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Narrative Therapy and Family Support

STRENGTHENING THE MOTHER'S VOICE IN WORKING WITH FAMILIES WITH INFANTS AND TODDLERS

PEGGY SAX

Writing this chapter has given me the opportunity to pause and reflect, to take stock of what I do, and to assess what I have to offer others doing similar work. I write from the perspective of ordinary life as a family therapist in private practice in a small rural New England college town. I am influenced by the family support movement (Carnegie Task Force, 1994; Garbarino, 1992; Family Resource Coalition, 1996) and the field of prevention (Lofquist, 1989; Pransky, 1991), which have been evolving in the United States since the mid-1970s. Feminism (Goodrich, 1991; Hare-Mustin & Marecek, 1994; McGoldrick, Anderson, & Walsh, 1991) and the shift toward collaborative approaches within the field of family therapy (Andersen, 1987, 1991; Hoffman, 1993) have also had a great impact on my work. More recently, narrative ideas and practices have become invigorating sources of education,

training, and provocation for me (White & Epston, 1990; White, 1989, 1991; Epston, 1989; Epston & White, 1992). My aim in drawing links between these movements is to highlight shared philosophical premises and preferred practices, with the ultimate goal of further developing a unifying commitment to supporting families through highly stressful times.

NARRATIVE THERAPY

Several recent publications provide excellent descriptions of White and Epston's narrative therapy and its philosophical foundations, clinical applications, and relationship to other therapeutic approaches (Friedman, 1993; Freedman & Combs, 1993, 1996; S. Gilligan & Price, 1993; Nicholson, 1995; O'Hanlon, 1994; Parry & Doan, 1994). The focus is on helping people discover new stories about themselves—stories that are based on strengths, hopes, dreams, preferences, and new possibilities. This puts the accent on a different psychotherapeutic syllable, orienting therapists toward understanding the meaning people give to experiences, and how these stories structure lives. A narrative perspective also looks at cultural contexts, and at the effects on people's lives of such discourses as gender, class, race, and ethnicity. The therapist listens carefully to a client's or family's problem story, and follows the influence of the problem on the lives and relationships of family members. Times in everyday life when a person moves beyond the constricted lens of the problem are highlighted. In realigning with their hopes and preferences, clients develop strategies and countertactics to resist problems' getting in their way. Therapy, as a rite of passage, becomes a place where people can experience themselves as authorities on their own lives and where they can become established as consultants to themselves, to others, and to the therapist. Clients are encouraged to develop other supportive relationships in which their newly emerging alternative stories can blossom.

My work is influenced by two co-emerging narrative traditions (Smith, 1995): by the externalizing/deconstructing work of Michael White (White, 1991; White & Epston, 1990), and by hermeneutics/collaborative language systems (Andersen, 1991, 1993; Anderson & Goolishian, 1988, 1992; Anderson, Goolishian, & Winderman, 1986; Friedman, 1995; Hoffman, 1993). I value each heritage deeply, and I am troubled to sense a pressure to choose camps. In everyday practice, I draw from each, depending on the situation. Sometimes, holding both involves a creative tension that challenges me to grapple with conflicting choices about how to proceed. Ironically, my family therapy training

has taught me to struggle with ways of moving beyond either–or thinking toward creating openings for new dialogue. Both sets of theories are evolving, and, regardless, life goes on.

THE FAMILY SUPPORT MOVEMENT

Discovering the world of narrative ideas and therapeutic practices in the past several years has been like "coming home" again. Since the 1970s, I have been involved with a community of professionals and consumers guided by similar principles, a commitment to best practices, and a shared passion for developing supportive services for families of young children.[1] The family support movement is a multidisciplinary, multicultural perspective that for over 20 years has supported the evolution of such programs as home-based services for parents and infants with developmental special needs, parent–child centers, and Head Start. What makes this field unusual is the interplay between theory and practice, supporting a research-based field of inquiry into the ecology of human development and a grassroots advocacy movement. This movement continues to gain recognition and momentum, and currently represents literally thousands of community-based programs throughout the United States (Family Resource Coalition, 1996).

The family support philosophical framework orients families and their helpers toward fostering positive parent–child interactions over time (Sameroff & Chandler, 1974), within their interconnected social, cultural, and historical context (Bronfenbrenner, 1979, 1986). In recognizing that contexts can have positive and/or negative influences on development, the family support movement shares a fundamental commitment to creating supportive and healthy communities for families with small children (Garbarino, 1992). This perspective is connected to a sol-

[1]In British Columbia, I spent a decade home-visiting families with infants with developmental special needs, developing a family-focused infant development program, and consulting with the emerging network of British Columbia Infant Development Programmes. I focused my graduate studies on inquiries into parent–infant interactions and the phenomenon of turn taking between infant and primary caregiver. I gleaned from what was known about normal development to help guide professionals and parents in living with infants with developmental disabilities and delays. Upon moving to Vermont in 1983, I became involved with the Addison County Parent–Child Center and the family support movement. I decided to become a family therapist and to expand my repertoire beyond the birth-to-age-3 population and beyond a developmental focus on special needs. Since then, I have worked in community mental health; as an outpatient clinician; and as the coordinator of an intensive family-based services program, the Family Advocate Project. In 1992, I went into private practice as a family therapist and consultant.

id research base on enhancing parent–infant interactions through adverse conditions (Field, 1983, 1984, 1992), as well as the growing literature on coping and resilience for "vulnerable but invincible" kids who overcome enormous obstacles and environmental risks (Werner & Smith, 1982; Werner, 1988a, 1988b; Garmezy & Rutter, 1983; Losel & Bliesner, 1990). All of these studies acknowledge contributions by both caregiver and young child, addressing individual differences such as temperament, special developmental needs, and emotional distress (e.g., trauma, maternal depression). Family support focuses on family members' strengths and fosters mutual feelings of efficacy (Goldberg, 1977). For a caregiver, this means gaining self-confidence in reading, predicting, and responding to a young child's cues. For an infant or young child, this means developing an increasing sense of mastery and social competence, with ongoing supportive feedback from the caretaking environment.

The theoretical base for family support is strongly linked with the field of prevention. Lofquist (1989, p. 1) defines prevention as "an active process of creating conditions and fostering personal attributes which promote the well-being of people." Familial conditions, sociocultural conditions, and personal attributes are thus viewed as inseparably intertwined, contributing both to personal growth and development and to community development. Thus, facilitating change involves not only the remediation of specific problems, but the active creation of healthy, nurturing environments. The family support movement is a primary prevention approach relevant to all parents, not only those who are identified as "at risk" or who have problems. It normalizes parents seeking help and assumes that all families have both needs and strengths. Services are focused on engaging parents in developing their own resources and linking them to communities, not only as recipients of services but as active contributors to their communities. The guiding light is a shared vision of creating a national commitment to supporting families.

Within the family support movement, an active parent advocacy movement encourages parents to take on leadership, to build useful services responsive to family needs, and to hold professionals accountable to the folks they serve. Much has been written on the need to demystify psychological services and to enhance support systems and natural helping networks (Dunst, 1983; Featherstone, 1980; Turnbull & Turnbull, 1985; Whittaker, Garbarino, & Associates, 1983). Parent–professional partnerships are expected to address families' needs and priorities. Community building takes place through support groups, parent advocacy, and community playgroups. The advocacy movement also addresses the development of social policy that supports families and children at every level of local, state, and federal government.

In addressing the question of how best to provide services to families with infants, the field of infant mental health has emerged (Bromwich, 1985; Fraiberg, 1975; Levine, Garcia-Coll, & Oh, 1985; Partridge, 1987, 1991; Pawl, 1987; Trout, 1981; Weston, Ivins, Zuckerman, Jones, & Lopez, 1989). This multidisciplinary field assists families of infants struggling with special needs, such as developmental disabilities, developmental delays, drug exposure, severe postpartum depression, adolescent parenthood, and/or acute environmental stresses. Infant mental health practitioners are informed by family support principles and offer specific tools and information. Practitioners listen carefully to parents' specific concerns and requests in attending to the often grueling daily details of parenting. They provide gentle coaching about ways for a parent and child to get "in sync" with each other. The goal is not "perfect" parenting, but a relaxation into a mutually efficacious style of interaction.

I am struck by the enormous similarities and "fit" between the family support movement and narrative therapies. Although sharing a passionate, common-sense commitment to healthy families and communities (Duvall & Beier, 1995), they haven't yet really discovered each other. My hope is that these two communities, guided by a generosity of spirit, a contagious curiosity, and mutual respect, can work together in the future. This linkage has enormous power and possibility; the communities have a lot to learn from each other and their rich heritages.

STRENGTHENING THE MOTHER'S VOICE

In *Of Woman Born,* Adrienne Rich (1976) speaks of mothering as "the most exquisite suffering." She eloquently describes anger and tenderness as common experiences, thereby removing the veil from the ambivalent, nitty-gritty realities of living with children. Our culture has created a "good mother–bad mother" split that silences the untold story, the mother's voice (Weingarten, 1994). Mothers often blame themselves for not living up to the idealized, all-powerful image of the good mother. As a cultural assumption, "mother blame" can haunt mothers with a constant, insidious barrage of guilt and self-blame. Unfortunately, the culture of psychotherapy has done much to contribute to the omnipresence of mother blame and to pathologize mothers. As therapists, we must take responsibility for helping loosen "blame's" grip on mothers' feelings of efficacy (Caplan, 1989; Walters, Carter, Papp, & Silverstein, 1988). This is a guiding belief in my work with families.

Feminist theory raises serious concerns about the myth of motherhood and the cultural bias toward holding mothers exclusively responsi-

ble for the rearing and development of children (Lerner, 1988; Braverman, 1991). In work with mothers and young children, feminist therapists' observations and inquiry go beyond mother–child dynamics to address the larger social context. This includes addressing the structure of family and work life so that responsibility is more evenly distributed, and building healthy support networks of family, friends, and community. It also involves looking at how our dominant culture tends to define the institution of motherhood as a polarization between blame and idealization.

A cornerstone of feminism is the belief that every woman is the authority on her own experience, and that her experience is to be believed as personal truth (Hare-Mustin, 1991; Hare-Mustin & Marecek, 1994). Many women share struggles in developing a sense of personal authority—an intricate intertwining in the development of a sense of voice, mind, and self (Belenky, Clinchy, Goldberger, & Tarule, 1986; Rampage, 1991). Since the early 1980s, much has been written regarding women's growth in connection and the women-in-relation theory of development (C. Gilligan, 1982; Jordan, 1991; Surrey, 1991). This theory contributes to a broadened understanding of how women find meaning and identity in relational contexts. It informs feminist therapists' definitions of power and their ways of conducting therapy, highlighting mutuality, connectedness, and empowerment (Avis, 1991; Miller, 1991). Many women resonate with these ideas, and find affirmation, support, and self-confidence in their discovery. At the same time, feminist theory continues to raise consciousness regarding the portrayal of gender differences as objective, biological givens beyond social reform. Because I am a woman of my culture, my work reflects this dilemma. Naming it doesn't solve it. I continue to grapple in my work and in my life with affirming the mother's voice while fostering changes in how we perceive the responsibilities and structure of family life.

MY PROFESSIONAL AND PERSONAL CONTEXT

Narrative ideas and practices have become a dominant thread in the tapestry of my work, and have contributed to a personal resurgence of commitment and passion. Becoming part of a larger narrative community of like-minded people has transformed the isolation of private practice into a supportive web of connections and resources. However, I am reluctant to call myself a narrative therapist, since I am cautious about contributing to an unintentional exclusivity. Narratively oriented therapists need to be careful about developing exclusive tendencies, and tolerant in approaching colleagues with different ideas. The enthusiasm for new discoveries can create the illusion of having arrived at the therapeutic "promised land." All of us need to remember that we are not in competition for the therapeutic Holy Grail, but in great need of collaborative leadership to help guide us through difficult times.

Fortunately, my clients don't seem to care what I call myself, as long as I can help and don't have to waste time explaining my approach. In Vermont, high value is placed on resourcefulness, down-to-earth common sense, and durability, coupled with an interesting blend of community-mindedness and self-sufficiency. People tend to be suspicious of newfangled gadgets and of what can be construed as "holier than thou" presumptions. It takes the test of time for newcomers to be trusted; to do so, they must demonstrate a respect for existing land and traditions. Therapists aspire to the reputation of an honest mechanic: trustworthy, knowledgeable, giving good value for the dollar, and straightforward in approach. Professionals are held accountable to the community, and it is a privilege to be perceived as useful.

Vermont is a small state with much pride in her cultural heritage. It is possible here to imagine how the pieces of the puzzle fit together and to feel part of something larger than oneself. People wear different hats; expertise is defined contextually and with minimal hubris. Roles are more fluid and transitory than in the big city, so today's client can show up as tomorrow's emergency plumber when the pipes freeze, or in relationship with one's children at the local high school. Beyond the obvious ethical guidelines, role boundaries can seem arbitrary. This contributes not only to some interesting dilemmas, but to creative possibilities for creating bridges and building dialogues among clients, colleagues, and larger systems. This context can transform clinical practices into a learning lab for emergent new ideas, including a diverse blend of clinical practice, systems consultations, supervision, and teaching.

In Vermont, economic diversity is very apparent. I am acutely aware of my privilege in being an educated, white, middle-class professional. Many families have lived in poverty for generations. It is common for families to live in trailers with next-door neighbors in large colonial houses. Class issues are often unspoken influences on the opportunities available for families and on the choices made. It is an ongoing challenge to acknowledge the influence of class issues in our lives and relationships.

My context is also influenced by stresses inherent in the culture and in the work. Like so many other professional helpers, I am immersed in the daily details of clinical practice while attempting to navigate through turbulent times. The public perception of therapy is laced with a growing suspicion, with consumers rightfully wary of many of the assumptions and power dynamics beneath the traditional therapeutic relation-

ship. Therapists risk isolation and losing the satisfaction that comes from feeling part of a larger community. They face the dilemma of discovering ways of staying financially solvent while continuing a commitment to the values that brought them to their work in the first place.

As a therapist, I counsel families in my office. In working as a consultant with family support organizations, I facilitate groups' coming together to articulate and strengthen their shared vision and commitment, to build resources, and to take specific action steps toward implementing desired outcomes. Consultation keeps me grounded in a larger perspective, and I feel part of a movement that can influence social policy and affect change. In each of these situations, there is an active "re-storying" taking place, as individuals realign with underlying beliefs and values, bolster inner and outer resources, strengthen links with other like-minded people, and renew their commitment to taking charge.

CLINICAL APPLICATIONS

I have chosen to highlight clinical work with two young mothers of toddlers. This is not to minimize the important role that fathers play in children's lives or the fathers' responsibility in finding solutions to problems. However, my focus in each of these examples is on strengthening the mother's voice. Honoring the mother's voice means valuing the ambivalent presence of tenderness and anger. An affirming inquiry into the particulars of a mother's experience encourages connectedness, self-confidence, and new developments that are in alignment with a mother's best intentions. This can have multiple ripple effects on family, friends, and community, including shifts in power imbalances.

Narrative therapy accents the importance of asking questions in order to open space for new stories. In reviewing transcripts, I am aware that I also do a lot of talking. My first inclination is to make excuses or to quietly do some extra editing. However, the truth is that this is my personal style, and I believe it works for me and my clients. Indeed, there are times when I consciously resist the urge to make statements, focusing on questions. I also believe it is helpful to share affirming reflections when dealing with such parenting issues as confidence and isolation.

For the first session, I like to meet with the parent(s) alone. This way, I can hear each parent's story without being distracted or interrupted by the immediate needs of small children. If both parents are present, I listen carefully for the mother's voice. I strive to be sensitive to gender issues, particularly the ways in which a mother can become dominated and take a back seat to her partner's experiences. I want to make sure

that both partners have the opportunity to speak up. I also listen for the impact of class, ethnicity, and privilege on a client's aspirations and on the dynamics between us. In subsequent sessions, I invite parent(s) and children to attend. In observing a young child, I highlight feelings of efficacy and connectedness, especially the sharing of joyful moments in experiencing autonomy and mastery ("Look at what I did! I did it myself"). My primary focus is on the parents and infant or young child together, noting their mutual strengths, and helping them discover each other in new ways. As a new story becomes strengthened, I like to invite others to join us who can witness the new developments. This includes extended family members, friends, and others in a growing community support network.

Amy,[2] age 27, is a single parent of Matt, age 3 years. Amy separated from Matt's father a year ago, after moving back to Vermont to be closer to Amy's mother. Amy is in a new relationship with John, age 40. They are both very worried about Matt. This is an abridged version of our conversations. In choosing to leave out parts of the interview(s), I do not want to contribute to a therapist mystique; I believe that these transcriptions realistically portray the quality of our interactions. The following is a transcription of parts of conversations among Amy, John, and me (Peggy).

PEGGY: Tell me about your concerns. What prompted you to call me?

AMY: We are very worried about Matt. He has had a very rough first few years. I left his father a year ago when I realized it just wasn't going to work. He is a troubled, moody man who drinks a lot. He now lives 1,000 miles away, and we haven't heard from him in several months. He didn't treat Matt well, and used to strike him when he was angry. He used very harsh discipline. I was scared and didn't know what to do. Now Matt is acting in ways that make me think something is really wrong. He has been diagnosed with mild cerebral palsy. I worry that the physical punishments caused brain damage. He has these fits of rage that are very scary. I feel helpless, scared that the abuse has had permanent effects, and worried that he will be like his father.

PEGGY: Your story touches my heart, hearing how much you love this little guy, and how hard his first few years have been for you. I remember when we spoke on the phone how worried you sounded—to the point of desperation. It sounds like you've been living with a

[2]Names have been changed to protect confidentiality. I greatly appreciate the permission families gave me to include this material in this chapter.

lot of fear, discouragement, and worry for a long time. It can be so hard to find the courage to ask for help. What was it that helped you make the decision to reach out for help?

AMY: I am in a new relationship, which is wonderful (*looks at boyfriend, John, with a smile*. We knew each other 15 years ago, and now rediscovered each other. We want to be a family together. This has been confusing for Matt. And John has brought some things to my attention.

JOHN: Let me describe a couple of recent incidents. Amy isn't exaggerating when she describes Matt as going into rages. I would never hit him, although I am a lot firmer than his mother. The other day he was lashing out in a fit of rage while I was trying to hold him down to change his diaper. When I moved my arm to pin him down, I saw a look of terror in his eyes. I realized he thought I was going to hit him. . . . The other day in the laundromat, he saw a little boy a few years older, went up to him, and suddenly slapped him across the face, and then giggled. It was so inappropriate, and strange how he seemed to think this would be a good way to make a new friend. . . . He hits his mother a lot, and she doesn't know what to do. I think she needs to learn more about how to discipline.

AMY: I have also been getting reports at day care that Matt has been drawing attention to himself by hitting and hurting others. He plays a lot by himself, since the other kids avoid him. . . . But my biggest worry is how out of control I feel. I'm his mother, yet I just don't know what to do, how to handle him. I think I try to make up for the hurt he's gone through by being extra loving, but it isn't working.

PEGGY: Yes, it's hard to find self-confidence in your personal style as a mother when your son's behavior keeps reminding you of what's not working. Are there also times when you feel more in sync with each other?

AMY: Yes. He can be really sweet, and then we get along great. He loves to read books together. We build towers together. He's very smart and loves to build things and take things apart. He also has good times with my mother, who lives nearby. She loves to take him in the woods and to show him nature. I enjoy his company until he hits or flies into a rage. Then I get scared, worried, and angry.

PEGGY: This is the part of mothering that I also found the most challenging: learning to set limits, to detach, to not take things personally, and to avoid power struggles. I picture there is an imaginary mothering scale with an elusive balance between love and setting limits. Most mothers I know tip the scale one way or the other, and then learn to put a bit more weight on the other end to balance things out. It sounds like you're seeking information about how to discipline without resorting to the abusive tactics you witnessed his father use.

AMY: Do you have any books you can recommend? Or specific ideas? I want to feel good about myself as a mother again.

Two weeks later, Amy arrives with Matt for the second session. Matt is a wide-eyed, engaging 3-year-old who makes eye contact with me and then immediately heads for the shelves. As he moves about handling each enticing object in the room, the floor fills with scattered games, toys, and animal figures. Next time I will remove more from my room, but first I want to see his tolerance for stimulation and his mother's response. He stays with an object long enough to inspect it with his hands, then on to the next, all the while chattering away in short exclamations: "Look! See! What's this?" My first impressions are of a bright, curious, and social youngster, interested not only in the objects but in object play with adults, and showing the beginnings of imaginative play. The effects of cerebral palsy do not significantly hamper his fine motor control or ability to express himself in play. Amy is gentle and interactive, skilled at following his lead, distracting him when necessary. She clearly knows him well.

Amy takes my lead in sitting on the floor, together with several animal figures, a small doll, and some blocks. We talk quietly, sharing observations, prompting Matt to join us with his chosen objects. He seems gradually to relax, settle down, and focus his attention. Matt invents a game of dropping blocks and wild animals into a compact disc tower, giggling while instructing us how to play: "Build tower!" With his mother's gentle coaxing, he then engages in a game of putting the baby doll to sleep in the Kleenex box, ever so carefully covering her with a tissue. I note out loud his tenderness and ability to empathize, and acknowledge how Amy continues to nurture this in their joint play. Next, Matt begins a game of peekaboo, hiding under the chair; Amy and I pretend we don't know where he has gone. We are all enjoying ourselves, and there is laughter in the air.

While Matt continues to play, I share with Amy some of my observations of her strengths as a mother: her gentle playfulness, her intuitive ability to read Matt's cues and to follow his lead, her attunement with his needs. I remark on his obvious intelligence, inquisitive nature, intensity, and ability to engage adults. We talk about the cerebral palsy, challenges of parenting a child with a handicap, difficulties in knowing what

is age-appropriate, the need to become grounded in normal development. We also speak about challenges in single parenting, and in transitioning into becoming a blended family. Matt seems content to play next to us with his tower, occasionally requesting our participation, exclamations, and reassurances. I share my awe in the sanctity of play, observing that children express themselves through their play, and that the caregivers' role is to encourage expression within established safe limits.

Our conversation also revolves around the theme of discipline, with Amy identifying new limit-setting skills as her primary need. She describes how she has felt guilty saying no, and yet knows she needs to learn how.

We talk about new strategies for dealing with temper tantrums, using clear rules and time out as a consequence. She says that Matt's physical therapist recommended a couple of books by T. B. Brazelton, which she has begun reading and finds helpful. I write out for her another couple of suggestions,[3] cautioning her to read them only as long as she finds them helpful, and not to let the experts intimidate her. She seems relieved to have specific information and resources.

Three weeks later, I meet again with Amy and Matt. A difference is immediately evident as they settle onto the floor to play. Amy reports that she has been reading and thinking a lot about her parenting. She seems relieved to realize that her worries are shared by others. She is learning some new ideas in how to be firmer with Matt, and how not to let guilt and self-blame trick her into feeling sorry for him or always giving in to his tantrums. She also reports a big change in his behavior at home and in their relationship. They have been having much more fun together. Meanwhile, Matt is intensely engaged in play, and quickly draws us into his favorite hiding game.

Amy, John, and Matt are present for the fourth and final session.

PEGGY: Amy, you have a very clear-thinking and assertive partner. John, your presence is really helping balance the scales. Unless you guys are extremely unusual, and even if you are, I imagine there are times when you see things differently.

JOHN: (*Interrupts*) I'm strong, but I'm not domineering. I don't dominate anyone else. I do have a strong personality.

AMY: There are times when we do see things differently. When I think he is being too firm, I do stand up for myself. Sometimes we play "bad cop, good cop."

[3] I recommended Brazelton (1992) and Lieberman (1993). Another favorite of mine is Kurcinka (1991).

Amy has a new partner who treats her with respect and demonstrates a strong commitment to parenting. At the same time, she faces the challenge of learning to trust her own "mother's voice" while in the presence of a man who is so clear about his. As she gains self-confidence, she seems better equipped to assert her perspective, to engage in a parenting partnership.

I ask Amy to describe what has changed:

AMY: Matt was finding that he could scream his way around anything, and that's not an exaggeration. This simple tactic shut us down immediately. Until it stopped working, he kept using it. In the early part of his life, he was being handled physically by his father. Because of his father's extreme physical ways, I would try to overcompensate by being soft. His father was the disciplinarian. I ended up so softened up that there was nothing clear and consistent.

PEGGY: What do you do differently now?

AMY: Well, if I really get angry at him, he can go to his room. It works well. Now when he has a tantrum—say, he's not ready to go somewhere—we talk. He says to me, "Matt, no room any more," and he calms down. We found something that works. Another trick is [to] give him the choice of whether the door stays open or closed.

PEGGY: What goes on inside of you while this is happening?

AMY: It's horrible. I have to remind myself, "It's okay, it takes time."

Amy is overflowing with personal wisdom. Her knowledge is ripe for documentation (Epston & White, 1990) to pass along to other parents facing similar challenges. She gives me permission to record her words, and speaks into the microphone:

AMY: The biggest thing for us, and for me as a mother, that I've learned is that there needs to be a balance. My balance of the scale was all love. I thought that love would do everything, cure it all. It was like sickeningly sweet chocolate, all the time, constantly, and he was always pushing me away. He wouldn't want me to touch him. He wouldn't let me kiss him. He would hit me. It was almost like he was saying in his own way, "This is too much. Back off." My response to that was to give him more love, thinking then he would love me. I would have big tears in my eyes. But now, just . . . balancing the love part with the discipline part has helped me find my confidence. Now I get the hugs and kisses and I get the impromptu snuggles. And I still get to have times just to love him. He's still my baby; it's natural to be protective.

PEGGY: You're describing to me, how when you respond to him in a more confident, positive way, he responds back to you in a more positive way.

AMY: I thought I was being firm before, but everything I was saying was falling on deaf ears. Now there must be something different in my tone of voice. For the most part, when he'll push it, it won't affect me. My button won't get pushed. Before, if we'd be in the store, and he would get out of control, I would just give in.

PEGGY: I'm very interested in how your confidence as a mother has been affected.

AMY: I don't know if I know exactly how I got the confidence. I just know when I look back how things have changed. Now I know "that feeling"—what it feels like to feel too far pushed out, and what to do about it.

PEGGY: If you are pushed too far out, what do you do?

AMY: First I see it.

PEGGY: And then what do you do?

AMY: Well, I used to get caught up in the whys. "Why, Mommy, why?" Now I see to stop *before* I get my buttons pushed. I just say, "Because Mommy wants you to." After a while, I just say, "That's enough"—no more point for discussion. Usually he rages for a minute afterward, and then he stops. I just set the limit. I'm not going to get pulled in. It just happened, but I don't know exactly when. I think if you have a game plan, something to follow, even if it doesn't feel like it's working at the time, if you just keep sticking with it, it gets easier. It helps also to have a strong relationship. My mother is even softer and doting than I am, plus she has extra license to be loving, since she has the grandmother role. She's had to learn along with us, which has actually made their relationship a lot stronger.

PEGGY: I am taking delight in watching the gradual blossoming of your confidence as a mother. How do you keep your confidence and your voice as a mother alive? For example, what's your support system like with other moms?

AMY: I've been hanging out more at day care. Instead of not saying anything, being afraid of the answer, I will ask, "How have things been going here?" I'll also describe what we are doing at home in using time outs, and ask that they do the same there.

PEGGY: It sounds like you are initiating more connections with others, being part of a larger network.

AMY: I realize I'm not the only one, and I can put things in perspective. Before, I felt like I was the only one in the whole world who had a kid out of control. Now I know it's normal. I can say, "You have that problem too. What did you do?"

PEGGY: Let's say a family came in here to see me who was in a very hard place, feeling like their toddler was out of control, and sick with worry. What would you say?

AMY: When you're right in the center of a crisis, you have no clue that others could possibly know what it's like. You need a little bit of hope, just to know that even though other parents also have rough times, that things can change. It's very tough, especially if you're alone, trying to be a single parent.

PEGGY: What helped you find the courage to ask for help?

AMY: It took me a long time to acknowledge that there was a problem. It took some reminders from other people—being told, "We're having some problems at day care," hearing back from people that there was a lot of inappropriate behavior going on. It took that feedback to get me to finally do something.

PEGGY: So you feel good about some of the ways you're handling things differently?

AMY: Yeah, We're not 100% there, but we're on our way. He's happier. Before, he was inappropriate. I'm still learning, but I'm more open to learning new things with him. Going to bed at night used to be one of the worst things, and getting him up in the morning, getting him dressed. Now we just have token struggles. I'm sure we're not at the end. There will be new hurdles ahead. He will be going to a different setting for preschool. We'll need to figure out how to help him handle having two fathers. And we'll need to figure out how to handle the unknowns ahead.

PEGGY: I hope you know I am here in the future if I can be of any help. Just give me a call.

I may indeed hear again from Any, John, and Matt as they face new challenges in the years ahead. I hope that asking for help has become more "normal" for them and will be easier in the future. I am pleased to be part of their support system—a network that will grow in providing family support and in witnessing a new narrative based on this family's many strengths.

Tanya is a single mother in her early 20s. Her daughter, Mandy, is 2½ years old. Mandy's father has not been in touch since before her

birth. For generations, this family has lived in Vermont and has struggled with poverty and economic survival. The following conversations involve Tanya and myself.

PEGGY: What prompted your decision to call me, and how can I best be of help?

TANYA: I want to know what to do with my daughter, Mandy, who is 2½. I was in counseling before, but all I remember the therapist doing is listening. I want some advice about how to handle things better. I need to make sense of why I behave the way I do, and to know what to do. What part do I play, and what can I do differently? I'm afraid I'm going to ruin it for her. I've always been a very sad and angry person. I don't want her to be growing up having the same experiences I did. I need to know what to do, and what to do with what's not feeling right.

PEGGY: And what is not feeling right?

TANYA: I find myself being like my mother was with me, and I hate this. I want to be my own individual. My mom never took the time to get to know me, and still doesn't listen to me. Now I don't sit and play with Mandy. I know I should, but I just don't do it.

PEGGY: What seems to get in your way?

TANYA: I have a bad phobia. I try to be perfect, and I want my place to be perfect with everything clean. I am always thinking about what needs to be cleaned. I am always cleaning up after my daughter. I get so ugly, I want to scream and punch the wall. I feel like my mother made me think I'm not okay, so I try to make everything else perfect. I try to make my daughter perfect (*tearfully*). She is a wonderful child. But I can't let her make a mess. I keep telling her, "Go play, go play." But she just wants to be with me. I love her, but I want her to do what I want to do when I want her to do it. All I do is holler and scream. Then my daughter screams back. This scares me. I don't want to do that. I feel like I am ruining her life.

PEGGY: You are somehow finding words to express the difficulties and worries that challenge many mothers, and especially single mothers. Your description reminds me of my own memories of how stressful life can be when living with a 2-year-old. What strikes me most is watching you tear up when speaking about your daughter, your obvious love for her, and your commitment to making things better for her than life has been for you. Who in your life knows about this commitment of yours?

TANYA: The girls at work. They listen to me, and see me as a single mom who deals with a lot and who has strength. I feel good when I'm at work, and I miss my daughter a lot. But then when I see her, I stop feeling good. I always let her have her way; she makes me feel like I need to keep giving and giving. All she probably needs is for me to love her. My mom never told me I'm doing a great job. She just buys me things. She never gave me positive feedback. Now I try to buy Mandy presents. But I know this isn't helping. I give her absolutely everything. Whatever she wants to wear or play with, I let her have it. She knows I'm going to give it to her. When I stick to my guns, she gets out of control—hits, digs, slaps me. I've been having a really bad time at bedtime. Ever since she was a year old, she won't go to her bed. She yells, "I hate my room." She wants to sleep with me. I don't mind, but then I know it's not right. So we have screaming matches.

PEGGY: You are describing a tough situation. I have a strong belief that we're not meant to do the important work of raising children alone—that we need each other, and "it takes a village to raise a child." This is especially true for single parents. Otherwise, it's too much to bear, and it's hard to feel good about yourself as a mother, to remember your strengths, and to forgive your imperfections. Who can you count on in your support system?

TANYA: No one, really. I don't have anyone else except my family. My mother thinks everything is okay and that I'm just making too big a deal out of everything.

PEGGY: Do any of the women at work have small children?

TANYA: Yes but mostly their children are older. I did recently meet an old friend from school in the grocery store. We had lost contact, but we talked, and I could see she really understood since she went through something similar. Now I want to stay in better contact with her. I also would be interested in a support group or other ideas you have.

PEGGY: I can tell you about the local weekly playgroup in your community run through the Parent–Child Center. . . . You are also reminding me of several young mothers I know who are facing similar struggles. Would you be interested in forming a group together?

TANYA: Yes! I know I need to do something. I also need some help learning more about children. This is my first child. I don't know what they do, what I'm supposed to do, what are the phases of development, how to discipline, what is right or wrong. I don't know what I'm doing. For example, my mom said I should potty-train my daughter at 1 year. She said, "You're wasting money on diapers,

just make her go on the pot." But I didn't make her. I also let her eat what she wants. I try to treat her like an individual who has likes and dislikes. I don't make her eat her whole meal, I let her make her own decisions. But my mom gives me heck, says I should have her eat the whole thing before I let her down. And I let her choose what she can wear, at least some of the time.

PEGGY: How are you finding the strength to follow your intuitive sense of what you believe is right, especially when you seem to get so little support?

TANYA: Well, sometimes I feel guilty. But then when I go to the doctor, he says I'm right. I also remember gagging on food, detesting being forced to eat, being made to wear my hair in hideous ways, feeling like I shouldn't be forced to do something that makes me so unhappy. I have always been unhappy. I don't want my daughter to grow up unhappy. I want her to love life and herself.

PEGGY: Can you hear your commitment to wanting your daughter to live and to love? It's ringing through loud and clear, despite all the obstacles in the way.

TANYA: Yes. I try to listen to it, but stuff gets in the way. I still want my daughter to do it my way. My mom wasn't an alcoholic, she gave me what I needed. Now she doesn't think I have any problems or need help. I'm a very lovable person. I like to kiss and hug. She tells me I'm too old, to stop. I don't think you're ever too old. I think there's nothing wrong with it. I tell my daughter 50 times a day that I love her. When I discipline her, afterwards I try to say, "Mommy loves you. I'm sorry I was mad at you." I'm so afraid she'll think I don't love her. I worry that she won't want to live with me. She hates the word "No." She keeps pushing till she knows she's got me. I can be relaxed at work, but then so uptight at home.

I hate to say this, but I don't know if I had "the bond" with her. I held her at birth for a minute, but then my mother did. I thought she was beautiful when someone else was holding her. And I miss her when we're apart. After I had her, I got depressed. I wondered if I should give her up, since I can't be the perfect family. But I decided to keep her. As long as she has love, we can do it. But it's the hardest job I ever had. I don't like the responsibility. It's very different than I imagined. I was 20 when I had her. I still feel like a kid. I hate the fact I never got to be something. I should have gone to school. I wish I could have waited more years. Still, I am determined to be there for her so that she can go through school.

In a subsequent session, Tanya talks about her desire to have others appreciate her, and her struggles with isolation:

TANYA: I need other people to tell me I'm okay and doing an okay job. I'm always looking for this in anything I do.

PEGGY: Yes, you're describing something that many women express, and that is now being written more about as women tell their stories. We like to feel in connection with others, and it matters to us what other people think. The challenging part is not to blame yourself for caring. It's also hard work developing confidence in yourself, especially when your way is different. It takes determination and practice.

TANYA: I don't know why I don't interact with other people. I love people, but when I'm with my daughter, I don't like to go out. I worry that others will see how I take care of my daughter and they will think it's not right. I have a big thing about discipline. I know we're not supposed to spank or [we] can get in trouble with the state. I worry that someone will see me with her and try to take her away if I correct her. I'm very afraid I'll lose her or that an accident might happen, and she'll get hurt. I'm afraid she will die. I think about death a lot.

PEGGY: It's so hard being a single parent, feeling alone with your worries. How else does isolation take over?

TANYA: I've never been able to keep a relationship. Instead, I end relationships before I get hurt. This is true with friends also. I get close, but the first time I get hurt, I don't do things with them any more. I have a hard time getting close, afraid of getting hurt. I'm always sad. I don't know what it's like to not be in pain.

PEGGY: What do you imagine the women at work would say to you if you confided in them?

TANYA: I do confide in them. Girls at work tell me I'm dealing with a lot of pressures and I need to find some new ways to make myself happy.

PEGGY: And who else out there do you think might understand your worries?

TANYA: My grandmother. She listens to me, tells me it's okay. I've told her about my mom, and how angry I am. She knows my mom and knows where I'm coming from. She's the mom I didn't have. But she wasn't there for my mom.

PEGGY: It's striking how grandparents are able to sometimes be there for grandchildren in ways they weren't able to parent their own children. Who knows? Maybe your mom might be able to be there for your daughter in ways she wasn't able to be there for you?

TANYA: Yes, when I was growing up, we were poor. My mom didn't work and we had to make do. Now she plays with Mandy and buys her things. This makes me mad. She still doesn't treat me well (*tearfully*). I guess I'm still hoping she'll tell me she loves me, but I know she won't, and I've been crushed. I'd love to tell her how she has hurt me, but I know we'd get into a huge fight. I'd like to be able to forget about my mother, and to just go on, but I can't.

PEGGY: It's like you've had the accent on the sad syllable, now wanting to shift it. It's hard to train ourselves to notice some of the good stuff when we're in the habit of noticing the hard stuff. So many of us are trying to learn how to do this, and it's hard to retrain ourselves. What are some of the little moments of joy you experience?

TANYA: I don't know. Maybe I don't recognize them, so it's hard to remember. I really enjoy it if my daughter tells me she loves me, wants to hug or kiss . . .

PEGGY: These changes take time.

TANYA: My happiest dream is to get married. I know it won't happen right now. I'm just too ugly. No one could do anything right. I need to just enjoy life. I'd like to be able to move beyond being so angry and hurt at my mother. My mother is unhappy with herself. She didn't graduate, never got her [driver's] license, has always had other people do things for her. She doesn't even do her own bills, and has never opened a checking account, [but] instead fills out money orders. I tell her, "I will help you get your GED," but she thinks she's not smart enough.

PEGGY: I'm amazed at how you have found ways of being there for your mom even when you have been so hurt. This must be very challenging! How have you been able to accomplish things beyond your mother's grasp and without her apparent help?

TANYA: I was so proud when I got my license, but my mom acted like it was no big deal. Same thing when I got my checkbook. She is always telling me I'm just like her, but I don't want to be like her. She's always picking on me, so that I just keep thinking about all that's wrong with me.

PEGGY: How have you managed to keep the discouragement from taking away your determination?

TANYA: I barely passed school, but I didn't really care. I didn't play sports. My parents didn't care, so why should I? I almost quit high school just to piss my mom off. But then I saw I'd just be hurting myself. I see with me and my brothers and sister what we lost, and I can see a lot of my mother in me. Now I am bound and determined to break the cycle.

PEGGY: So once again, your determination shines through. How does this affect your relationship with your daughter?

TANYA: I am determined to do things differently with my daughter. I want her to do sports, to always know how beautiful and smart she is. She seems so happy, loves to sing to herself, "My mommy loves me." Sometimes just to make my mother mad, I'll try doing things differently—like I don't give my daughter a bath every night, even though my mother insists I must.

PEGGY: And what's it like for you when you choose to do things your way, even when your mom disagrees?

TANYA: It makes me feel good like I'm a separate person who can do things differently than my mom. I'm laughing inside when I get back at her. If I'm excited and proud about something, my mother doesn't care. But when she buys Mandy something, we're all supposed to make a big deal about it. But I just ignore it, I don't say anything. . . . I'm so determined.

PEGGY: How do you keep that vision alive of what you want for your daughter?

TANYA: My anger toward my mom helps. She never went to my musicals, field trips, open house. I would be so proud, feel so hopeful, and then she wouldn't come. It felt like she would just slam the door. Maybe she's upset because she didn't get to do these things. Still, it hurts a lot.

PEGGY: How does your grandmother help?

TANYA: I see her every day. Normally, I work from 8:30 [A.M.] to 5:00 P.M. Then I go over to my mother's and have supper with her and my father. After dinner, Mandy and I go over to my grandmother's to sit and visit. We also go shopping together. I saw her every day growing up. She helped us out a lot when we were poor. She gave us Christmas and meals. Now my mother thinks we don't need her any more.

PEGGY: I haven't heard you talk about your father before.

TANYA: My dad is very important to all of us. I love him to death. He lets Mom do all the talking. But he wants the best for me. He is

> pushing me to go to cosmetology school, and says they'll help me. The girls at work are also pushing me. I'm just afraid of taking the whole 9 months. . . . He's not my real dad. My real dad is a real loser who had eight kids who he never supported. He never tried to be my father and has never kept a job. Both of my parents were losers, but I don't have to be. Just because they are, doesn't mean I have to be. I am so determined, I want to be something, to prove to my daughter that life is more for us.

Tanya's determination is inspiring. It is gratifying to witness her awakening to personal strengths and resources, and getting out of the grip of isolation, self-blame, and discouragement. Her commitment to parenting is a good foundation upon which to build confidence in herself and her parenting skills. I hope that she will be able to take pride in her quest for creating a life for herself and her daughter, and to appreciate her unusual ability to articulate her truth. I am touched by my encounters with her, and decide to write her a letter—a practice used by many narrative therapists (Epston, 1994; Epston & White, 1990; Nylund & Thomas, 1994).

> Dear Tanya,
>
> I'm writing to share with you some of my lingering thoughts as I am getting to know you. Fortunately, I have been able to refer to the notes I have been taking to keep your words alive. Writing a letter like this helps me gather my impressions and gives you an opportunity to reflect upon our words, by reading this letter as often as you like.
>
> I am both moved and impressed by your ability to speak your truth in describing your struggles as a mother. You put into words the anguished self-doubts that haunt many mothers. I imagine your words would provide comfort to other mothers who feel alone in their struggles, as though no one else could possibly understand. You say, "It's the hardest job I've ever had. I don't like the responsibility. It's very different than I imagined. . . . I also need some help learning more about children. This is my first child. I don't know what they do, what I'm supposed to do, what are the phases of development, how to discipline, what is right or wrong."
>
> Isn't it strange how our culture expects parents to confidently know what to do in raising healthy children when it's the hardest and most important job, with only hit-and-miss prior training? Most mothers I know don't feel prepared for the stresses, relentless responsibilities, ongoing decisions, and constant demands—especially if you feel like you can't rely on your own mother as a resource. If we ask for help in learning other skills, this is seen as a sign of intelligence and earnest interest in attaining new knowledge and skills—like for you in learning about products, perms, the latest styles, going to that New Hampshire show, all toward becoming a hairdresser. Yet with mothering, there are so few supports and little guidance in place, and it can feel so embarrassing to ask questions, as though we should already know it all.
>
> It takes real determination and courage to rise above these expectations and to keep self-blame from tricking you into believing you should go into hiding when needing support. Circles of support are very homemade, and it looks like you've already begun to create yours. You say, "The girls at work listen to me, and see me as a single mom who deals with a lot and who has strength. . . . My grandmother listens to me, tells me it's okay. She's the mom I didn't have. . . . I love my dad to death. He is pushing me to go to cosmetology school, and says they'll help me. . . . Sometimes I feel guilty. But then when I go to the doctor, he says I'm right. . . . I did recently meet an old friend from school in the grocery store. We had lost contact, but we talked, and I could see she really understood since she went through something similar. Now I want to stay in better contact with her. . . . I also would be interested in a support group or other ideas you have." These are the words of a determined woman just beginning to discover her own resources and to take charge of her life.
>
> This determination also shines through in your commitment to wanting to be your own individual, and to raise your daughter differently than how you were raised. Somehow, while under enormous stress and pressure, you still struggle to follow your intuitive sense of what you believe is right, even while getting so little support. You say, "My mom said I should potty-train my daughter at 1 year. She said, 'You're wasting money on diapers, just make her go on the pot.' But I didn't make her. I also let her eat what she wants. I try to treat her like an individual who has likes and dislikes. I don't make her eat her whole meal, I let her make her own decisions. But my mom gives me heck, says I should

have her eat the whole thing before I let her down. And I let her choose what she can wear, at least some of the time."

You also say, "I have always been unhappy. I don't want my daughter to grow up unhappy. I want her to love life and herself. . . . I remember gagging on food, detesting being forced to eat, being made to wear my hair in hideous ways, feeling like I shouldn't be forced to do something that makes me so unhappy. . . . I am determined to be there for my daughter so that she can go through school. . . . I'm a very lovable person. I like to kiss and hug. My mother tells me I'm too old, to stop. I don't think you're ever too old. I think there's nothing wrong with it. I tell my daughter 50 times a day that I love her. When I discipline her, afterwards I try to say, 'Mommy loves you. I'm sorry I was mad at you.'"

You also raised several areas of concern in dealing with specific situations toward gaining self-confidence as a mother. I hear your request in wanting to be able to feel good about yourself and to relax at home with your daughter like you are able to at work. Here are your words:

"I find myself being like my mother was with me, and I hate this. I want to be my own individual. My mom never took the time to get to know me, and still doesn't listen to me. Now I don't sit and play with Mandy. I know I should, but I just don't do it. . . . I've been having a really bad time at bedtime. She wants to sleep with me. . . . I don't mind but then I know it's not right. So we have screaming matches. . . . I try to listen but stuff gets in the way. I still want my daughter to do it my way. . . . I worry that she won't want to live with me. She hates the word 'No.' She keeps pushing till she knows she's got me. I can be relaxed at work, but then so uptight at home."

Again, your words reflect the mother's voice and struggles. As you get from under the grip of self-blame and isolation, I imagine you like a sponge soaking up guidance from your growing support system—always checking in with yourself, to get clear about what makes sense to you and what doesn't. I am happy to be on your team.

I'm delighted to hear about your recent decisions: to focus on the positive with Mandy, to take some more space with your mom, and to go to cosmetology school. It sounds like you're embarking on a new chapter in your life. I know it won't be easy, but I also know you've got the determination

to make it happen! And to quote you once again, "As long as she has love, we can do it."

See you next month!

Peggy

I imagine I will continue to meet intermittently with Tanya and Mandy. I like to think of myself as a member of their support team. When the next mothers' group begins, I will invite Tanya to join us. She has a tremendous amount to offer other mothers, and to reap from the mutual support that comes from mothers' hearing each other's stories.

CONCLUSION

I have highlighted the influences of narrative therapy, the family support movement, and feminist theory on my work with families with small children. As helping professionals, we must find ways to open space for new parenting stories that strengthen the mother's voice. In this endeavor, I am interested in creating bridges and building dialogues between fields of inquiry so that we can all learn from each other.

Mothers frequently come to see me with anguished senses of failure and self-blame, frightening bursts of anger, frustration, fear for the future, images of their children as monsters that they have created, heartache over treating their children in ways they wish were different. Therapy can become a safe place in which to re-author new stories and for mothers to find their own voices—ones that embrace their personal style, honesty, commitment, and best intentions. Within this quest for self-confidence and personal authority, the courage and self-respect to ask for help are affirmed. Parenting challenges and stresses are normalized. Cultural discourses like "mother blame" and "supermom" are deconstructed in order to develop ways of detaching from their influence. Instead of the person's being the problem, obstacles such as "self-blame" or "discouragement" are externalized as the problem. We can work on building healthy support systems that will witness each mother's newly emerging alternative story. This means plugging into existing community-based services such as playgroups, and sometimes creating something new. This is a process through which a mother and child can rediscover each other in a new, more favorable light. It is gratifying to witness.

As therapists, we are also being invited to rewrite our stories: to de-

bunk expectations of ourselves as neutral experts, to uncover our underlying beliefs and values, and to hold ourselves and each other accountable. Change is in the air. Our years of therapist training are now being challenged in how we highlight and interpret pathology, minimize sociopolitical influences, and take on an expert persona. We, too, need our friends, colleagues, and clients to help keep us honest and accountable. This is a time of tremendous promise.

EDITORIAL QUESTIONS

Q: *(CS) I'd like to ask you more about your highlighting of "the mother's voice." You include this term in your title and also speak eloquently about this in your introduction. Can you say a few things about your journey toward highlighting this voice? Has this been smooth or complicated? From your title, I imagine you see a link between "family support" and "strengthening the mother's voice." How do you see this? In families where you've emphasized this, how have husbands/partners responded?*

A: Strengthening the mother's voice holds a lot of meaning for me. I could easily write many pages about this, but I will try to be brief. Our culture has a long-standing tradition of valuing men's voices over women's. The particulars of women's experiences are often minimized, pathologized, or ignored. Mothers also carry great cultural expectations of themselves, so that no one can ever quite measure up to the idealized mythical mother. Mother blame is lurking behind every corner. This has a silencing effect, so that mothers often devalue their own experiences, blame themselves for problems, and ignore their own needs. This erodes self-confidence and fosters an undercurrent of self-blame and resentment. No one benefits from this. When mothers realign with their best intentions, their love for their children, and their commitment to take care of themselves, everyone benefits—including partners. Sometimes taking such steps creates additional transitional stresses, as relationships need to regroup in making room for the mothers' strengthened voice. Occasionally, there isn't enough room in a relationship for the mother's voice, which thrusts the relationship into crisis. But usually, I believe relationships emerge with increased health and vitality.

I have shared a draft of this chapter with my mother, and this has broadened my understanding of the history of my interest in strengthening the mother's voice. In reflecting on her own struggles as a young mother in the early 1950s, my mother described how hard it was to get

supportive help. An otherwise accomplished woman, she was overwhelmed by the challenges of mothering—"totally unprepared, petrified, and afraid to expose my weaknesses." Her mother, my grandmother, had been greatly influenced by the child-rearing practices of the North American behaviorist John Watson, who preached the importance of strict discipline, feeding, sleeping, and toileting schedules, and not responding to the infant's cry (Watson & Rayner, 1920). My mother was taught to see dependence as weakness, to fight her own battles, and not to ask for help. As a young mother, she didn't have confidence in her voice, and her experiences were devalued. In her community, friends didn't share their troubles with each other, which contributed to a sense of isolation and self-blame. Dr. Spock's manual was her main resource; it was somewhat supportive in reassuring mothers, "Don't worry, everything will be all right." Counseling meant subjecting herself to a therapist's interpretations and contributed to her feeling judged and inadequate.

My mother was wistful in imagining how her family life might have been different if she had consulted a therapist who had focused on strengthening her voice: "My therapist was more supportive of me than anyone else, but she never communicated that she understood how difficult my situation was, that she admired how hard I was trying. It wasn't done. In the '50s and '60s, the therapist was supposed to be a neutral background who helped the patient see the reality. But the patient couldn't help feeling that they were figuring you out, looking for your weaknesses. It's as though the patient had no insight, only the therapist did. If you were the patient, it made you afraid to expose your real self."

I have carried my mother's lament into my own history as a mother. I wonder how my life might have been different if my mother and grandmother had found support in strengthening their voices. As a mother, I've had my own struggles in gaining confidence in myself, trusting my personal style, forgiving my errors, and speaking up for myself. Fortunately, I have discovered much mutual support in the company of other mothers. There are many parenting resources that I have experienced as supportive, informative, and nonthreatening. These resources weren't as available to generations past. For me, this realization is bittersweet.

Q: *(CS) I value how clearly you have honored your different therapeutic heritages. You also have helped legitimize a mutually inclusive approach with narrative therapies and other approaches, rather than feeling obliged to be a full-fledged, card-carrying narrative therapist! From*

these transcripts, it seems that both families really benefited from this creative integration. Your transcript vignettes offer us a view of your heritages in action, and I imagine that these vignettes don't encompass all the things you do with different clients in different situations. Among other things, I see you at varying moments offering empathy and support, being honest and self-disclosing, externalizing problems, curiously searching for "unique outcomes" and using these to help re-author, doing exploratory play therapy, offering parents specific advice and resources, offering invitations for mothers to connect and be supported by other mothers, and documenting/letter writing.

In my own experience, it sometimes is challenging for me and for my clients to know which hat I'm wearing if I shift from one way to another. For example, am I opening space for new voices and stories, or am I providing information with something particular in mind? Is this ever a struggle for you? Are you sometimes steering people toward some specific answer or response? How do you combine this with a more "not-knowing," curious posture? What are your current thoughts about this potential confusion?

A: Usually, I don't see a conflict between providing ideas and creating space for parents to reflect on their own preferences. Parents of infants and toddlers live in the real world of sleepless nights, power struggles, temper tantrums, blowups, mealtimes, and countless worries. They want the knowledges and skills to make informed decisions in building healthy relationships with their children. Over and over again, parents have communicated to me their desire for concrete suggestions, as long as these are given respectfully and with the freedom to choose. I believe I can be useful by sharing some of what I have learned from other families, written resources, and my own experiences. However, I do try to be especially sensitive to the context and spirit in which these suggestions are given. I offer resources as possibilities that may or may not be helpful. I don't want to set up assignments that are burdensome and contribute to feelings of inadequacy and guilt. I am most interested in hearing the parents' reflections on what is and is not helpful. I believe this augments the process of generating their own ideas.

Recently, I have been thinking a lot about the balance in therapy of expressions of curiosity, affirmative statements, and specific ideas and suggestions. We therapists each have our own personal style—a unique blend of asking questions, making statements, and giving ideas. Writing this chapter has provided an opportunity for me to witness my work, my strengths, and my growing edge. Through my questions, I want to deepen my understanding of the lives of the people who consult me, and to value their experiences. Michael White (1996) describes this process

as moving beyond thin conclusions to contribute to lives' becoming more richly described. I want to remember to continually consult families about their experiences of therapy, and how I can best be of help. It is my hope that my work will reflect this ongoing commitment. I see this as a work in progress.

I am increasingly aware of how our parenting resources are culturally bound. For example, in North America in the 1900s, expertise has evolved from John Watson (Watson & Rayner, 1920) to Benjamin Spock (Spock & Rothenberg, 1985), and now to Penelope Leach (1976) and T. B. Brazelton (1983). In the 1990s, there is a growing appreciation of diversity, the roles and responsibilities of fathers, and the importance of building supportive communities. Although I find these trends promising, I am also distressed to witness the simultaneous deterioration of the North American commitment in public policy to supporting families and children. I wonder what comes next as we approach the new millennium. The suggestions I give families are inevitably given within this historic context. Ideally, therapy is a safe place in which to explore these influences on how we approach the tasks of parenting. Families can then pick and choose what fits best with them in moving forward with specific steps and increased self-confidence.

Q: *(CS) You mentioned that you are interested in creating bridges and dialogues between different approaches. Can you say some specific things you hope narrative therapists could learn from other approaches? What do you think therapists working within these other approaches could learn from narrative therapists?*

A: We have a lot to learn from the people who consult us, who find ways of connecting with others in advocating for their families' needs despite numerous obstacles. We are more experienced at drawing distinctions between approaches and working in isolation than at thinking collectively and creating connections. Collaboration between approaches can be a mutually supportive and creative process of continual learning, and one of the best antidotes to professional burnout. I get excited when I envision creating bridges and building dialogues between folks who share core beliefs and values, yet who come from different cultural and intellectual heritages.

In writing this chapter, I sought feedback from colleagues with narrative and family support backgrounds.[4] I was encouraged by their ability to put their own ideas aside, and to listen with an earnest openness. This is contrary to our cultural orientation toward dichotomies and debates.[5] Folks knew little about each other's perspectives, so that provoca-

tive questions were often posed from a position of not knowing. In turn, these expressions of curiosity sparked new ideas. Being in dialogue with people from different perspectives also helped keep me honest and accountable. Constantly, I was challenged to explain concepts in plain English and to minimize professional jargon. This informal structure of accountability stretched me to act in alignment with my espoused belief in the co-authoring process. Through these conversations, my awareness grew of the constrictions of my own assumptions, and of the lure of professional arrogance. Already there are some subtle changes I wish I could make in these transcripts. More importantly, this process has helped enliven my ongoing work with people who consult me.

For therapists, isolation is an occupational hazard. Often our work separates us from the community, and it is difficult to find ways to share our work with others. Although the ethics of confidentiality and dual relationships restrict our choices, the need remains for finding ways to feel part of something larger than ourselves that unites us in our shared commitments to families and children. The family support movement can orient us toward becoming more actively involved in community development and knowledgeable about the politics of fostering changes in larger systems. Narrative therapists can benefit enormously from the family support movement's years of experience in working toward becoming consumer-driven, community-based, depathologized, and family-centered. By studying family support's theoretical foundations, we can broaden our perspective to see our work as part of a larger social history that reflects shifts in philosophies and attitudes over decades. This abundant literature highlights the need for fostering mutually efficacious interactions between parents and young children, and for programs that take on an empowerment approach.[6] It challenges many of the implicit assumptions underlying the power dynamics in the helping professions, and it supports a growing paraprofessional movement. I hope readers will find the time to explore some of this literature, including references provided in this chapter.

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[5]This reminds me of the message I received this week in a fortune cookie: "Ideas are like children: There are none so wonderful as your own."

Most people I know who identify with the family support movement are suspicious of therapists. They have had too many experiences of making referrals that have resulted in families' being pathologized, interpreted, and disempowered. Parent–child centers, Head Start, and other community support services are frequently searching for family therapists with whom to collaborate with families; yet they lack ways of knowing whether a suggested therapist shares their philosophical assumptions. I hear a collective sigh of relief as these folks discover narrative therapy. Narrative therapy decenters the therapist's role as a member of the family's support team, and fuels a renewal of hope and possibility for therapist involvement in community based programs. A shared vision emerges of therapists working in connection with paraprofessionals and families' informal support systems. Upon hearing about narrative therapy, one member of the Best Practices Project of the Family Resource Coalition[7] spoke enthusiastically of developing an international roster of narratively oriented therapists as a readily available resource to communities.

Narrative therapy also provides specific practices, such as documentation and letter writing. One colleague who consults with schools regarding communication challenges for children with multiple handicaps called me with excitement in discovering the possibility of letter writing as an alternative to traditional paperwork. In documenting with families their experiences and specific steps toward implementing desired changes, she described some of the ripple effects. Not only do she and the families benefit, but some of her school colleagues have become inspired to explore similar practices. This is also enhancing the valuing of families' experiences by coworkers, and the ways in which families are spoken about in the staff room. Everyone benefits, and the learning is continual.

[6]"Empowerment" is defined by the Cornell Empowerment Project as an intentional, ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources.

[7]The Family Resource Coalition "builds networks, produces resources, advocates for public policy, provides consulting services, and gathers knowledge to help the family support movement grow" (1996, p. ii). I highly recommend their recently published *Guidelines for Family Support Practice*. This document is the culmination of a 4-year Best Practices Project, which compiled input from hundreds of programs, practitioners, and leaders in the field, as well as focus group discussions. It clearly articulates shared philosophical premises, underlying values, and principles for implementation. The commonalities with narrative therapy are uncanny. For information, contact the Coalition at 200 S. Michigan Ave., 16th Floor, Chicago, IL 60604. Phone, (312) 341-0900; fax, (312) 341-9361.

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