Council of South Australia. Tim Agius, the Director of the Aboriginal Health Council, approached Michael and the staff of Dulwich Centre in order to work in partnership to respond to families who had experienced the loss of a family member in police or prison custody:

> The leadership of Tim Agius was highly influential, not only in this project, but also in contributing to ways of using narrative practices in work with communities. The idea of a community-wide gathering came from Tim, as did the notion that all family members should participate. This project was a partnership across culture. For our Aboriginal colleagues, the real issue is that members of their own communities are being put in prisons for very small offences and are dying there. The task the Aboriginal Health Council asked us to join them in was to try to find a way of working that was culturally appropriate for Aboriginal people suffering from terrible grief when the loss of their loved one had been due to a social injustice. The leadership of Tim and the cultural partnerships this enabled, made this project possible. The team from the Aboriginal Health Council was fantastic and Dulwich Centre went on to develop long-term partnerships with Tim Agius and Barbara Wingard (see Wingard & Lester, 2001) on a range of different projects (C. White, personal communication, September 22, 2008).

The collaborations between the Aboriginal Health Council of South Australia and Dulwich Centre resulted in the development of a carefully structured ''community gathering.''

PREPARING FOR A COMMUNITY GATHERING

Community assignments are carried out by teams of workers skilled in narrative practices. It is important, whenever possible, for at least half of the assignment team

members to have some ''insider knowledge'' of the concerns and circumstances of people in the community that is seeking the consultation. These teams engage in several stages of thoughtful, careful planning at the beginning of any narrative community project:

- A *consultation* stage in which a few experienced members of the assignment team meet with representatives of the community to begin a process of identifying themes that will be important for the project to address.
- A *preparatory* stage in which members of the assignment team compile the information from the initial consultation and develop a tentative plan and program for a community-wide gathering. The program includes a list of themes that have been identified as important for community discussion.
- *Further consultations* in which paired members of the assignment team (one ''outsider'' and one with ''insider knowledge'') meet again with various people in the community to hear how their tentative plan fits, and to rework the plan with them.
- A *planning* stage in which arrangements, plans, and a program for a community-wide gathering are finalized. This involves things such as finding a culturally appropriate, comfortable, and affordable site as well as settling on a final list of themes for consideration over the days of the gathering.

This careful preparation gives time for people from both groups to get to know each other and to form partnerships. Throughout a community assignment, care is taken to clarify what the assignment team will bring to the process and what members of the community will bring: the team will bring ''narrative practices and structures developed in work with individuals, couples, families and groups,'' and community members will bring ''knowledges of life and practices of living that are unique to the communities'' (White, 2003, p. 51).

THE GATHERING

The gathering that is the climax of all the planning usually takes place over the space of 2 to 5 days. It begins with an *opening ceremony*, following the traditions of the local culture, which sets the tone for what will follow. It often includes messages of hope and solidarity from other communities and it lays out the hopes and intentions for the rest of the gathering. Each half day of the rest of the gathering follows the shape of a ''definitional ceremony'' (Myerhoff, 1982) with the following stages:

- *Stage one—the telling*: prechosen members of the community introduce one or more of the themes that were identified in the planning stages. They tell some of the stories related to the theme(s) that were collected over the course of the preparatory meetings.
- *Stage two—the retelling*: the large group then breaks into several smaller groups in which everyone has a chance to respond to the theme(s) for the given half day. At least one member of the assignment team, usually in partnership with a community member, joins each small group. The assignment team member has the responsibility of using narrative practices to assist people in telling stories from their own life experience that relate to the chosen themes. He or she

negotiates with the small group to decide how it might be acceptable to document community members' knowledges of life and skills of living that relate to the themes, and which of those knowledges might be shared with the larger group.

- *Stage three—the retelling of the retelling*: The large group then gets back together. The assignment team members from the small groups form an *outsider witness group* (Russell & Carey, 2003; White, 1995, 1999) in the center of a circle formed by the larger group. These team members spend about a half-hour sharing the stories and images that their small group thought was important to share. They use all of their accumulated skill and experience to see that the sharing is meaningful and effective in addressing the concerns of the community.
- *Stage four—the retelling of the retelling of the retelling*: In the last part of each half day, the team members leave the inner group to join with the larger group. They invite community members to reflect on what they have just heard and to talk about their experience as they listened. Consulting team members again use their skills and knowledge of narrative therapy to help keep the retelling of the retelling of the retelling focused and meaningful. It is usual for previously unrecognized or undervalued community knowledge and skills to be recognized and spoken of in this stage.

DOCUMENTATION

During the course of the gathering, the stories, knowledges of life, and skills of living that are recognized and recirculated are also carefully documented. This documentation takes many forms, including written notes, songs, videos, photographs, drawings, and poems. Some of the documents are shared during the gathering, and others are circulated later. Songs, poems, and enactments often figure prominently into the closing ceremony for the gathering. After the gathering itself, the documents are collated, edited, and assembled into one or more formal documents—usually a printed, journal-sized publication or a thoughtfully edited videotape. This again is a collaborative process in which team members put together drafts of the booklet or video featuring the words and knowledge of community members. Community members review this material and help shape the final draft. With the permission of the community, these documents are often shared with members of other communities whose problems and projects are related in some way to those of the original community.

FOLLOW-UP

Ideally, the partnerships forged over the course of a community assignment do not disappear or dissolve at the end of a gathering. Community members and consulting team members seek to stay in touch with each other in formal and informal ways. When members of the consulting team share documents from a gathering with people in other communities, they ask for a response. They document the responses and share them with the members of the original community. The linking of lives that occurs in this process can be one of the more significant effects of narrative community work.

ANOTHER MODEL FOR NARRATIVE COMMUNITY WORK

The Dulwich Centre Community Mental Health Project (Dulwich Centre, 1997) is our other model for narrative community work. It began after "several people with psychiatric diagnoses who would generally be considered to be chronically ill" (Dulwich Centre, 1997, p. 4) approached Dulwich Centre with desires for a more comprehensive, less pathology-based approach to dealing with their difficulties. In response, several professional therapists who were associated with Dulwich Centre volunteered their services for the project, and funding was found to hire three part-time community support workers to spend up to 5 hours a week assisting the people with psychiatric diagnoses in their everyday lives and contexts.

Therapists and community workers in the Community Mental Health Project developed ways of working, not in a time-limited, tightly focused setting like a gathering, but over an extended period, through intermittent contact with a community of people who were distinguished from a larger community by struggles with a particular set of problems. They served as outsider witnesses to and documentarians of the knowledge of the "insiders" who were the experts at struggling with voices and visions. In fortnightly meetings, therapists, community workers, and project coordinators met together to discuss their ongoing work and to find new ways to respond to what was happening in the lives of community members. Michael White provided important facilitation at times of crisis in the project.

One outgrowth of this project was the "Power to Our Journeys" group (Dulwich Centre, 1997): several people who had found narrative therapy to be useful in their struggles, and who decided to meet once a month and to invite Michael White to join them. Michael's role was "to keep a special record of our conversation and to ask questions that assist us to express our thoughts on various issues." The group produced several formal documents of their insider knowledge (see Box 1).

These documents were published (Dulwich Centre, 1997), and they have been useful to many other people who struggle with voices and visions. Also, as happens so often once a document starts to be circulated, people have responded warmly in many ways to the Power to Our Journeys group, and this has been rewarding and sustaining for them.

The work of the Community Mental Health Project, especially Michael's example of how we might draw out and document the skills and knowledges of a particular group, gave us some understanding of how narrative practices might be used in ongoing community work that was less separated from the flow of everyday life than the work of the gatherings.

KEY NARRATIVE PRINCIPLES AND PRACTICES IN COMMUNITY WORK

A thorough review of narrative therapy (e.g., Brown & Augusta-Scott, 2007; Freedman & Combs, 1996; Monk, Winslade, Crocket, & Epston, 1997; Morgan, 2000; Payne, 2006/2000; Russell & Carey, 2004; White, 2007; White & Epston, 1990; Zimmerman & Dickerson, 1996) is not the purpose of this article, but there are a few ideas that have been especially important in Michael's teamwork with communities that we want to review before talking about our work with organizations.

BOX 1

Our Determination

1. Mentioning the Unmentionable

We are committed to mentioning the unmentionable, and acknowledge the courage and strength this requires of us. Our achievements in mentioning the unmentionable undermine our guilt, fear, panic, and self-doubt. It is also a service to others in that it brings relief to them. It helps others break free from restricting stereotypes.

2. Doing Things at Our Own Pace

We are determined to proceed in life at a pace that suits us, and not at a pace that suits the voices. The voices can be counted upon to push us into doing things before we are ready, and if they succeed, then our minds get clogged up and we lose sight of how we want to be in life. The voices at times rely upon outside support in their attempts to push us into things, and at times this support is unwittingly given by people like rehabilitation officers.

3. Acknowledging Our Teamwork

We are determined to keep sight of the fact that we are members of a team that is the size and as strong as the ocean, and as intelligent as the dolphins. Regardless of the exertions that some others engage in over their attempts to elevate this authority over our lives, we will stay in touch with the strength, the intelligence, and the beauty of our teamwork. Staying in touch with this is effective in shutting the voices up.

4. Honoring the Little Steps

We are committed to the honoring of the so-called ''little steps'' we take in life. These are the kinds of steps that so many people in this world overlook, and they include getting out of bed, having a shower, and caring for our lives in general. We will not allow this culture's overriding concern with control to take away our appreciation of these little sacraments of daily life. Instead, we will take pride in them, and in the process, take note of our specialness.

Stories

We find meaning in our lives through stories. Life experience takes on meaning through being placed in a plot line, and plots have to do with the unfolding of events over time within a particular context. In all of our professional interactions, we listen for stories. This is different from listening for symptoms or ''gathering information.'' We listen and ask questions in order to *generate experience* (Freedman & Combs, 1993) of meaningful stories. A basic assumption in narrative work is that people's lives are multistoried. This means that as we listen to any story, we believe that many other stories are possible.

A Profound Belief in Community Members' Understandings and Abilities

A certain attitude, or belief underpins narrative work with communities:

One of the foundations for narrative work with communities involves holding a profound belief in people's understandings about their life and abilities in managing their lives. . . . Taking on these community assignments brought with it an enormous sense of responsibility but it was this underlying belief Michael held for people's understandings about their lives that provided encouragement to accept the responsibility of such invitations. Michael was clear with us as team members that we did not have the answers. We had skills in processes that we thought were relevant but we were clear that we were not going in with answers, the answers were to be found in conversation with community members (S. Russell, personal communication, September 18, 2008).

Rich Description of the Skills and Knowledge of Community Members

Narrative practices are used to acknowledge and richly describe the skills of community members:

> . . . narrative community work is about using narrative practice to gather the community's knowledges and skills. Michael reminded us often that what we had to offer the community was our skills in narrative practice and that the communities would bring their knowledges and skills in healing. . . . This underlined for me the power of acknowledgement and of being heard, especially about the injustices that had happened. But it is having the knowledges and skills recognized and storied that makes the real difference to people. (M. Carey, personal communication, September 18, 2008)

Some of these skills of narrative practice include double listening, telling and retelling, documentation, and linking lives through shared purposes. We will now briefly describe each of these.

Double Listening

The narrative worldview supports the belief that—no matter how compelling any given story might be, no matter how powerfully it is ensconced—there are always other stories. We put this belief into action through ''double listening'' (White, 2003). From the very beginning, as we interact with the members of a community, we listen to the stories of their problems, of their suffering, of their fears, and of the traumas they have experienced, and, at the same time, we listen for openings into stories that speak of other possibilities. Especially when we are working with marginalized, traumatized communities, this involves listening for what is ''absent but implicit'' (White, 2003). For example, if community members are telling stories of despair, they are despairing the loss or diminution of something. Their ability to discern despair implies that they also have hopes, dreams, or visions that have been lost or diminished. Team members can listen for and ask about those hopes, dreams, and visions, and develop stories about where they come from, what has supported them in the past, how they are still being fulfilled in small ways, etc.

In their report (2008) on their work with Ibuka (the national survivors organization in Rwanda), David Denborough, Jill Freedman, and Cheryl White give the following table as an example of a double-storied testimony:

Double-Storied Testimony

Story of trauma/loss/genocide	Story of resistance/healing/reclamation
- Effects of the trauma/loss - The injustice of the trauma/loss - Obstacles that are continuing to keep alive the trauma	- Ways in which the person has responded to the trauma/loss/genocide - What the person holds precious despite the trauma (hopes, wishes, values, commitments) - Other people who are joined in this resistance - Acts of resistance/healing/reclamation the person is taking - Ways in which the person may be taking steps to protect, care for, or assist others

In our work with communities, we believe that it is always our responsibility to listen carefully to understand problem stories, to ask questions to develop experience of stories of what has been absent but implicit, and to find ways of acknowledging, affirming, and circulating the knowledges and skills of which they speak.

Telling and Retelling

As new, preferred stories are told, if they are to persist in ways that add new meaning and new possibilities for community members, they must be circulated within the community. The tellings and retellings that are built into a gathering help assure that this will happen. In settings like the Community Mental Health Project it is not always possible to replicate the formal cycle of a gathering, but it is still important to find ways for new stories to be told and retold. This might happen when a community worker asks permission to share the story of one person's success with another person who has similar struggles, or it might happen in a group meeting such as those of the Power to Our Journeys Group.

Documentation

Documents are a further help in making new stories a lasting part of a community's reality. The process of making a document, checking to see that it is worded and arranged in ways that fit for community members, then receiving a formal copy of the document, can be viewed as a definitional ceremony in and of itself. It makes the knowledge widely available and palpable; it becomes a part of the community's archives.

Linking Lives Through Shared Purposes

We had the privilege of observing and participating in Michael's work for over 20 years, and one thing that consistently impressed and often surprised us was the skill and care he exercised in linking people together. He did this in large and small ways, over very short and very long stretches of time and distance. It could be as simple as bringing together two people from the same community so that they could share knowledge of how to struggle with a particular kind of problem, or it could be carrying a message of solidarity from a marginalized community on one continent to a differently marginalized community on another continent. A key element in any narrative community project is this linking of lives through shared purposes. We look for ways to spread both the news of people's purposes and their knowledge about how to pursue those purposes. We take responsibility for forging new links among people in which they share the stories of their hard-fought struggles and the knowledge they have gained in those struggles. It brings much joy and satisfaction to participate in growing networks of people. We believe that these practices enhance people's experience of mutual support and solidarity.

OUR SEARCH FOR A NARRATIVE APPROACH TO CONSULTING WITH ORGANIZATIONS

We have long been inspired by these examples of narrative community work and had talked many times with Michael about linking our own lives to a community project. We finally had the chance in 2007 to join the Dulwich Centre team of Cheryl White and David Denborough in working with Ibuka, the organization for survivors of

the genocide in Rwanda (Denborough, Freedman, & White, 2008), but long before we joined this team in carrying out community work, the ideas they were using (see Denborough, 2008, in addition to the previously cited articles) inspired our work in doing consultations to community organizations.

Over the years, we have been asked to consult in a variety of contexts: outpatient mental health clinics, multiservice agencies for people with HIV/AIDS, a center supporting people with cancer, and a number of grade schools and high schools for students excluded from their home schools because of learning difficulties and ''behavioral'' problems. In all of these contexts we faced expectations that as consultants we would be experts or teachers.

We wanted to use narrative ideas in working with these organizations, but we did not want to *teach* them. All these settings felt like communities of various sorts to us. In working with them, our thoughts over and over again came back to Michael's work with community assignments and how he and his teams had developed structures to use narrative practices with particular communities. As Michael and his teams had, we wanted to use our narrative skills to help people in the organizations recognize, document, and share their own knowledge and abilities. We described the ''gathering'' phase of community assignments to some of the organizations that had asked us to consult, and suggested that we use that format. Some groups said that maybe this would be possible at some point, but that point never came. Others said that the kind of time required was just not possible. Still, we were inspired by Michael's stories about the work with communities, and wanted to adopt the spirit of that work in our consulting with organizations.

We tried to *use* narrative practices rather than teach them. For instance, we responded to people's descriptions of problems by using externalizing language. We also used the idea of double listening. People would make traditional ''case presentations'' and we would listen for things that stood outside of the storyline they were presenting or wonder what might be absent but implicit in their descriptions of problems. We began to ask staff members who were not presenting to serve as an outsider witness group. This step seemed particularly important to us because the reflections came from the experience of group members, rather than from our expertise.

People were excited about these practices and told us that they found our efforts helpful in generating new ways of thinking about the people they worked with and about problems, but to us they seemed piecemeal. What we wanted was a structure, something like a gathering, through which we could engage people in the telling and retelling of stories that would bring forth their knowledge, skills, and traditions. But we had to create a structure that would work in 1- to 3-hour blocks.

PREPARATORY MEETINGS

At one school, we met individually with teachers, staff members, and administrators. One of our purposes in this was to build partnerships. We hoped that these meetings would be like the preparatory stages of a community assignment; hence, we were looking for themes. We asked what each person saw as the problems facing the school. We also asked for stories of what they most appreciated. Nearly every person talked about someone in their past who was important in their choosing the work they were now doing. We did not ask about influential people. We were not expecting these stories, but people told stories about influential and inspiring people in almost every

interview. We had been invited to consult to help change the culture of the school. The stories of important people in staff members' pasts seemed relevant to this assignment; thus, we convened as a whole group, talked about our discovery of these important people, and invited everyone in the room to introduce their important person (as if they were actually present) and to tell a story about the person or about their relationship with the person. Soon it was as though the population of the room doubled, and with the new people came new knowledge. Through this re-membering (Myerhoff, 1982) process, people learned important things about each other and felt joined in a way they had not before.

This experience felt more like what we had been hoping to do in a consultation. Participants, not us, were providing the content. We were using our skills to help bring forth stories, but the stories were theirs, and these stories told much about people's values and commitments. The stories helped people to join together through shared purposes. But this happy occurrence did not lead to a plan. We did not know what could come next. We had spent many hours recording individual interviews and many more hours reviewing them. We had heard compelling stories about problems and about the most wonderful moments people had working at the school. But, except for the stories of important people, we were the only audience.

THE BEGINNINGS OF A SHAPE

We wanted to find a structure for using double listening, tellings and retellings, documents, and linking lives in consulting, but it was not easy to find a format for doing these things in weekly or monthly blocks of 1 to 3 hours. Then someone committed suicide at an agency serving people with HIV/AIDS where we[2] had been asked to consult. We had originally been asked to help change them from an agency who helped people die to one that helped people live. This incident was outside our original mandate. The program director called to set up a special meeting in response to the suicide. At that meeting we used narrative questions to invite people to tell stories of their relationship with the man who had died and where his death had taken them. There was much nodding and crying. In that 2-hour meeting we learned more about what people stood for in their work than we had in many previous months of consulting. The participants said that the meeting helped them feel supported and joined as a team. They, too, learned more about what their coworkers stood for than they had ever known before. They witnessed each other talking about things they had never before spoken of in a group.

When we met again a few weeks later we asked if anyone would like to say anything about what they would keep with them concerning the man who had died. They spoke about what he had valued and what he had contributed to the community. Aided by our practices of double listening and narrative questioning, they described how workers knew themselves better through their relationship with this person. The entire meeting was devoted to stories and reflections in response to our one question. It was very meaningful to the group. It became a question that they asked themselves each time a client died. They started taking it to their meetings with residents. Each time a resident died they asked the other residents, ''What will you keep with you?''

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[2] This experience, and the initial ideas that came from it, were Jill Freedman's; we continue to use ''we'' for stylistic consistency.

At the next consultation meeting we asked ''What are you thankful for that has to do with work?'' We wanted to engage in a more general conversation, because we had been focused on a particular resident and people's relationships with him for the last couple of meetings. To our surprise, we spent the entire hour and a half on responses to this question. We generated a list of what people were thankful for. We worked to collaboratively formulate this list in language sufficiently general that all the workers could relate to it. We heard some specific stories that exemplified each item on the list. For example, Margo named ''being treated as a person by my supervisor'' as something she was thankful for. She told us a story of sitting in her car crying and doubting her ability to do the work well. One of her clients was extremely ill, another had relapsed, and one of the children in the family program was not showing up at school. As Margo sat crying in the car her thoughts kept coming back to a visit she had made the day before to the client who was ill. She sat by her bed and the client spoke of seeing an angel. Margo could think of nothing to say; thus, she sat silently. Crying in the car, she saw that silence as a failure. Half an hour after she was supposed to have started work, she was still sitting in her car in front of her house. She called her supervisor. Gently he told her how much everyone valued all she did and insisted that she take the day for self-care.

The responses to the question ''What are you thankful for that has to do with work?'' continued to alternate between general statements everyone could relate to and specific stories that everyone could witness. People lingered after the consultation time was over and commented on how meaningful the conversation was. We created a document from the list of general statements and called it ''What We Are Thankful for at Work.'' When we read the document aloud at the next meeting, asking for changes and additions, it served as a retelling.

OUR CURRENT FORMAT

Those three conversations at this agency fit well with our vision for a narrative approach to consulting with organizations. The format we now use for consultation grew from thinking about these conversations in the light of what we knew about the partnerships that had informed the work with communities in the projects Michael White had described, and especially about the creation of structures that make it possible to use narrative practices with large groups. We had learned at the agency that it could be very meaningful to ask just a few questions (maybe even just one) and hear many people's answers. Through double listening, we could hear stories of aspirations, hopes, and commitments as well as problems. We could use all our narrative skills to bring forth and develop rich stories from people's answers to our questions. We could ask people to reflect on what they heard and this could be a means for the telling and retelling of stories. Sometimes we would create a formal document of particular knowledge or skills that had figured in the stories. This way of making meaning in a large group helped people feel linked through shared purposes.

An early conversation using this format occurred at the same agency just a few months after the meeting about the resident who had committed suicide. One of the workers mentioned that a resident had died, and as part of a memorial service other residents described what they would keep with them about that person. Not all of the workers at our consultation meeting worked in that particular program. We asked if those who did would share some of what the residents there had said. They shared

stories and reflections from the memorial service. We asked what they thought the effect of sharing these stories had been. They said it had changed the tone of conversations with residents and contributed to a more collaborative worker-resident community. Then we asked the whole group if these effects were things that they valued or if they would rather have a more hierarchical relationship with residents. Everyone wanted a more collaborative worker-resident community.

At the next meeting we asked if this project for a more collaborative worker-resident community continued and grew what other practices or ways of doing things it might entail. This question was inspired by Michael's observation that "... community members increasingly take this speculation into specific proposals for community action'' (White, 2003, p. 49). Two ideas emerged from this conversation and were incorporated at the agency. One was to have conversations with residents living with AIDS about what they wanted their community members to keep alive after their deaths: How did they want to be remembered? Were there continuing projects or ways of being that they held precious? The group thought that talking with people about what they wanted would be more resident-centered than only hearing what *others* would want to continue after the death. The second idea—which was quickly incorporated—was to include current residents of the programs in the intake process for prospective residents. These residents were invited to interview prospective residents and orient them to the various programs.

The practice of asking a very few questions—typically from one to five—at each meeting has become central to our work in a variety of group consultation contexts. We begin with a theme that has emerged from preparatory meetings or from a direct request. Our few questions invite stories that relate to that theme. We ask a question and we hear answers to that question from many people. If it is a small enough group, we give everyone the opportunity to answer the question. If the group is large, we listen to several people's answers, then ask if anyone has a very different response. If they do, we listen to them before moving to the next question. We give people who did not respond to one question the first opportunity to respond to the next one. The questions we ask are big questions, such as "What do you value most about your work context?" We often then ask smaller questions to particular people to help them think about these big questions or to add details to their answers. These smaller questions are important. Without them, the whole process can easily be flat and lacking in vitality. It takes considerable experience of narrative work to develop the skills to ask a useful small question at the right time, and even experienced practitioners need to be careful not to ask too many questions. We have found that if we ask just a very few big questions, then thoughtfully and sparingly use the whole range of narrative practices to support them, we can bring forth multiple stories that speak richly to important themes in ways that invite others to reflect on the ripples of those stories as they listen. These conversations facilitate a rewarding interweaving of life stories and meaningful sharing of insider knowledge and experience.

If we use our notes from these group conversations we can make documents from people's responses, and these collective documents can serve as a further retelling. We often distribute these documents through e-mail between meetings and ask for corrections or additions. We may begin a meeting looking together at a document from the meeting before. People tell us that these documents help them face dilemmas that arise later. Just as some of the documents generated in the Community Mental Health Project or gatherings have been shared, with permission, these documents can be

shared with other groups or other people facing similar struggles. This almost always proves helpful for both groups. The original group appreciates their own ideas more knowing that they have helped others. It brings a heightened sense of personal agency for individual group members and for the group as a whole. And, of course, the second group gets a document of insider knowledge to draw upon. The groups are thus linked through shared purposes.

NAMING PROBLEMS IN ORGANIZATIONAL SETTINGS

We have used these ideas in a variety of contexts, both in ongoing consultation groups and when we have been asked to consult in a time-limited way about a single problem. In ongoing consultation groups, people often bring problems that at first sound overly specific to their particular situation. We have found that we can use this same format if we find a way to name or describe the specific problem in terms of a theme that is broad enough that other group members can relate to it. For example, someone may present a very specific situation but when asked to name the problem, they may give it a general name like ''frustration'' or ''grief.'' Even though other group members are working in different contexts, we have found that their stories of frustration or grief speak of experience and skills that are usually very relevant for the person who described the more specific problem.

For example, Robin, an outreach worker, asked for help with a particular person. She described Yolanda as a 34-year-old woman who was in and out of psychiatric hospitals, struggling with IV crack addiction and trying to quit on her own. She tested positive for HIV. At times she sold food and medication for crack and traded sex for crack. Her phone had been turned off because she had not been able to pay her bills and she was in danger of being evicted from her apartment. Some service providers who had been assigned to work with her were not regularly showing up because the environment was unsafe. Her neighborhood was rife with drugs, hustlers, and crime. We asked Robin to name the problem, and in conversation we arrived at these names: ''helplessness, worry, and not knowing what to do.'' Our group conversation then centered on two questions: First, we asked group members, ''Can some of you tell stories about your relationship to hopelessness, worry, and not knowing what to do?'' After hearing several people's stories, each of which helped Robin feel joined and made concerns about worry, hopelessness, and not knowing what to do vivid and relevant for the group, we asked a second question inviting reflection, ''We noticed that some of these stories had turning points or meanings that seemed promising. What can we draw from these stories?'' Again, a number of people answered the question, each answer adding texture and depth to what had come before.

From our notes, particularly those concerning the second question, we made this document, which we e-mailed to the group between meetings (see Box 2).

For Robin it was as though the group joined her for each subsequent visit with Yolanda. She felt heartened by being more in touch with her purposes. Group members have referred back to this document at other moments of hopelessness, worry, and not knowing what to do in completely different situations. Each time this document is shared, more and more lives are linked through shared purposes.

Through this work we have been able to form partnerships with people in a number of organizations, schools, and agencies. We have had the privilege of hearing their stories and reflections. They have been able to learn from each other and to help

BOX 2

Our Position on Worry, Hopelessness, and Not Knowing What To Do

1. Accept that there are limits to what we or anyone can do
2. We are willing to be there for our clients
3. We don't always know what people get from interaction with us
4. Be with our clients' expectations, not our own
5. Hope that we might be a resource to talk with about struggles. We are there not to judge, but to help sort through struggles and help clients discover their own solutions
6. Sometimes it is important to focus on the contributions we can make, rather than the overall outcome
7. Choose our focus. We can focus on positive things in the midst of horror
8. We don't stop trying
9. Appreciate and acknowledge how much we learn from our clients
10. Slow down. We've got the rest of our lives!

others through their experiences and their documented knowledge. We hope that this paper can serve as a document and that through it, you, the reader, will be linked with our teams and also with Michael White and the teams that led the way.

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